

Sound Advice

This is an edited transcript of a telephone interview recorded in July 2010.

Sandra Hassink, MD, FAAP, is a pediatrician and director of the Nemours Obesity Initiative. She is chair of the Obesity Work Group of the American Academy of Pediatrics and a member of the AAP Board of Directors.

Q: Dr. Hassink, how common is childhood obesity?

Dr. Hassink: Well, the epidemic of childhood obesity began in the 1980s and has escalated to the point now where almost a third of children are overweight or obese. And in some populations, up to one half children are overweight or obese. So we can fairly characterize the obesity problem as a true epidemic.

Q: What is causing the epidemic?

Dr. Hassink: There've been many theories about what's happened. And we know that people's genetics haven't substantially changed in this last two-decade period. What has changed is the environment that our children are growing up in. So we know that there's a direct link between TV time and obesity. We know that portion sizes of food have substantially increased over this period. The amount of eating out has also increased. Families routinely now eat out both at restaurants and fast food establishments. Physical activity in schools has declined and physical education classes are less common. The rise of computers and the concern about the safety of the environment have meant that more kids are spending more time inside. So this has been an epidemic of lifestyle changes that have contributed to the obesity epidemic and the problems that obesity results in for kids.

Q: What kind of impact does this have on children's health, both in the short term and also in the long term?

Dr. Hassink: Well, we're seeing diseases in childhood that we never thought we would see. We see type 2 diabetes, which 20 years ago was considered an adult condition, liver disease, respiratory problems, upper airway obstruction, orthopedic problems. So we're seeing what we would call the comorbidities of obesity in childhood and in very early ages of childhood. We have toddlers now that have insulin resistance as a prelude to pre-diabetes. We have preschoolers who have liver disease. So obesity seems to be an accelerator of these adult diseases in the population.

And to add to that, we have a whole population of children that are getting bullied and teased because of their obesity. And this confers a lot of basically misery and unhappiness because taunting about obesity is still quite common not only in schools and in peer groups, but within

families as well. So these children are suffering, both physically and psychologically from their obesity.

Q: What advice do you give families who are dealing with obesity now?

Dr. Hassink: Well, if there was ever a disease or condition that was amenable to family intervention, this is it. Families need to take a look at their own lifestyles as a family. Even before a baby is born, parents should be looking at what their nutritional habits are, what their physical activity habits are. Parental modeling is also very powerful. Children will do what the parents do. So the first thing parents can do is to really assess their own diet, what kinds of foods are in the house, how much they're eating out, and try to move their lifestyle to a healthier diet. They need to look at how much screen time they have. Are they using screen time as just a fall-back when there's free time, people just automatically turn on the TV? Are there any family activities that revolve around activity rather than inactivity? Parents can take a proactive, preventative approach to this.

If you have a child who's already overweight or obese, the same thing applies. But this time it really helps the child to know that the whole family is trying to get healthy and not to single out that one child as a target for change. Parents can begin by looking at the energy-dense snack food that they have at home, move to healthier snacks. Examine the portions that are being served at dinner and make sure that they're providing healthy food in the right amounts for the children. Look at structuring the day, so there's some time for physical activity and there's a limit on TV time.

This should be done in a positive, proactive way, encouraging the child and letting the child know that the whole family is getting healthy at the same time, without comments about the child's weight or teasing by siblings. Parents should really try to make this a positive experience for the child.

Q: Can you explain what 5210 stands for?

Dr. Hassink: Yes, 5210 is a mnemonic that's been used across the country in one form or another to help families remember some key touch points about obesity prevention and treatment. "Five" would be eat five or more servings of fruits and vegetables a day. This can be challenging for some families who really haven't had a vegetable appear on their plate, but there's well-documented evidence that in the DASH study of hypertension, increasing fruits and vegetables was effective. It's recommended as a way of increasing fiber in the diet for lowering lipids. Fruits and vegetables displace higher energy-dense snacks, so this is something families should really be focusing on.

"Two" means two hours or less of screen time a day. If you have an under 2-year-old child, no screen time and that includes computers and TV. Two hours or less for the older child except for school work. This exposure to television is both creating sedentary time, but exposing children to food commercials, and so there's a link between sedentary time and weight, but also and maybe even more importantly, commercial exposure and weight. So parents should limit this time for

their children and have a schedule of time, and not let this just be an automatic fallback. Certainly they should not be putting a TV in the child's room.

“One” is one hour of physical activity a day. Many parents would think that children automatically get physical activity in schools, but that may not be true. Some children have physical activity just on a semester basis. Recess may or may not be active. So the parent really needs to insure that there's at least one hour a day that that child gets a chance to be outside or engaged in a physical activity.

And then “zero” is no juice. And this opens the gateway into the high-caloric beverages and you can also include high energy-dense snacks in foods that you really want to avoid. Water drinking, low fat milk are great beverages for kids, allowing them to eat their fruit to get the fruit servings instead of drink juice. So these are some basic steps families can take to begin the road to transitioning to a healthier lifestyle.

Q: If a parent is concerned about their child's weight, what should they do?

Dr. Hassink: I think for them to do is get to their pediatrician and get the child's height and weight measured. And the pediatrician will then calculate and plot something called a body mass index. A body mass index is basically the weight divided by the height squared. We have graphs as pediatricians for the BMI and it tells us if the child is underweight, healthy weight, overweight, or obese.

Depending on that BMI classification, there's a series of steps that pediatricians will be taking, based on the expert guidelines for obesity that were published in a Pediatrics supplement in 2007. And these would involve laboratory screens, and targeted advice to families and patients about either keeping the weight on target if it's healthy. If they're overweight, keeping the weight stable, so they can grow into the weight, so to speak. If they're obese, getting some healthy weight reduction. So it's very important for parents to check this out with their pediatrician because there's specific medical advice that goes along with each weight category.

Q: Can you talk a little bit about the academy's partnership with Let's Move?

Dr. Hassink: We're very proud to be part of the Let's Move campaign that the First Lady has launched. And the academy has pledged to have every pediatrician measure BMI at well visits and to have pediatricians give a prescription or advice about nutrition and activity to every patient at every well visit. This is an effort to really promote obesity prevention universally. And so the First Lady has taken a very proactive approach to this and a positive approach trying to have us remember that children need daily activity and healthy diets to thrive.

Q: Doctor, earlier you talked about how the environment has changed and that's contributing to this epidemic. What can parents do to advocate for changes in their community to reduce the problem?

Dr. Hassink: Well, parents don't have to look very far to know when to speak up. So, for example, if your child is in day care, you might want to look into what kind of snacks are either provided or brought in by parents and to see if those can be changed to healthier snacks, to see what outdoor time is available to the children at day care, and see if parents can advocate if they need to for that hour of day of activity. And that can be cumulative. It doesn't have to be a whole hour at a time.

There's a lot of advocacy that could be done in the school setting through the PTA or the school wellness committees. And I think parents should be aware of how much physical education the children have. Are there soft drink or snack machines in the school? What is the quality of the school lunch? At athletic events and social events, what kind of food is involved in those? And these are all targets that parents can have an influence on.

They can have an influence in a couple of ways, one by example. As a parent you can bring the healthy snack in for the sporting event or for the after school event. You can advocate with the school to change their food health policies. You can work with other parents to support the wellness policies in the school. This goes for community activities as well. You can have an effect on your faith-based organization the same way by helping them to just take a look at the food and activity that they're offering the kids, as well as the other community-based programs. So parents can have a big impact as they look outward from the families and try to make sure that their communities are supporting the healthy lifestyle changes that they want as families to make.

Q: That's great. Do you have any final thoughts?

Dr. Hassink: I think families need all the encouragement we can give them. In an environment that's not so healthy for the children, the families often feel that they are engaged in an uphill battle. So I think we need to be positive and proactive with our families, encourage them to keep trying. There will always be setbacks, but I think it's the end goal of a healthier lifestyle for the children and families. And we just want to keep encouraging the families to keep their eye on that goal.