
PS#65 – Counseling on and Management of Childhood Obesity/Overweight

This survey was initiated by the former AAP Center for Child Health Research (CCHR) and the AAP Task Force on Obesity (TFOO) to assess pediatricians' current practices regarding the prevention and treatment of obesity and overweight in primary care, including the use of AAP recommendations for BMI percentile screening and counseling.

PS#65 was mailed to a random sample of 1,622 non-retired U.S. post-trainee members of the Academy. An original mailing and six follow-up mailings to recontact nonrespondents were conducted from March through August 2006; 1013 questionnaires were received for a response rate of 63%. Analysis was limited to 677 respondents who provide health supervision.

The survey included questions on pediatricians' evaluation of children for overweight/obesity, treatment/referrals for overweight, methods and resources used for prevention and treatment, as well as attitudes towards and barriers to counseling/treating. PS#65 was developed in collaboration with the University of Rochester, Rochester, NY, and was funded by the Robert Wood Johnson Foundation (grant #053344).

Overweight Prevention Screening and Counseling

Pediatricians routinely measure height and weight, but less commonly use BMI to assess overweight at well child visits:

- Nearly all pediatricians (99%) measure height and weight of all patients at all or most well child visits; 52% compute and/or plot BMI at all or most well visits of children over 2 years of age, while one-fourth do so at some well child visits.
 - Many pediatricians use more than one tool to calculate BMI: 39% use a BMI wheel, 35% use a traditional calculator, 28% use the CDC's BMI charts, 22% use electronic medical records, 18% use a BMI calculator and 17% use a PDA; only 7% use a wall chart.
- Most pediatricians say they are familiar with BMI recommendations (72%) and think using BMI adds new information (70%). Less than half (45%) say they have staff support for overweight screening, yet only 21% say time constraints make screening difficult.

Pediatricians report addressing many overweight prevention topics with all patients at well visits:

- Overweight prevention topics discussed at well visits with all patients include: daily fruit and vegetable intake (89% of pediatricians reporting), physical exercise (86%), limiting TV/computer/video game time (76%), serving skim or 1% milk to children >2y (72%), limiting sugar-sweetened beverages (65%), amount/type of snacks eaten (55%), importance of family meals (51%), parent and child roles in food choices (49%), positive diet/exercise role modeling by parents (47%), fast food consumption (44%), and the food pyramid (31%).

Counseling/Treatment for Overweight

Nearly all pediatricians report counseling overweight and at-risk for overweight children on diet and exercise and most say they refer overweight children to a dietitian. Most pediatricians say they counsel parents identified as obese on diet and exercise but few refer out for any other treatment.

- When a child is identified as being overweight (>95th percentile), with or without complications, more than 80% of pediatricians say they monitor weight more frequently and more than 90% say they provide counseling on exercise and diet/nutrition. Ninety percent of pediatricians refer overweight children with complications to a dietitian and 60% report referring these children to a community weight management program. Seventy-one percent of pediatricians refer overweight children without complications to a dietitian and 44% refer these children to a community weight management program.
- Nearly all pediatricians (>95%) counsel patients identified as being at risk for overweight (between the 85th and 95th percentile) on exercise and diet, 56% say they monitor weight more frequently, 29% refer to a dietitian, and 15% refer these patients to a community weight management program.

- When a parent or guardian is identified as obese, 67% of pediatricians say they provide counseling on exercise and on diet for the family within their practice, 23% refer to the parent or guardian's own physician, 13% refer the family member to a dietitian, and 10% refer to a community weight management program.

Methods and Resources Used for Overweight Prevention/Treatment

Many pediatricians use the AAP guidelines on overweight prevention/treatment as a source of information, although many are uncertain about whether it is easy to follow the recommendations on overweight screening. Pediatricians express great interest in further education on overweight prevention/treatment.

- Nearly half of pediatricians (47%) are somewhat familiar with the AAP guidelines for screening and treatment of childhood and adolescent overweight and 9% are very familiar; 35% say they are vaguely familiar with the guidelines. Sixty-four percent say they currently use the AAP guidelines for information on pediatric overweight prevention, counseling and treatment.
- Thirty-seven percent of pediatricians think the AAP recommendations on overweight screening are easy to follow, while more than one-half (53%) are uncertain. Sixty-seven percent say simple diet and exercise recommendations would help them in their practice.
- Other sources used by pediatricians for information on pediatric overweight prevention, counseling, and treatment include: CME courses/PREP/PIR (59% reporting), *AAP News* (49%), *Pediatrics* (47%), other journals (37%), and the AAP web site (22%); all other sources were named by less than 20% each of pediatricians.
- Seventy-two percent of pediatricians use one or more resource to help educate patients and parents on diet and exercise; 95% of these pediatricians use written materials such as pamphlets as an educational resource.
- Most pediatricians do not use quality improvement/decision support tools to help in the management of overweight: 91% do not have a registry of overweight patients, 79% do not use a checklist of tests for prevention or monitoring of overweight, 86% do not have trained staff designated to educate patients in overweight management, and 86% lack assessment tools to assess patient symptoms or interest in changing risk behaviors.
- About half of pediatricians (48%) report attending CME or training in childhood/adolescent overweight during the past 3 years. More than half (57%) say they are very interested and 38% are somewhat interested in receiving continuing education that focuses on counseling and treating children/adolescents who are overweight or at risk for overweight.

Attitudes Towards and Barriers to Overweight Counseling/Treatment

Most pediatricians feel fairly well prepared and comfortable counseling patients and their parents about overweight; however most do not think counseling on overweight prevention or management is very effective.

- Nearly all pediatricians (96%) think pediatricians should address pediatric overweight at well child visits. Most (73%) think pediatricians can help prevent childhood overweight, although 64% agree that, in general, overweight counseling has poor results/high recurrence rates.
- Six out of ten pediatricians say families want them to discuss overweight (59%) and think the best way to change childhood overweight is to counsel parents about overweight (60%).
- Nine out of ten pediatricians feel somewhat or very prepared to counsel patients and parents about overweight (89%) and are comfortable discussing overweight with overweight patients and parents (92%). However, only 4 out of 10 think they are effective in counseling on overweight prevention (40%) or management (39%). Pediatricians are divided as to whether they think there are effective means of treating pediatric overweight (26% agree, 30% disagree and 34% are uncertain).
- Barriers to counseling on and treating childhood overweight include: lack of insurance coverage for weight management programs (69% of pediatricians reporting), patients' lack of ability to pay for uncovered services (81%), lack of adequate time during preventive care visits to counsel on overweight (67%), unfamiliarity with billing codes for overweight counseling/treatment (62%), inability to bill and be reimbursed for overweight counseling/treatment as distinct from regular well child care (60%), insufficient reimbursement for overweight counseling/treatment (56%), lack of adequate services/resources in practice area to refer for weight management (53%) and lack of insurance coverage for dietitian services (53%).