BEYOND THE BASICS OF PEDIATRIC OBESITY

RESOURCES FROM THE NATIONAL LIBRARY OF MEDICINE

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NATIONAL NETWORK OF LIBRARIES OF MEDICINE
NOVEMBER 16, 2017
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• Mission: enabling biomedical research, supporting health care and public health, and promoting healthy behavior
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PEDiATRIC OBESiTy: MEDLINEPLUS
Obesity in Children

Summary

Obesity means having too much body fat. It is different from being overweight, which means weighing too much. Both terms mean that a person’s weight is greater than what is considered healthy for his or her height. Children grow at different rates, so it isn’t always easy to know when a child has obesity or is overweight. Ask your health care provider to check whether your child’s weight and height are in a healthy range.

If a weight-loss program is necessary, involve the whole family in healthy habits so your child doesn’t feel singled out. Encourage healthy eating by

- Serving more fruits and vegetables
- Buying fewer soft drinks and high-fat, high-calorie snack foods
- Making sure your child eats breakfast every day
- Eating fast food less often
- Not using food as a reward

Physical activity is also very important. Kids need about 60 minutes each day. It does not have to happen all at once. Several short periods of activity during the day are just as good.

NIH: National Institute of Diabetes and Digestive and Kidney Diseases
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NIH: National Institute of Diabetes and Digestive and Kidney Diseases
CHANGING YOUR CHILD'S LIFESTYLE

Eating a balanced diet means your child consumes the right types and amounts of foods and drinks to keep their body healthy.

- Know the right portion sizes for your child’s age so your child gets enough nutrition without overeating.
- Shop for healthy foods and make them available to your child.
- Choose a variety of healthy foods from each of the food groups. Eat foods from each group at every meal.
- Learn more about eating healthy and eating out.
- Choosing healthy snacks and drinks for your children is important.
- Fruits and vegetables are good choices for healthy snacks. They are full of vitamins and low in calories and fat. Some crackers and cheeses also make good snacks.
- Limit junk-food snacks like chips, candy, cake, cookies, and ice cream. The best way to keep kids from eating junk food or other unhealthy snacks is to not have these foods in your house.
- Avoid sodas, sport drinks, and flavored waters, especially ones made with sugar or corn syrup. These drinks are high in calories and can lead to weight gain. If needed, choose beverages with artificial (man-made) sweeteners.

Make sure children have a chance to engage in healthy physical activity every day.

- Experts recommend children get 60 minutes of moderate activity every day. Moderate activity means you breathe more deeply than when at rest and your heart beats faster than normal.
- If your child is not athletic, find ways to motivate your child to be more active.
- Encourage children to play, run, bike, and play sports during their free time.
- Children should not watch more than 2 hours of television a day.
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National Institute of Diabetes and Digestive and Kidney Diseases
Summary
A healthy diet helps children grow and learn. It also helps prevent obesity and weight-related diseases, such as diabetes. To give your child a nutritious diet:

- Make half of what is on your child's plate fruits and vegetables
- Choose healthy sources of protein, such as lean meat, nuts, and eggs
- Serve whole-grain breads and cereals because they are high in fiber. Reduce refined grains.
- Grill, stir, or steam foods instead of frying them
- Limit fast food and junk food
- Offer water or milk instead of sugary fruit drinks and sodas

Learn about your children's nutrient requirements. Some of them, such as the requirements for iron and calcium, change as your child ages.

NIH: National Institute of Diabetes and Digestive and Kidney Diseases
PEDIATRIC OBESITY: MEDLINEPLUS

Child Nutrition

Summary

A healthy diet helps children grow and learn. It also helps prevent obesity and weight-related diseases, such as diabetes. To give your child a nutritious diet:

- Make half of what is on your child’s plate fruits and vegetables.
- Choose healthy sources of protein, such as lean meat, nuts, and eggs.
- Serve whole-grain breads and cereals because they are high in fiber. Reduce refined grains.
- Broil, grill, or steam foods instead of frying them.
- Limit fast food and junk food.
- Offer water or milk instead of sugary fruit drinks and sodas.

Learn about your children’s nutrient requirements. Some of them, such as the requirements for iron and calcium, change as your child grows.

NIDDK: National Institute of Diabetes and Digestive and Kidney Diseases
Cut back on your kid’s sweet treats

Set your kids on a path for lifelong healthy eating by limiting the amount of added sugars they eat. Sweet treats and sugary drinks have lots of calories but few nutrients. Most added sugars come from sodas, sports, energy, and fruit drinks; cakes; cookies; ice cream; candy; and other desserts.

1. Serve small portions
   Show kids that a small amount of treats can go a long way. Use smaller bowls and plates for these foods and serve them in bite-size portions.

2. Sip smarter
   Soda and other sugar-sweetened drinks contain a lot of sugar and are high in calories. Offer water when kids are thirsty.

3. Use the checkout lane that does not display candy
   Most grocery stores will have a candy-free checkout lane to help avoid temptation. Waiting in a regular checkout lane tempts children to ask for candy that is right in front of them.

4. Make food fun
   Sugary foods that are marketed to kids are advertised as “fun foods.” Make nutritious foods fun by preparing them with your child’s help and being creative together. Create a smiley face with sliced bananas and raisins. Cut fruit into fun and easy shapes with cookie cutters.

5. Encourage kids to invent new snacks
   Make your own snack mixes from dry whole-grain cereal, dried fruit, and unsalted nuts or seeds. Let school-age kids choose the ingredients to create their own snack.

6. Play detective in the grocery aisle
   Show kids how to find the amount of total sugars on the Nutrition Facts label in various cereals.
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IMPORTANT: Listing a study does not mean it has been evaluated by the U.S. Federal Government. Read our disclaimer for details.

Before participating in a study, talk to your health care provider and learn about the risks and potential benefits.

Search
(all fields optional)

Condition / Disease: Obesity, Childhood

Other Terms: e.g., NCT number, drug name, investigator name

Country: United States

Find a study to participate in

Search all studies

Advanced Search
# Pediatric Obesity: ClinicalTrials.gov

## Study Title
1. **A Trial of Two Family-based Childhood Obesity Treatment Programs**
   - **Conditions:** Obesity, Childhood
   - **Interventions:** Behavioral: Charge, Behavioral: Family Connections
   - **Locations:** University of Virginia, Charlottesville, Virginia, United States

2. **Peer Counseling in Family-Based Treatment for Childhood Obesity**
   - **Conditions:** Childhood Obesity
   - **Interventions:** Behavioral: Family-based behavioral intervention
   - **Locations:** Seattle Children’s, Seattle, Washington, United States

3. **Community-based Program to Treat Childhood Obesity**
   - **Conditions:** Obesity, Childhood
   - **Interventions:** Behavioral: JON Intervention
   - **Locations:** YMCA of Greater Providence, Providence, Rhode Island, United States

4. **Integrated Care for Pediatric Obesity Using Telehealth**
   - **Conditions:** Pediatric Obesity
   - **Interventions:** Behavioral: Telehealth
   - **Locations:** Wareham Pediatrics, Wareham, Massachusetts, United States

5. **Wellness Action Plan Trial Addressing Childhood Obesity**
   - **Conditions:** Childhood Obesity
   - **Interventions:** Behavioral: Wellness Action Plan
   - **Locations:** Downtown Health Center Muskegon, Wisconsin, United States

6. **Childhood Obesity Treatment Targeting Specific Behaviors**
   - **Conditions:** Obesity
   - **Interventions:** Behavioral: Diet and Activity
   - **Locations:** The Weight Control and Diabetes Research Center Providence, Rhode Island, United States

7. **Healthy Lifestyles Program for You (HLPU): Augmenting Childhood Obesity Treatment**
   - **Conditions:** Pediatric Obesity
   - **Interventions:** Behavioral: Lifestyle counseling, Behavioral: Text Messaging
   - **Locations:** Duke Children's Health Center Durham, North Carolina, United States
PEDIATRIC OBESITY: CLINICALTRIALS.GOV
# PEDIATRIC OBESITY: CLINICALTRIALS.GOV

## 25 Studies found for:

**Obesity, Childhood | United States, Pennsylvania**

Also searched for Pediatric Obesity and Childhood Obesity. See Search Details

### Filters
- **Status**: Recruiting, Completed, Terminated
- **Studies**: Not yet recruiting, Recruiting, Enrolling by invitation, Active, not recruiting, Suspended, Terminated, Completed, Withdrawn, Unknown status

### Study Title
- **Study Title**: Microbiome, Antibiotics, and Growth Infant Cohort
- **Conditions**: Obesity, Childhood, Antibiotic Side Effect
- **Interventions**: Other: Classroom feeding, Behavioral: Nutrition, education lessons, Behavioral: Social Marketing, Behavioral: Parent outreach
- **Locations**: The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, United States

### Study Title
- **Study Title**: School Breakfast Policy Initiative Study
- **Conditions**: Childhood Obesity, Hunger
- **Interventions**: Other: Classroom feeding, Behavioral: Nutrition, education lessons, Behavioral: Social Marketing, Behavioral: Parent outreach
- **Locations**: Temple University - Center for Obesity Research and Education, Philadelphia, Pennsylvania, United States

### Study Title
- **Study Title**: Healthy Growth Abbreviated Pilot Study
- **Conditions**: Childhood Obesity
- **Interventions**: Behavioral: Grow Together peer group
- **Locations**: The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, United States

### Study Title
- **Study Title**: BMI Study for Children Ages 6-9 Years and Parents
- **Conditions**: Childhood Obesity
- **Interventions**: Other: Fittness efficacy tool and games
- **Locations**: UPMC St Margaret Bloomfield/Garfield Family Health Center, Pittsburgh, Pennsylvania, United States

### Study Title
- **Study Title**: Resistance and Cardiorespiratory Time-matched Exercise in Youth: A Randomized Clinical Trial (RCT/RCT)
- **Conditions**: Childhood Obesity
- **Interventions**: Other: Aerobic Exercise, Other: Resistance Exercise
- **Locations**: Children's Hospital of Pittsburgh of UPMC, Pittsburgh, Pennsylvania, United States
### Descriptive Information

<table>
<thead>
<tr>
<th>Brief Title</th>
<th>School Breakfast Policy Initiative Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official Title</td>
<td>Increasing Breakfast Consumption and Decreasing Childhood Obesity Among Low-income, Ethnicly Diverse Youth</td>
</tr>
<tr>
<td>Brief Summary</td>
<td>The purpose of this study is to develop and evaluate the effects of a school breakfast policy initiative (SBPI) on the incidence of childhood obesity and overweight among children in urban school districts.</td>
</tr>
</tbody>
</table>
| Detailed Description | Policy makers have promoted school breakfast participation as a tool to help prevent childhood obesity. No evaluation of the School Breakfast Policy Initiative (SBPI) that combines classroom education, in-school nutrition education, and buying breakfast at corner stores where purchases are high in energy, solid fats and added sugars. Program. The specific aims are:  
1. To develop a SBPI intervention within the context of SNAP-Ed and the National School Breakfast Program.  
2. To conduct a pilot feasibility study among 4 schools (2 intervention and 2 control) to assess feasibility.  
3. To compare participants in the intervention (n=8) and comparison schools (n=8) on the incidence of overweight and obesity rate over a 2-year period.  
4. To compare participants in the intervention (n=8) and comparison schools (n=8) on eating one breakfast meal per day over a 2-year period. |
| Study Type | Interventional |
| Study Phase | Not Provided |
| Study Design | Allocation: Randomized  
Intervention Model: Parallel Assignment  
Masking: None (Open Label)  
Primary Purpose: Prevention |
More Information

Publications automatically indexed to this study by ClinicalTrials.gov identifier (NCT Number):


Format: Abstract


Breakfast-Skipping and Selecting Low-Nutritional-Quality Foods for Breakfast Are Common among Low-Income Urban Children, Regardless of Food Security Status.

Dykstra H¹, Davey A¹, Fisher JO², Polonsky H³, Sherman S¹, Abel ML¹, Dale LG¹, Foster GD², Bauer KW³.

@ Author information

Abstract

BACKGROUND: Universal access to the School Breakfast Program (SBP) is intended to help low-income and food-insecure students overcome barriers to eating breakfast. However, SBP participation is often still low despite universal access. Further information is needed with regard to these children’s breakfast behaviors, and in particular breakfast behaviors among youth from food-insecure families, to inform effective breakfast interventions.

OBJECTIVES: The objective of this study was to examine breakfast behaviors among a large sample of urban students with universal access to the SBP and to identify differences in breakfast behaviors among children from food-secure compared with food-insecure households.

METHODS: A cross-sectional study of 821 fourth- through sixth-grade students and their parents from 16 schools was conducted. Students reported the food/drink selected and location of obtaining food/drink on the morning of data collection, parents reported household food security status using the 6-item Food Security Survey Module, and the school district provided SBP participation data during the fall semester of 2013. Multivariable linear regression models accounting for school-level clustering were used to examine differences in breakfast behaviors across 3 levels of household food security: food secure, low food secure, and very low food secure.

RESULTS: Students participated in the SBP 31.2% of possible days, with 13% never participating in the SBP. One-fifth (19.4%) of students purchased something from a corner store for breakfast, and 16.9% skipped breakfast. Forty-six percent of students were
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- Centers for Disease Control & Prevention A-Z index and MMWR
- NHS Evidence Search ARUP Consult: the Physician's Guide to Laboratory Test Selection and Interpretation
- Radiopaedia.org
Prevention and management of obesity for children and adolescents.

Recommendations

Major Recommendations

Note from the National Guideline Clearinghouse (NGC) and the Institute for Clinical Systems Improvement (ICSI): The recommendations for prevention and management of obesity for children and adolescents are presented in the form of a table with a list of evidence-based recommendations and an algorithm with 12 components, accompanied by detailed annotations. An algorithm is provided in the original guideline document for Prevention and Management of Obesity for Children and Adolescents (see the "Guideline Availability" field); clinical highlights and selected annotations (numbered to correspond with the algorithm) follow.

Quality of evidence: (Low Quality, Moderate Quality, and High Quality) and strength of recommendation: (Weak or strong) definitions are repeated at the end of the "Major Recommendations" field.

Clinical Highlights:

- Childhood obesity has risen at an alarming pace over the past decade, making obesity the most prevalent health problem in the majority of the developed countries. (Introduction)
- Obesity prevention messages should be targeted at all families, starting at the time of the child's birth. (Annotation #1; Aim #2)
- Body mass index (BMI) should be calculated and documented in the medical record on all children ages 2 to 18 at least annually, ideally at well-child visit. (Annotation #2; Aim #1)

Systematic Reviews in PubMed

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FOR MORE INFORMATION

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QUESTIONS?

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