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Author group for the 2023 Clinical Practice Guideline “The Evaluation and Treatment of Children and Adolescents with Obesity



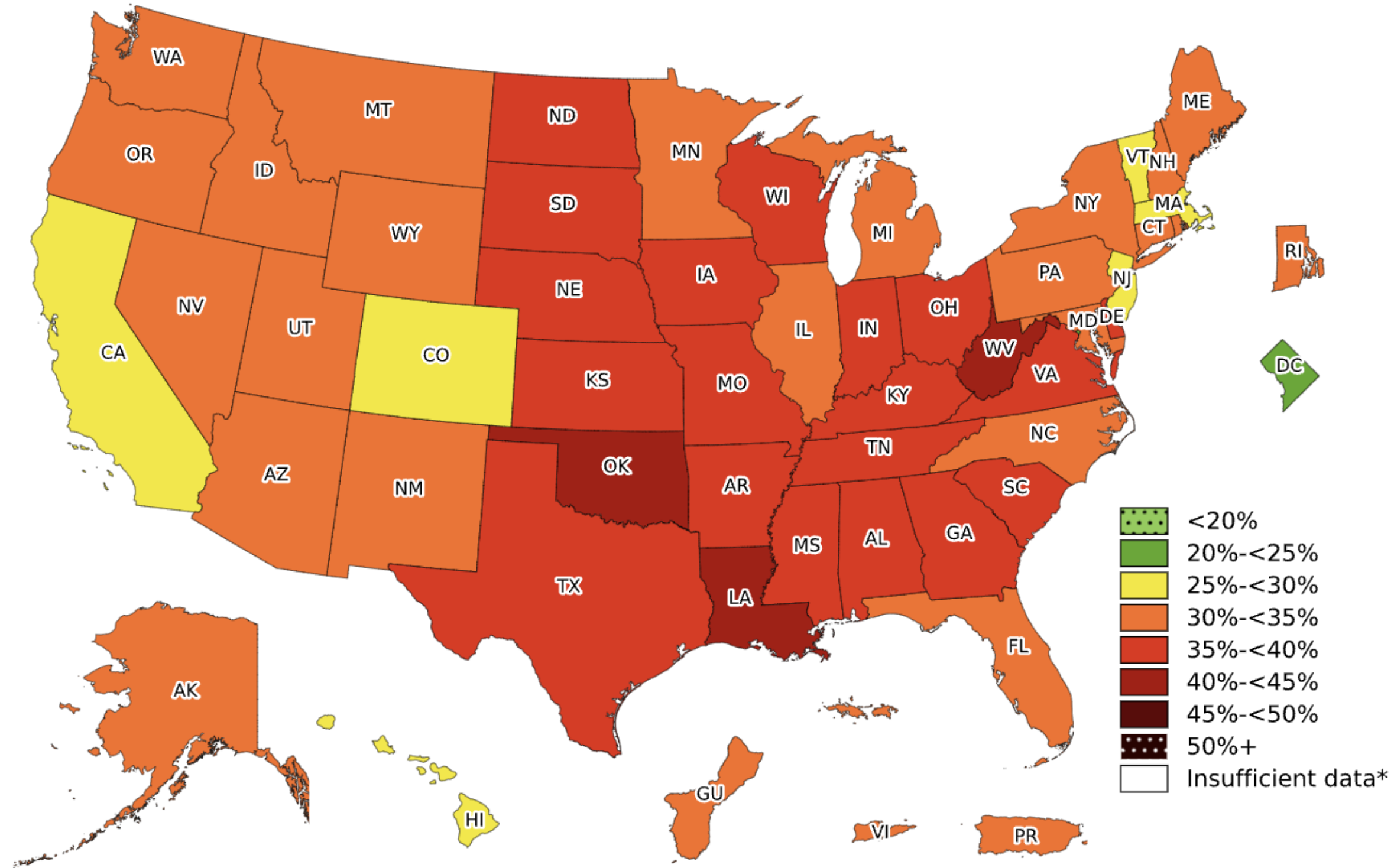
**Where are we today?**



**14.1**

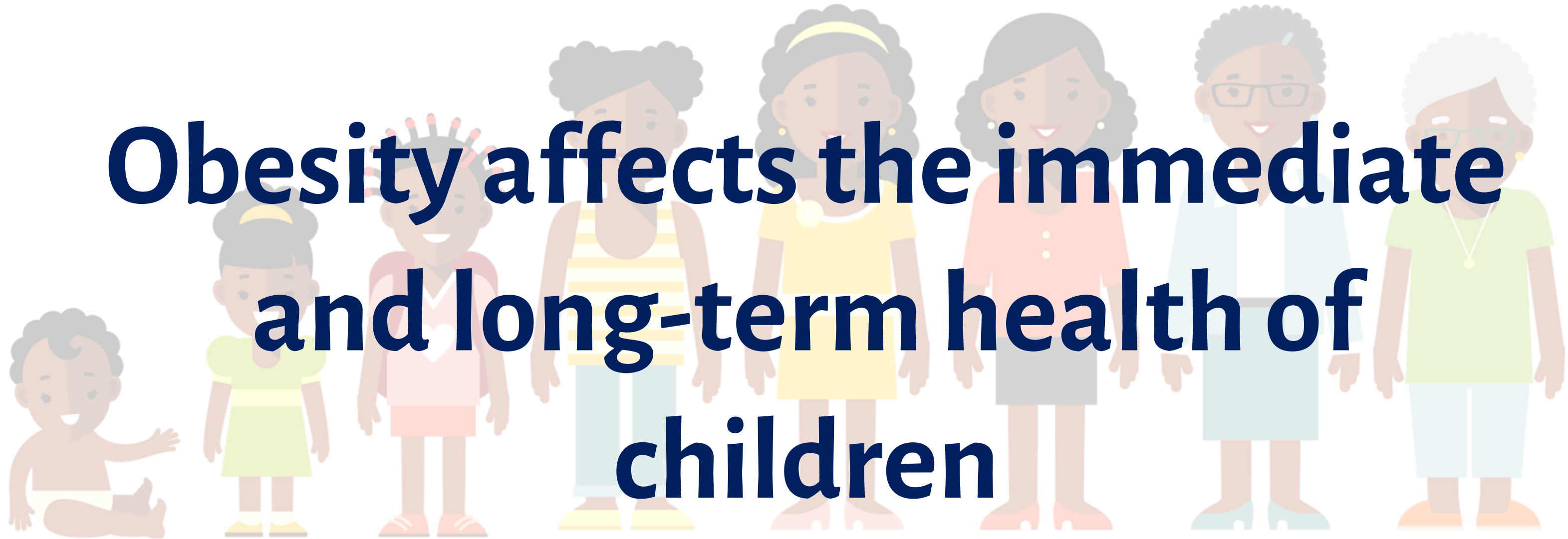
**Million children and adolescents in the United States are affected by obesity**

# Prevalence<sup>†</sup> of Obesity Based on Self-Reported Weight and Height Among U.S. Adults by State and Territory, BRFSS, 2022

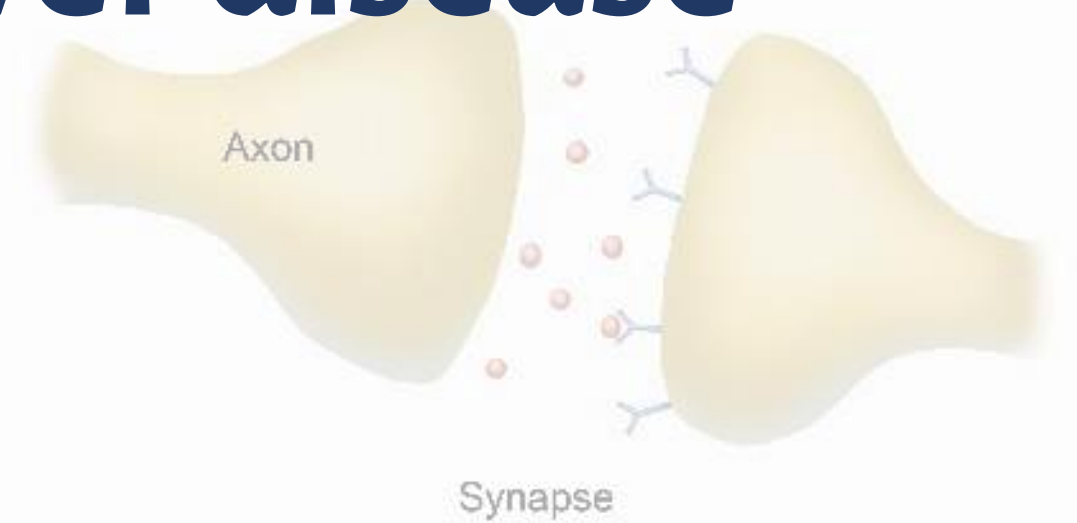


Source: [Behavioral Risk Factor Surveillance System](#)

**Obesity affects the immediate  
and long-term health of  
children**



**Children with overweight and obesity are susceptible to many diseases like type 2 diabetes, hypertension, sleep apnea, nonalcoholic fatty liver disease and depression**

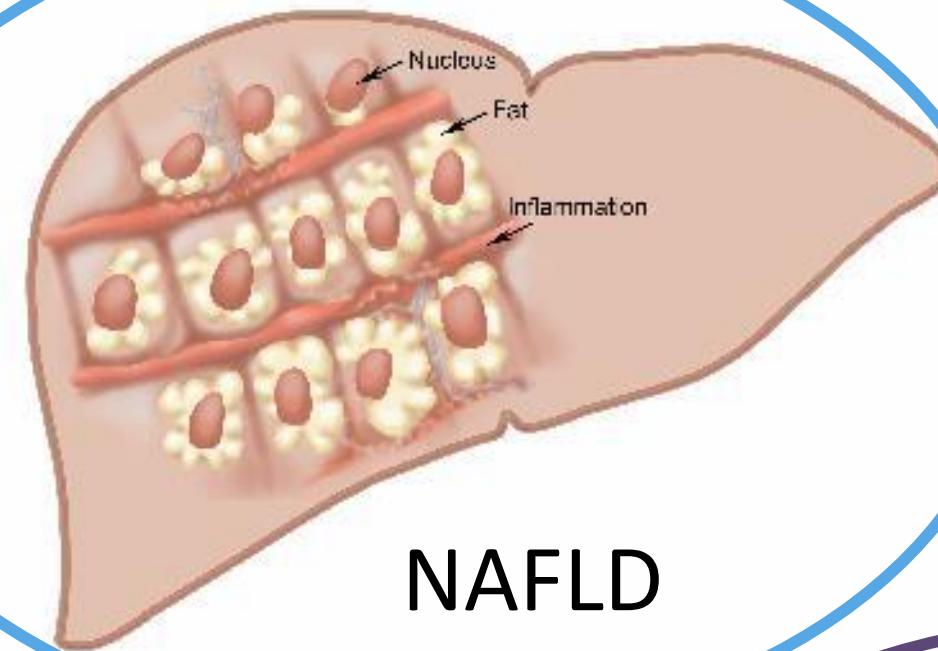




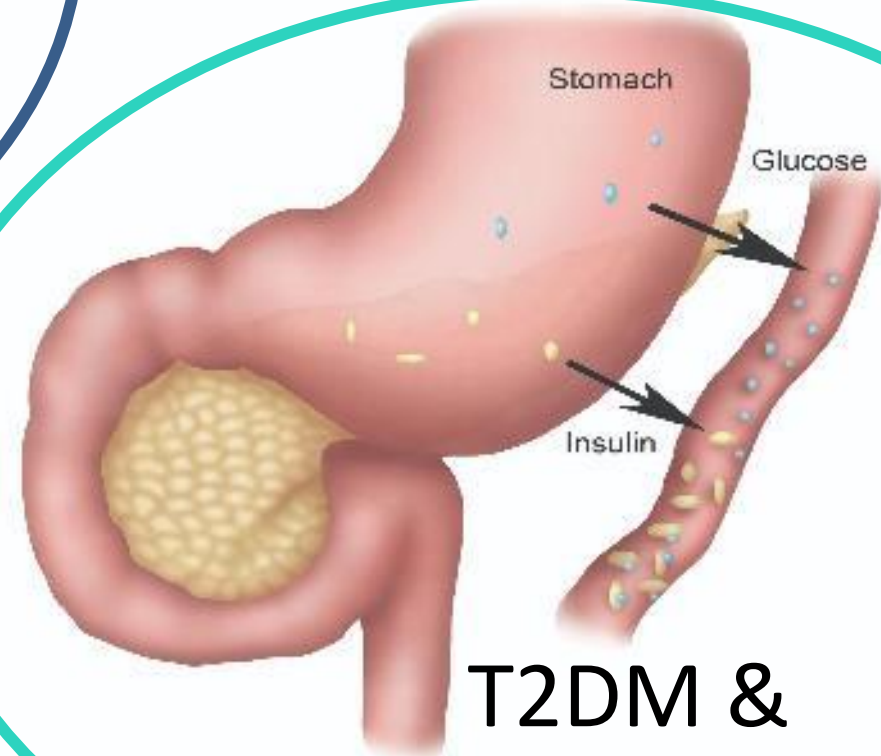
# Comorbidities Addressed Include



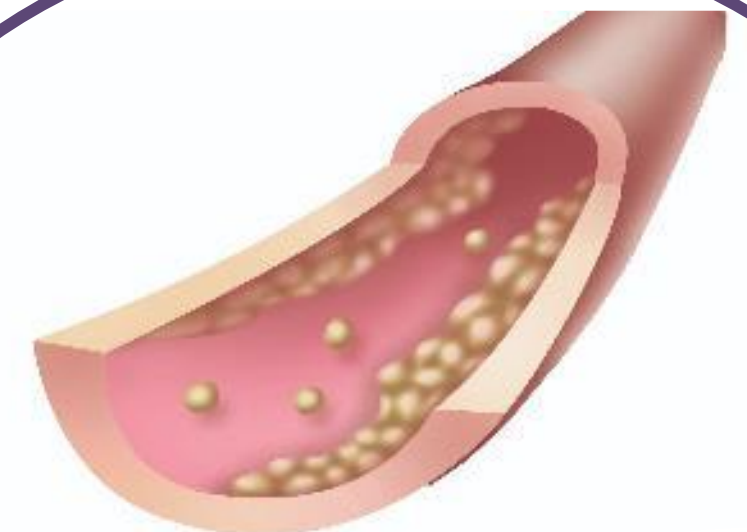
Hypertension



NAFLD

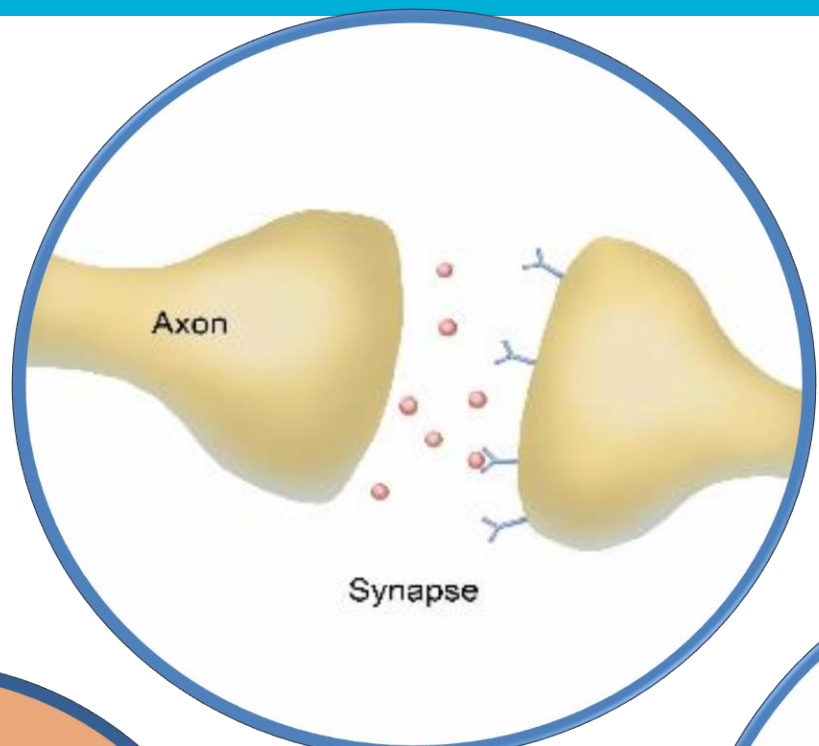


T2DM &  
Prediabetes

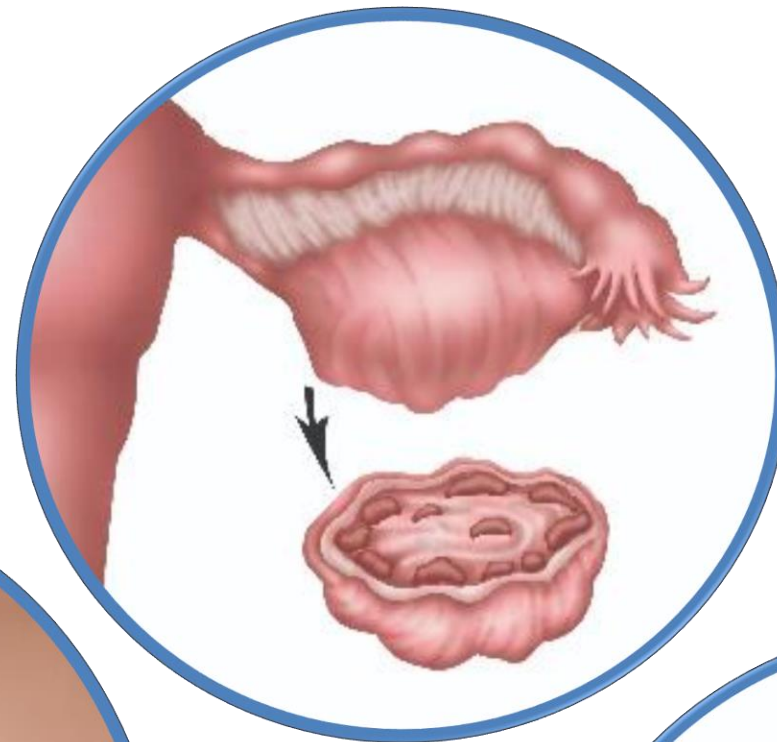


Dyslipidemia

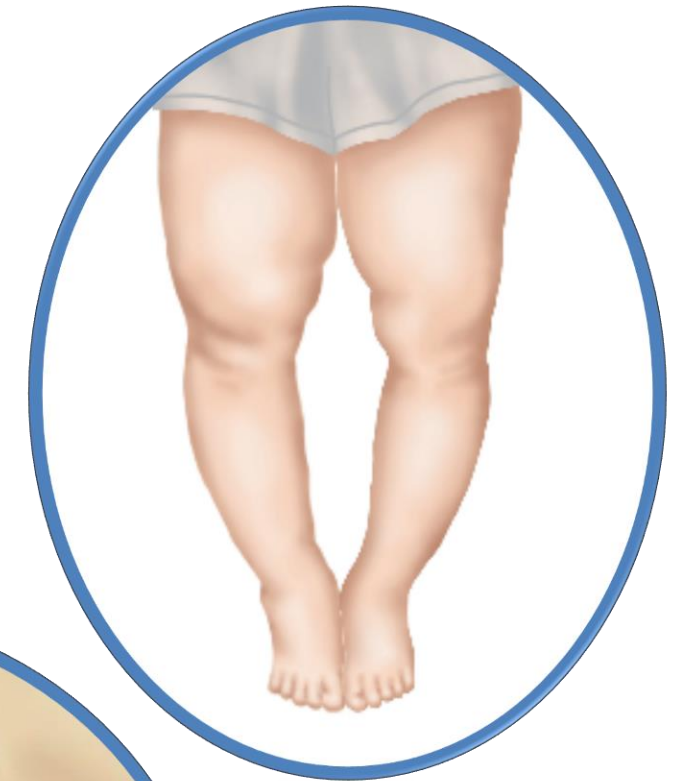
# Comorbidities Addressed Include



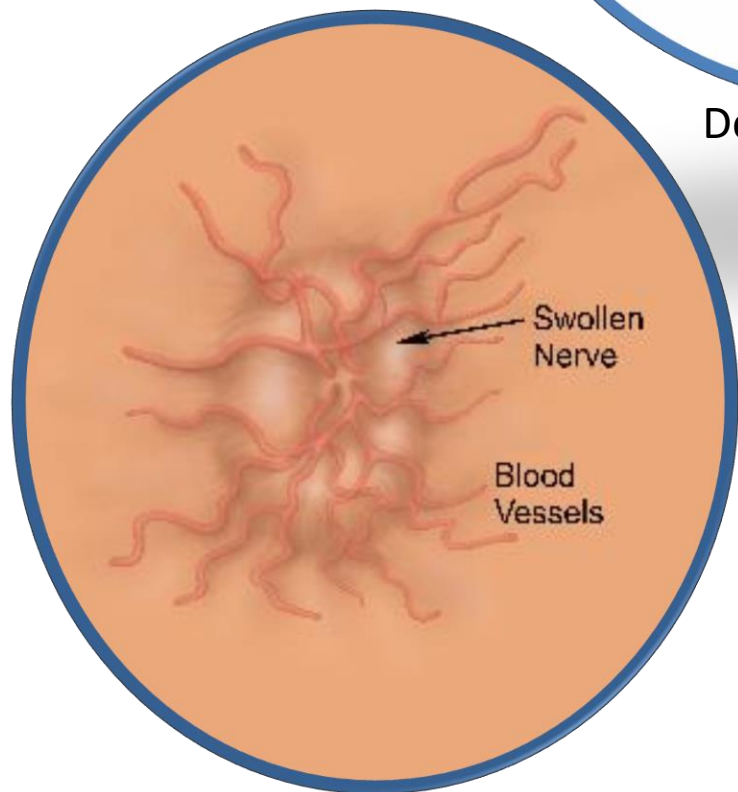
Depression



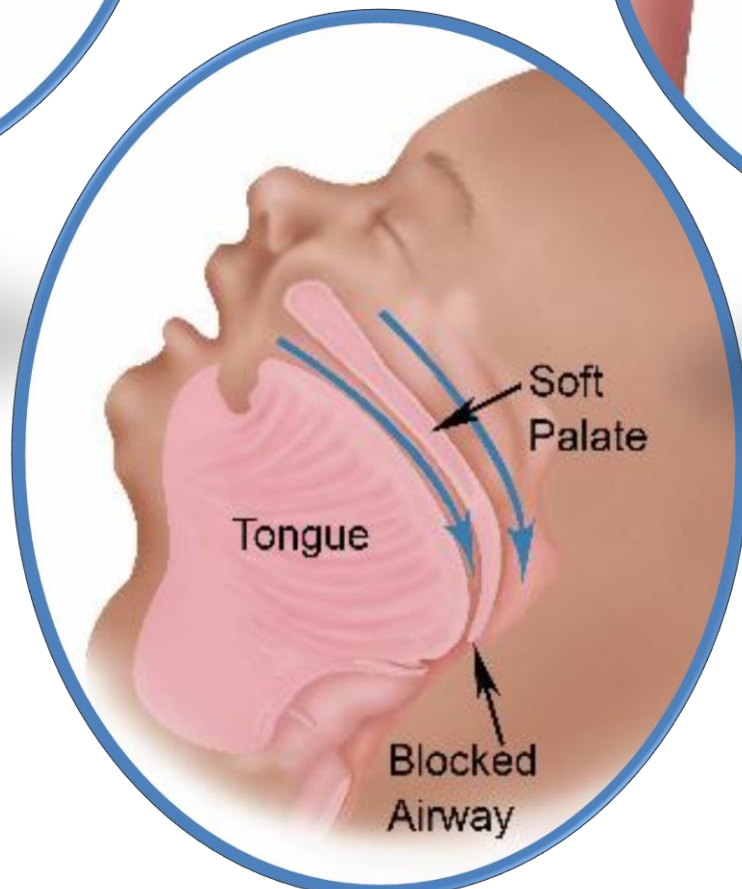
PCOS



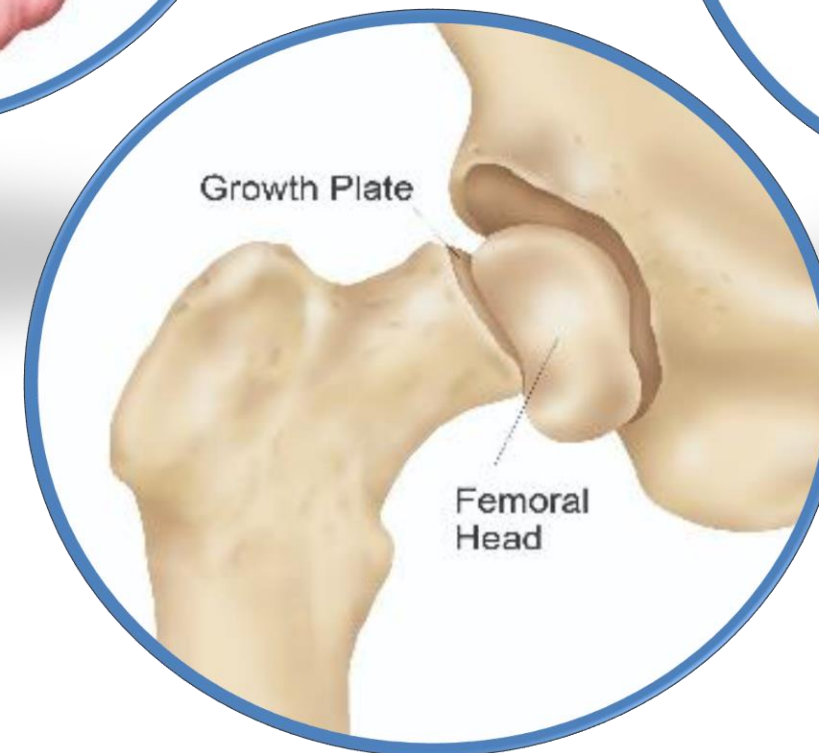
Blount disease



Idiopathic Intracranial Hypertension



Obstructive Sleep Apnea



SCFE



# CPG By the Numbers

**15**

Years Since Last  
Comprehensive  
Guidance

**16K Abstracts  
Reviewed**



**1642**  
Full Text  
Articles



**382**  
Studies  
Included



**13**

CPG Key Action  
Statements



**11**

CPG Consensus  
Recommendations



**2**

Technical  
Reports

# CPG in a nutshell



- 13 Key Action Statements
- 11 Consensus Recommendations
- Key Topics:
  - ✓ Assessment & evaluation
  - ✓ Comorbidities
  - ✓ Multiple evidence-based treatment options

# Key Takeaways

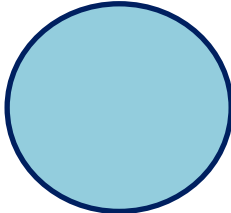
 Obesity is a complex chronic disease

 Comprehensive whole child evaluations are important

 Obesity treatment is safe and effective

 There are effective evidence-based strategies for treatment

 Treating obesity also means treating comorbidities

 Children with overweight or obesity should be offered treatment upon diagnosis

# Whole Child Approach

Underlying **genetic, biological, environmental,** and **social determinants** that are risks for obesity is the foundation of evaluation and treatment.

**- AAP Clinical Practice Guideline**



# Obesity is a complex chronic disease

- Obesity is often an indicator of structural inequities like unjust food systems, health inequities and environmental & community factors
- Genetics, obesity-promoting environments, life experiences combined with inequities and structural barriers to healthy living all contribute to overweight and obesity



# CPG

Evaluation & Treatment  
of Pediatric Obesity

## Evaluation

## Recommendations

# Concurrent Treatment KAS

**KAS 4:** Pediatricians and other PHCPs should treat children and adolescents for overweight (BMI  $\geq$ 85th percentile to  $<$ 95th percentile) or obesity (BMI  $\geq$ 95th percentile) and comorbidities concurrently.



CPG

Evaluation & Treatment  
of Pediatric Obesity

**Treatment**

**Recommendations**



# Comprehensive Obesity Treatment

## KAS

**KAS 9.** Pediatricians and other PHCPs should treat overweight (BMI  $\geq$ 85th percentile to  $<$ 95th percentile) and obesity (BMI  $\geq$ 95th percentile) in children and adolescents, following the principles of the medical home and the chronic care model, using a family-centered and nonstigmatizing approach that acknowledges **obesity's biologic, social, and structural drivers.**

# Intensive Health Behavior and Lifestyle Treatment KAS

**KAS 11.** Pediatricians and other PHCPs should provide or refer children 6 y and older (Grade B) and may provide or refer children 2 through 5 y of age (Grade C) with overweight (BMI  $\geq$ 85th percentile to  $<$ 95th percentile) and obesity (BMI  $\geq$ 95th percentile) to intensive health behavior and lifestyle treatment. Health behavior and lifestyle treatment is more effective with greater contact hours; the most effective treatment includes 26 or more hours of face-to-face, family-based, multicomponent treatment over a 3- to 12-mo period

# Pharmacotherapy

**KAS 12. Pediatricians and other PHCPs should offer adolescents 12 y and older with obesity (BMI  $\geq$ 95th percentile) wt loss pharmacotherapy, according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment.**

# Metabolic and Bariatric Surgery

**KAS 13:** Pediatricians and other PHCPs should offer referral for adolescents 13 y and older with severe obesity (BMI  $\geq$ 120% of the 95th percentile for age and sex) for evaluation for metabolic and bariatric surgery to local or regional comprehensive multidisciplinary pediatric metabolic and bariatric surgery centers.



“

Start treatment immediately  
and deliver it intensively.

- Sandra Hassink, MD, FAAP

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