Controversy and Consensus: Addressing Childhood Obesity and Beyond

Presented by
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The Power of Our Light

OAC
Obesity Action Coalition

CONTROVERSY AND CONSENSUS: ADDRESSING CHILDHOOD OBESITY AND BEYOND

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DISCLOSURE

I serve as a site investigator for clinical trials sponsored by Novo Nordisk and Eli Lilly

OVERVIEW

- Dispel common myths
- Understand importance of early intervention
- Review new American Academy of Pediatrics recommendations
- Learn how to support the kids in your life who are living with obesity

THANK YOU

AUDIENCE RESPONSE:

Most children living with obesity will grow out of their extra weight.

A. True

B. False

C. Not sure

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A. True

B. **False**

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FACT

Obesity in childhood persists to adulthood

Most children as young as age 3 who are living with obesity will still have obesity when they are 12 years old

Virtually all teens living with obesity will have obesity in adulthood

Healthy weight adults with history of obesity in their youth have *same* health status as healthy weight adults who have no history of carrying extra weight in their youth

Treatment in childhood is important for improving short-term and long-term health and well-being

AMERICAN ACADEMY OF PEDIATRICS GUIDELINES ON TREATMENT OF PEDIATRIC OBESITY

- No more watchful waiting
- Start interventions early

American Academy of Pediatrics

AUDIENCE RESPONSE QUESTION

True or False: The best way to help my child who is living with obesity to achieve a healthy weight is to increase their level of physical activity.

A. True
B. False
C. Not sure

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BENEFITS OF PHYSICAL ACTIVITY

Improves blood pressure

Improves blood sugar

Improves sleep

Improves stress, depression, anxiety

Improves academic performance

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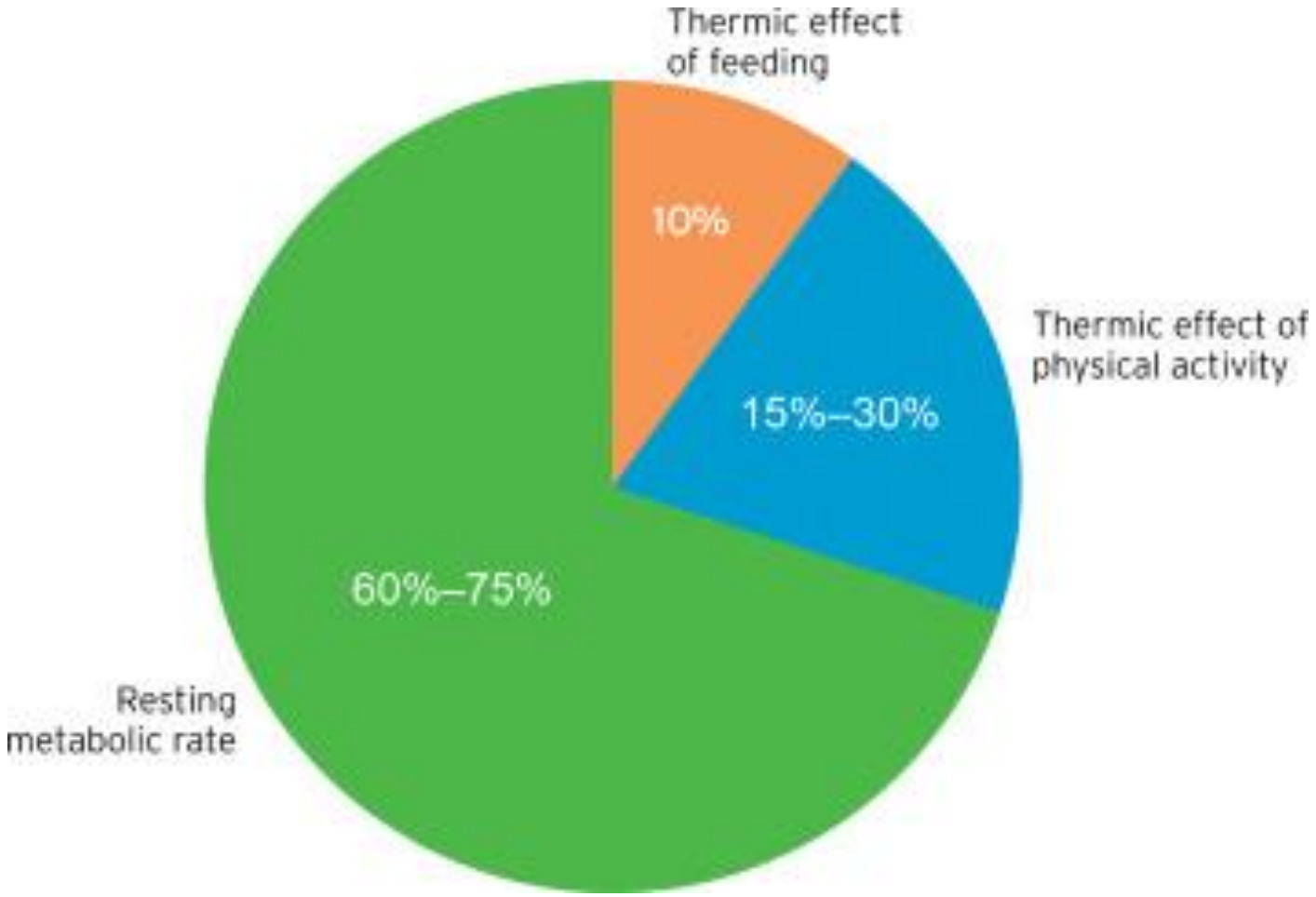
~~Improves body weight~~

COMPOSITION OF DAILY ENERGY EXPENDITURE



Mathias Steinach, Hanns-Christian Gunga, in Human Physiology in Extreme Environments (Second Edition), 2021

BODY WEIGHT REGULATION

Human body is designed to self regulate all physiological processes through sensing internal and external environment and then adjusting through feedback loops

- Breathing
- Heart rate
- Body temperature
- Fluid status
- Fat mass

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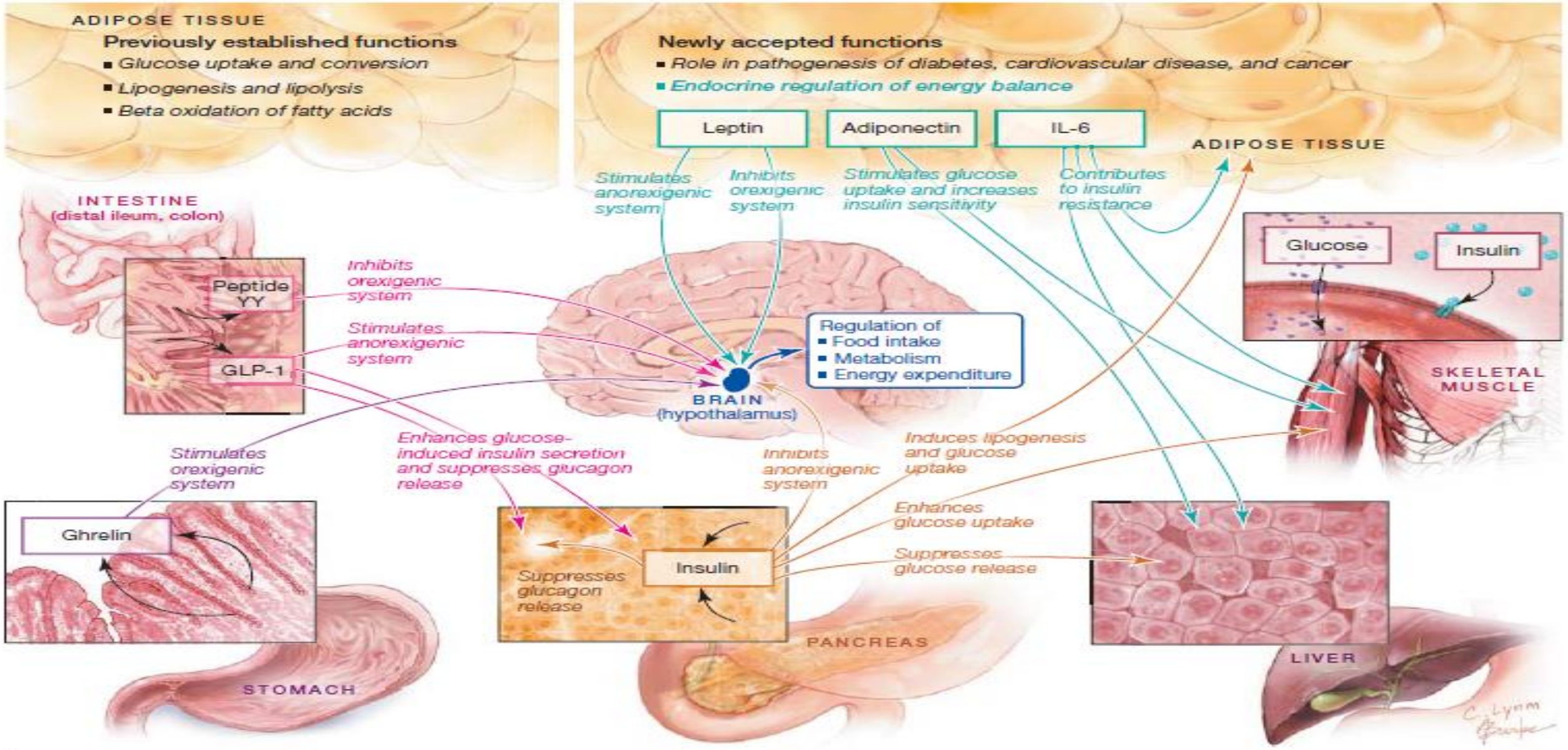
Involuntary



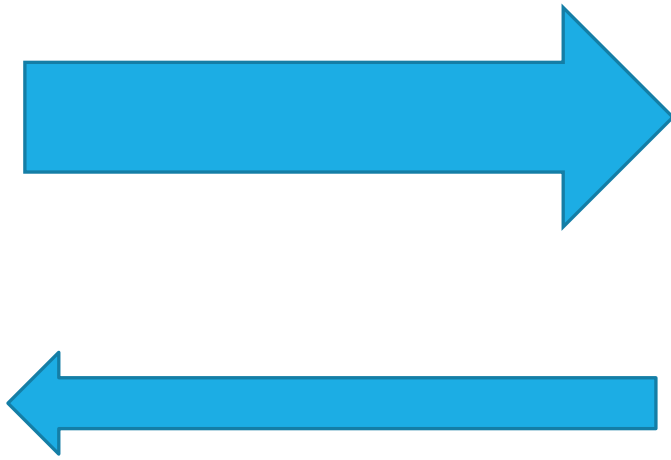
Neuroendocrine and Endocrine Pathways of Obesity. Once a cell thought to be a simple, passive storehouse for lipids, the adipocyte is now known to be marvelously complex. It senses the body's energy state and sends signals to many organs, coordinating their function. The solution for the obesity epidemic might lie in better understanding adipocyte biology.

Elmquist JK & Scherer PE. *JAMA*, 2012

METABOLIC COMPENSATION

Body wants to preserve set point

Obesity



Behaviors

BENEFITS OF PHYSICAL ACTIVITY

Improves blood pressure

Improves blood sugar

Improves sleep

Improves stress, depression, anxiety

Improves academic performance

EXERCISE AND WEIGHT

Obesity is not caused by limited physical activity.

ALL kids in the US do not get enough exercise and have too much screen time.

This is not limited to kids who are living with obesity.

OBESITY IS:

A chronic, complex disorder of the energy regulation system that results in abnormal accumulation of adipose tissue.

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AMERICAN ACADEMY OF PEDIATRICS GUIDELINES ON TREATMENT OF PEDIATRIC OBESITY

- No more watchful waiting
- Start interventions early
- Offer anti-obesity medications to youth ≥12 years old
- Refer to bariatric surgery

American Academy of Pediatrics

MEDICATIONS FOR PEDIATRIC USE

Semaglutide (Wegovy™): ≥12 years old

Liraglutide (Saxenda™): ≥12 years old

Phentermine/Topiramate (Qsymia™): ≥12 years old

Phentermine: >16 years old for “short term” use

Orlistat (Xenical™): ≥12 years old

Setmelanotide (Imcivree™): ≥6 years old

Metformin

Topiramate

BARIATRIC SURGERY IN YOUTH

Eligibility is primarily based on youth's BMI (body mass index) and presence of weight-related health problems

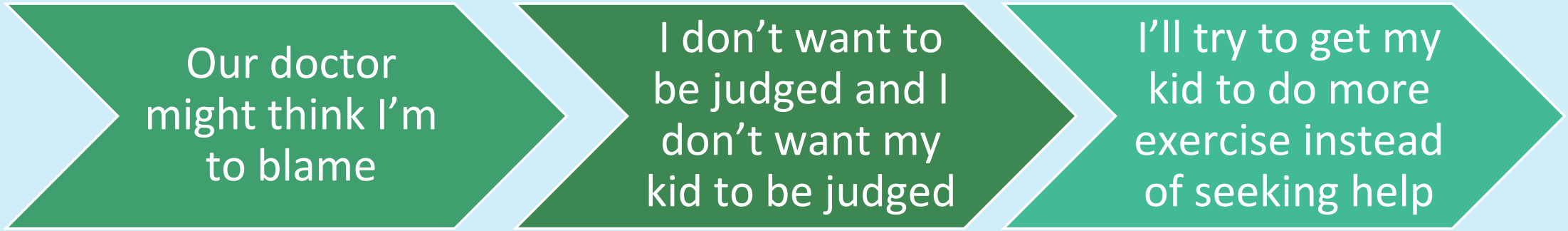
Outcomes in youth are as good as in adults

Most common operation is sleeve gastrectomy

Advantages of bariatric surgery in youth

- Greater chance of diabetes remission
- Improves sleep apnea
- Improves fatty liver disease
- Improves blood pressure
- Improves quality of life

When biological underpinnings of obesity are NOT acknowledged



When biological underpinnings of obesity are NOT acknowldeged

- Our doctor might think I'm to blame
- I don't want to be judged and I don't want my kid to be judged
- I'll try to get my kid to do more exercise instead of seeking help

When biological underpinnings of obesity *are* acknowledged:

- My doctor says it's not my fault
- There are treatments that can help my child
- I'm empowered to care for my family

AUDIENCE RESPONSE QUESTION

True or False: Treating obesity in children and teens will cause eating disorders.

A. True
B. False

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A. True

B. **False**

DISORDERED EATING BEHAVIORS

Disordered eating behaviors and attitudes are more common in youth living with obesity compared to youth who are not:

- Fad diets
- Food restriction
- Binge eating
- Secretive eating

OBESITY TREATMENT AND EATING DISORDERS

Treating obesity using evidence-based programs can not only improve weight reduction but *also* improve disordered eating behaviors and thoughts

Youth with full-syndrome eating disorders should be treated for that eating disorder

COMPREHENSIVE OBESITY TREATMENT AND IMPACT ON DISORDERED EATING

Intervention Component	Effect on Disordered Eating Thoughts/Behaviors
Improve diet quality and quantity (i.e. get closer to optimal calorie needs) with emphasis on sustainable healthy eating habits	No rigid rules (no “forbidden” foods) or fasting
Regular physical activity; not a weight loss strategy	Not a significant part of energy-balance; promotes health
Healthy routines and homes	Avoid long periods without eating; limit tempting foods in house to reduce urges to sneak/hide
Medications	Normalize hunger cues

COMPREHENSIVE OBESITY TREATMENT

IS:	IS NOT:
Addresses the WHOLE child	Weight centric
Asks permission and meets people where they are	Demeaning
Compassionate	Dieting
Recognizes biological underpinnings of weight regulation	Not singularly focused on eating and activity
Effective	Blaming or shaming
Emphasizes body function over form	
Identifies eating disorders and improves disordered eating	

TWITTER RESPONSE TO AAP GUIDELINES

"The lack of responsible eating and lack of physical activity are the main culprits."

"This is so disturbing…these kids will have to take medicine for the rest of their lives. Their hunger and fullness cues will be screwed. This will only lead to eating disorders…"

"What the hxxx is wrong with you people?! Eat real food and go play outside..!"

"Stop eating, turn off the video games and get out and exercise. Parents, do your job and be responsible parents."

TWITTER RESPONSE TO AAP GUIDELINES

WEIGHT BIAS

"The lack of respon[illegible] activity are the main culprits."

"This is so disturbing. [illegible] kids will have to take medicine for the rest of their lives. Their hunger and fullness [illegible] be screwed. This will only lead to eating disorders…"

"What the hxxx is wrong with [illegible]. Eat real food and go play outside..!"

"Stop eating, turn off the video games and get out and exercise. Parents, do your job and be responsible parents."

THE TRUTH

- Obesity is a complex disorder of the energy regulation system.
- There are safe and effective treatments for youth living with obesity that do not cause eating disorders. Medications normalize cues of hunger and fullness.
- Parents are not to blame.

QUESTIONS