



Nutrition for Family Living

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July, 2007 Topics

Child and Adolescent Overweight and Obesity: What the Expert Committee Recommends
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Child and Adolescent Overweight and Obesity: What the Expert Committee Recommends

By Ashley Valentine and Sherry Tanumihardjo

In June 2007, the Expert Committee on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity released recommendations to be implemented by physicians and allied healthcare professionals regarding diet, activity, and weight for child and adolescent patients and their families. This article summarizes the Committee's findings to familiarize readers with these new suggested practices and expectations of physicians and allied healthcare providers. The full outline of the Committee's recommendations can be found online at: http://www.ama-assn.org/ama1/pub/upload/mm/433/ped_obesity_rec.pdf



Prevention: Notable among the Prevention Recommendations were that physicians and allied healthcare providers should counsel the following for children aged 2 – 18 years whose BMI is at or above the 5th percentile and no greater than the 84th percentile:

- Limit consumption of sugar-sweetened beverages.
- Consume recommended quantities of vegetables and fruits.
- Limit sedentary activity (e.g. television-watching, playing video games) to 1 – 2 hours per day.
- Participate in at least 60 minutes of moderate to vigorous physical activity every day.
- Eat breakfast daily.
- Limit dining at restaurants.
- Limit portion sizes.
- Eat meals as a family.

Also recommended is that physicians, allied healthcare providers, and professional organizations support obesity prevention by advocating the federal government to increase physical activity interventions in schools, supporting efforts for local infrastructure that encourages physical activity, and promoting families' use of local physical activity options.

Assessment: Assessment recommendations include a yearly assessment of weight status, a qualitative assessment of dietary patterns, and an assessment of physical activity and sedentary behaviors in all children. The Expert Committee recommends the following classifications for overweight and obese in children and adolescents:

Overweight: Individuals aged 2 – 18 years with body mass index (BMI) greater than or equal to the 85th percentile but less than the 95th percentile for age and sex should be considered overweight.

Obese: Individuals aged 2 – 18 years with a BMI greater than or equal to 95th percentile for age and sex or BMI exceeding 30 (whichever is smaller).



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Treatment: For children aged 2 – 19 years, with BMIs greater than the 85th percentile, the Committee recommends a four-stage approach to weight and behavior management. In addition to the Prevention Recommendations (above), Stage 1 also includes the following:

- Eat 5 or more servings (> 2.5 cups) of vegetables and fruits per day.
- Not have a television in the room where the child sleeps.
- Consume no sugar-sweetened beverages.
- Enjoy family meals 5 – 6 times per week.
- Allow the child to self-regulate his or her meals.
- Avoid overly restrictive behaviors, such as having “off-limit” foods.

The goal of stage 1 is to achieve “weight maintenance with growth that results in a decreasing BMI.” Other stages are outlined in the report and involve more professional training.

Controversy: Some discord among healthcare professionals and patients regarding the Expert Committee’s recommendation has surfaced and can be found on internet blogs such as “Junkfood Science” by Sandy Swarc, BSN, RN, CCP. Main concerns include loss of lifestyle and parenting-style freedom due to the new recommendations, decreased recognition or concern by healthcare professionals for eating disorders on the opposite end of the spectrum (e.g., anorexia, bulimia), and perpetuation or even an increase in stigmatizing overweight children as “irresponsible,” “deviant,” and “unhealthy.” In this light, healthcare professionals should operate with the understanding that when recommendations of this nature are applied, they should be appropriately tailored to the individual. Healthcare professionals should also pay close attention to messages, overt or underlying, that they may be sending in their efforts to advocate for public policy change to improve public health, so that they avoid the unnecessary and undue stigmatization of individuals in the community they are seeking to serve.

How do these recommendations line up with MyPyramid? MyPyramid recommends 4 cups of vegetables and fruits for a 1800 calorie diet, which is more than the Expert Committee’s report (i.e., 2.5 cups). Physical activity recommendations are the same (60 minutes/day). MyPyramid suggests limits on activities such as TV watching and computer use, but do not give a time range. **As nutrition educators we need to be sensitive to our clients while encouraging healthy behaviors.**

References:

“Appendix: Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity; June 6, 2007” http://www.ama-assn.org/ama1/pub/upload/mm/433/ped_obesity_recs.pdf

“Doctors – forced into becoming lifestyle police.” JunkFood Science BlogSpot. Sandy Swarc. 2007. Online at: <http://junkfoodscience.blogspot.com/2007/06/doctors-forced-into-becoming-lifestyle.html> (accessed June 18, 2007).



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IFIC's 2007 Survey of Consumer Attitudes toward Food, Nutrition and Health

Susan Nitzke

Early in 2007, the International Food Information Council (IFIC) foundation conducted the second wave of their Food & Health Survey. They collected data from 1,000 Americans who were 18 or older via the Internet. Data were weighted to the U.S. Census by age, education and gender with a sample error of +/- 3.1 percentage points. Following are highlights of their findings:

- 75% said they were concerned with their weight (compared to 66% in 2006) and 56% said they were actively trying to lose weight.
- Of those trying to lose weight, 60% were trying to reduce calories.
- 72% of the consumers said they were concerned with both the amount and types of fats they consume (compared to 66% last year).
- 63% said they use trans fat information on the Nutrition Facts panel (49% last year) and 75% said they were limiting their consumption of trans fat (54% in 2006).
- 70% of Americans said they were concerned with the amount of sugar they consume and 58% were concerned with the type of sugar.
- Decisions to buy foods and beverages were most affected by taste and price, but healthfulness was also among the important factors with 65% citing this factor.
- 90% of consumers named breakfast as the most important meal of the day, but only 49% said they eat breakfast every day.
- 48% said they were limiting their intake of caffeine.

Implications for Extension Educators: Many of the concepts of the Dietary Guidelines and MyPyramid are reflected in the concerns expressed by consumers in this survey. However, there was a disconnect between actions and their knowledge/beliefs. For example, many fewer people ate breakfast on a daily basis than reported that breakfast was the most important meal of the day. Thus, learner-centered nutrition education that focuses on helping people develop realistic goals and specific plans on how to improve their behaviors to correspond with their new and existing knowledge is likely to be helpful and appreciated.

Source: <http://www.ific.org/research/foodandhealthsurvey.cfm>. You can view an archived webcast of survey findings at <http://www.ific.org/research/2007fandhsurveywebcast.cfm#> and see the slides from that webcast at http://www.ific.org/research/upload/07_Food_and_Health_Survey_Webcast.pdf.