

Table 5: Staged-Based Considerations for Primary Care Providers for Obesity Treatment in Children and Adolescents

<p>Stage 1: Primary Prevention</p>	<p>Recommended to occur in primary care clinical office setting</p> <ul style="list-style-type: none"> • Can be delivered by physician, advance practice nurse, physician assistant, or office nurse <p>Work with families to select appropriate behaviors to target</p> <ul style="list-style-type: none"> • Consider family's current behaviors, cultural values, financial situation, and family functions/schedule • Consider working on targeted behaviors in steps <p>Tailor follow-up frequency to family</p>
<p>Stage 2: Structured Weight Management</p>	<p>Can take place in primary care clinical office setting</p> <ul style="list-style-type: none"> • Additional training of physicians, nurses, and staff may be needed in nutrition • Additional training of physicians, nurses, and staff may be needed in behavioral change techniques (such as motivational interviewing, goal setting, behavior monitoring, behavior reinforcement techniques, or other appropriate behavior change strategies) <p>Guides families to establish support and structure to achieve behavioral changes</p> <ul style="list-style-type: none"> • Eating plans require clinician with nutrition training or referral to dietitian • Referral for parenting training, family counseling, physical therapist, or exercise therapist may be needed for some families • Clinics would benefit from developing a referral/resource list specific for their area to appropriate services (Clinic referral/resource tool) <p>Monthly visits are recommended for closer follow-up</p>
<p>Stage 3: Comprehensive Multidisciplinary Interventions (Referral centers in Texas)</p>	<p>Unlikely to be offered in a primary care clinical setting</p> <ul style="list-style-type: none"> • Multidisciplinary specialty program with experience in childhood obesity • Multidisciplinary team to include behavioral counselor, registered dietitian, exercise specialist, and physician • Pediatric weight management program most appropriate • Commercial weight management programs need to be screened by primary care provider for appropriateness for child's age and situation <p>Structured program with the following characteristics:</p> <ul style="list-style-type: none"> • Planned negative energy balance (modifying dietary intake and physical activity) • Systematic evaluation and tracking of body measurements and dietary, physical activity, and sedentary behaviors at baseline and designated intervals • Active involvement of parents, especially for younger children (<12 years old) <p>Weekly visits recommended initially (first 8-12 weeks), followed by less frequent visits (e.g., monthly)</p>
<p>Stage 4: Tertiary Care Interventions (Tertiary care centers in Texas)</p>	<p>Decisions to use highly restrictive diets, pharmacologic weight control, bariatric surgery, or other aggressive treatment plans should be made by pediatric specialty-trained multidisciplinary programs with clinical protocols in place to carefully monitor children and adolescent.</p> <ul style="list-style-type: none"> • Not recommended for primary care office settings • Intended only for certain severely obese youth who have failed other weight-reduction methods
<p>Adapted from Barlow SE; Expert Committee. Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: summary report. Pediatrics. 2007;120(suppl):S164-S192</p>	