



POSITION STATEMENT ON OVERWEIGHT CHILDREN AND ADOLESCENTS

INTRODUCTION/PROBLEM STATEMENT

Overweight and obesity remain an American epidemic, affecting one in every six children (National Association of School Nurses, 2018). According to *The State of Obesity* (n. d.), the latest data from the National Health and Nutrition Examination Survey show that the national obesity rate among youth ages 2 to 19 is 18.5%. The rate varies among different age groups, with rates rising along with age. In 2015-2016, 13.9% of children ages 2 to 5, 18.4% of children ages 6 to 11 and 20.6% of children ages 12 to 19 had obesity. Nearly 2% of children ages 2 to 5, 5.2% of children ages 6 to 11 and 7.7% of children ages 12 to 19 had severe obesity. Boys are slightly more likely to have obesity than girls. In 2015-2016, 19.1% of boys had obesity and 17.8% of girl's ages 2 to 19 had obesity. Between 2013-2014 and 2015-2016, the obesity rate of boys went up 11%, while the percent of girls with obesity increased by 4%.

DEFINITION(S)

1. In children and adolescents, overweight has been defined as a sex- and age-specific BMI at or above the 85th percentile and below the 95th percentile.
2. In children and adolescents, obesity has been defined as a sex- and age-specific BMI at or above the 95th percentile.
3. Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fatness. BMI can be used to screen weight categories that may lead to health problems but is not diagnostic of body fatness or health of an individual.

RATIONALE AND SUPPORTING INFORMATION

Pediatric obesity touches individuals from all socio-economic, racial and ethnic backgrounds. Disparities in obesity have not improved during the past decade (Rossen & Schoendorf, 2012). Until 2002, obesity rates increased at similar rates for all adolescents, but since then, obesity has begun to decline among higher SES youth but continued to increase among lower SES youth. The most recent NHANES from 2015-2016 shows substantial differences in obesity rates among children of different races and ethnicities. Obesity rates are higher among Latino children (25.8%) and Black children (22%) than among White children (14.1%) and Asian children (11.0%). Latino boys (28.0%) and Black girls (25.1%) are most likely to have obesity.

Many factors, working in combination with each other, increase a child's risk of becoming overweight (Mayo Clinic, 2018):

- **Diet.** Regularly eating high-calorie foods, such as fast foods, baked goods and vending machine snacks, can cause children to gain weight. Candy and desserts also can cause weight gain, and more and more evidence points to sugary drinks, including fruit juices, as culprits in obesity in some people.
- **Lack of exercise.** Children who don't exercise much are more likely to gain weight because they don't burn as many calories. Too much time spent in sedentary activities, such as watching television or playing video games, also contributes to the problem.
- **Family factors.** If children come from a family of overweight people, he or she may be more likely to put on weight. This is especially true in an environment where high-calorie foods are always available and physical activity isn't encouraged.
- **Psychological factors.** Personal, parental and family stress can increase a child's risk of obesity. Some children overeat to cope with problems or to deal with emotions, such as stress, or to fight boredom. Their parents might have similar tendencies.
- **Socioeconomic factors.** People in some communities have limited resources and limited access to supermarkets. As a result, they might buy convenience foods that don't spoil quickly, such as frozen meals, crackers and cookies. Also, people who live in lower income neighborhoods might not have access to a safe place to exercise. The prevalence of obesity decreased with increasing level of education of the household head among children and adolescents aged 2-19 years.

The rising prevalence of childhood obesity poses a major public health challenge by increasing the burden of chronic non-communicable diseases. Obesity during childhood can have a harmful effect on the body in a variety of ways. Immediate risks for children who have obesity include:

- High blood pressure and high cholesterol, which are risk factors for cardiovascular disease (CVD).
- Increased risk of impaired glucose tolerance, insulin resistance, and type 2 diabetes
- Breathing problems, such as asthma and sleep apnea
- Joint problems and musculoskeletal discomfort
- Fatty liver disease, gallstones, and gastro-esophageal reflux
- Low self-esteem and being bullied
- Behavior and learning problems
- Depression

Future health risks include children who have obesity are more likely to become adults with obesity. Adult obesity is associated with increased risk of a number of serious health conditions including heart disease, type 2 diabetes, and cancer. If children have obesity, their obesity and disease risk factors in adulthood are likely to be more severe.

POSITION and/or RECOMMENDATIONS

The mission of the Society of Pediatric Nurses is to advance the specialty of pediatric nursing through excellence in education, research and practice.

To address the health problem of overweight in children and adolescents, the Society of Pediatric Nurses recommends:

1. Identifying overweight children and adolescents by screening for BMI.
2. Promoting primary prevention through the following recommendations (Mayo Clinic, 2018).
 - a. Limit consumption of sugar-sweetened beverages or avoid them
 - b. Provide plenty of fruits and vegetables
 - c. Eat breakfast daily
 - d. Eat meals as a family as often as possible
 - e. Limit eating out, especially at fast-food restaurants, and when you do eat out, teach your child how to make healthier choices
 - f. Adjust portion sizes appropriately for age
3. Assess and promote the reduction of sedentary time/screen time, good sleep hygiene and the increase of activity.
 - a. Limit TV and other “screen time” to less than 2 hours a day for children older than 2 and don’t allow television for children younger than 2 (Mayo Clinic, 2016).
 - b. Be physically active ≥ 1 hour each day
 - c. Promote good sleep hygiene by establishing a regular and consistent sleep schedule early in childhood and adjust accordingly to age requirements.
4. Encourage community participation in coalitions or partnerships to address healthy food environments and physical activity. In low-income communities where places to play and supermarkets may be scarce, it can promote consumption of low nutrition and fast food and little to no physical activity (Rogers et al., 2015).

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