

Name: _____
D.O.B: _____
Date filled out: _____



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Your Child's Weight

Please answer the following questions about your child:

1. How does your child feel about his or her weight? (explain)

2. Does your child worry about how much he or she weighs?

3. Does your child worry about taking gym class at school?

4. Does your child worry about keeping up with other children on the playground or in sports?

5. Is your child concerned about being teased?

6. Is your child worried about how he or she looks in clothes?

7. Is your child concerned about his or her health?

8. Are there any other concerns that you child has voiced in regards to his or her weight?

9. How do you feel about your child's weight?

10. Are you concerned about your child being teased by peers?

11. Are you anxious about short and long term consequences of you child's weight?

12. Are there any other worries you have in regards to your child's weight?



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Body-Mass Index

Pediatricians consider body-mass index (BMI), a calculation of your child's body weight relative to his/her height, important when determining if your child is overweight. After two years of age, BMI is a good indicator as to whether or not your child is at a healthy weight for his/her height and age. If your child's BMI is above the 95th percentile, a weight problem exists.

Calculating BMI

$BMI = (\text{weight in pounds} \times 703) / \text{height in inches}^2$

There are also several sites on the internet that can calculate BMI for you. Enter "BMI calculator" in your search engine for several options.

Interpreting BMI

- Underweight = <18.5
- Normal weight = 18.5-24.9
- Overweight = 25-29.9
- Obesity = BMI of 30 or greater

Keep in mind that although BMI is not a specific measure of body fat, it is closely linked with body fat calculations. Your pediatrician will be taking into account your child's pattern of growth, family history, body composition, and possible laboratory studies as well.

Effects of Obesity on Children

Emotional Effects

For overweight children as well as their parents, living with excess pounds can be heartbreaking. In its own way, the social stigma attached to being overweight can be as damaging to a child as the physical diseases and conditions that often accompany obesity. You can probably see it in the eyes and hear it in the words of your own overweight child. In a society that puts a premium on thinness, studies show that children as young as 6 years may associate negative stereotypes with excess weight and believe that a heavy child is simply less likable.

True, some overweight children are very popular with their classmates, feel good about themselves, and have plenty of self confidence. But in general, if your child is obese, he is more likely to have lower self-esteem than his thinner peers. His weaker self-esteem can translate into feelings of shame about his body, and his lack of self-confidence can lead to poorer academic performance at school. You probably don't need a detailed description of how difficult the day-to-day life of overweight children can sometimes be. These youngsters may be told by a classmate (and even adults) that being heavy is their own fault. They might be called names. They could be subjected to teasing and bullying. Their former friends may avoid them, and they may also have trouble making new friends. They could be the last one chosen when teams are selected in physical education classes.

When these scenarios become ingrained as part of his life, month after month, year after year, he can become sad and clinically depressed and withdraw into himself. Some overweight children might seek emotional comfort in food, creating more weight gain. Additionally, as children continue into adolescence and beyond, heavy teenagers and adults might face discrimination based solely on their weight to include employment, salary, and relationships.

One other point is important to make: Some children become so obsessed with their excess pounds and have such a distorted body image that they begin to try unusual diets, skip meals, or eliminate food groups, further adding to unhealthy eating and poor nutrition. In some instances, children can become so focused on their weight and body image that they develop eating disorders such as bulimia and anorexia, all because they're trying to get their weight under control in an unhealthy way.

Physical Effects

Pediatricians are very concerned about the growing number of overweight children for a number of reasons. Obesity can limit a child's physical activity on the playground and athletic fields. But, more worrisome, there are many health risks associated with being too heavy.

For example, one recent report stated that among obese children 5 to 10 years of age, 60% already had at least one risk factor for cardiovascular disease, such as high cholesterol levels, high triglycerides (another type of blood fat), and high blood pressure. Cardiovascular-related conditions aren't the only health problems associated with childhood obesity.

Diabetes is another increasing concern among pediatricians and parents of overweight children. This is because there are a fast growing number of newly diagnosed cases of type 2 diabetes in children. Type 2 diabetes used to be called adult-onset because it almost always affected adults, but now this form of diabetes is increasingly evolving into a disease of children and teenagers, as well. In fact, recent research has shown that between 25% and 60% of newly diagnosed diabetes in children is now type 2. Particularly if your child is obese and inactive, he has an increased risk of developing this form of the disease.

Other health risks include asthma, obstructive sleep apnea, skin infections, pain in the knee, thigh, hip, and back, liver disease, gallstones, inflammation of the pancreas, menstrual abnormalities in girls, and severe headaches with visual disturbances.

To make matters worse, if your child is overweight, he is much more likely to become an overweight adult. The statistics are unsettling. About 20% of obese 4-year-olds will grow up to become obese adults. That figure rises to 80% among teenagers who are overweight. And once your child is an adult, he'll be more likely to have the same obesity-related health problems from high blood pressure to joint problems, as well as a greater risk of death as his weight increases. The bottom line is that obesity can cause a lifetime of very serious health concerns.

Guidelines for Success

1. Make This a Family Affair

Good health concerns every member of your family, so approach diet and exercise as a family project. Set a good example of the healthy eating behaviors you want your child to adopt. Children are too smart to accept “do as I say, not as I do.” Enlisting the entire family in the same healthy habits will keep children from feeling singled out or isolated. This will be especially important if one child is overweight. By encouraging healthy habits in your children, you will be doing your own body and mind a favor.

2. Eat a healthy breakfast EVERY DAY!

Approximately 8 to 12 percent of all school-aged children skip breakfast. By the time kids enter adolescence, as many as 20 to 30 percent have completely given up the morning meal. The worst offenders are girls and older teens, although boys and younger adolescents are certainly not immune. Many teens are prone to staying up late and not getting enough sleep, which can lead to waking up too tired to eat or even nauseated. Additionally, most kids would rather snooze an extra 15 minutes then get up for a bowl of cereal.

In reality, skipping breakfast is more likely to cause weight gain than it is to prevent it. A 2008 study in *Pediatrics* found that adolescents who ate breakfast daily had a lower BMI than teens who never ate breakfast or only on occasion.

Ironically, the breakfast eaters even ate more calories, fiber, and cholesterol in their overall diets compared to the kids who skipped breakfast. But the kids who ate breakfast also had diets with less saturated fat.

Children who eat breakfast are generally in better health overall, a fact that may be attributed to the types of food often associated with the morning meal. Breakfast provides a golden opportunity to fortify your teen with nutrients that can easily fall by the wayside the rest of the day, to include fiber, calcium and vitamin D. Fiber can help with weight control and has also been linked to lower cholesterol levels. Although vitamin D is best known for its role in promoting the absorption of calcium, new studies show vitamin D may also boost immunity and help prevent infections, autoimmune diseases, cancer, and diabetes.

If orchestrating a family breakfast around the table every morning is impossible for your family, try providing your child with grab-and-go breakfast items, such as granola bars, breakfast bars, dried fruit, fresh fruit, dry cereal, yogurt or smoothies. Beverages that kids should omit from their morning meal: coffee and energy drinks. While the craving for a quick pick-me-up is certainly understandable, caffeine raises blood pressure and heart rate in teens.

3. Choose healthy snacks.

Two or three snacks a day are an important part of your child's overall nutrition, so making them nutritionally sound is just as important as regular meals. Planning snacks ahead of time is helpful, especially when prepackaged in the appropriate servings, and ready for kids in their lunches or when they get home from school. Ideal items are low in fat and sugar. On occasion, treats like ice cream are ok.

The following are some great snack options:

- fruit
- fresh strawberries
- low-fat/frozen yogurt
- air-popped popcorn or light microwave popcorn
- celery sticks
- low-fat cheeses
- low-fat oatmeal cookies
- frozen juice bars (no added sugar)
- cucumber slices
- crackers
- sugar-free cereals
- hard boiled egg
- natural peanut butter
- handful of nuts
- baked potato chips
- unsalted pretzels
- bran muffins
- bananas
- dried raisins or apricots
- cereal bars
- carrot sticks

4. Good Food Choices

Forcing children to eat food doesn't work. Neither does forbidding foods. When children think that a food is forbidden by their parents, the food often becomes more desirable. Restricting a child's eating too much may harm growth and development, or encourage undesirable eating behaviors.

Between the ages of 2 and 5, encourage children to gradually choose foods with less fat, saturated fat, and trans fat. By age 5, their overall food choices should include heart-healthy foods such as low-fat dairy products, skinless chicken, fish, lean red meats, whole grains, fruits and vegetables. It is important that both children and adults be sensible and enjoy all foods and not to overdo it on one type of food. Higher-fat snack foods and sweets in appropriate portions can be ok sometimes.

The following are ways to make good food choices when considering fat, saturated fat, and cholesterol:

Whole-grain bread, cereal, pasta, and rice

- Most Days*
- ✓ Whole-grain mini bagel or English muffin
 - ✓ Pretzels, baked chips
 - ✓ Graham Crackers, crackers, fig bars, vanilla wafers
 - ✓ Low-sugar, high-fiber granola bars and baked goods
- Some Days*
- Doughnut or Danish
 - Fried potato or corn chips
 - Cookie or cupcake

Vegetables

Most Days ✓ Baked potato (low-fat toppings)
✓ Raw or cooked vegetables

Some Days ■ French fries
■ Creamy coleslaw

Fruit

Most Days ✓ Fresh fruit, dried fruit, and 100% fruit juice (unsweetened)

Some Days ■ Pies or desserts with fruit

Low-fat milk, yogurt, and cheese

Most Days ✓ Reduced-fat or skim milk (2% or less)
✓ Reduced-fat cottage cheese or reduced-fat cheese
✓ Low-fat yogurt or low-fat frozen yogurt

Some Days ■ Ice cream

Meat, poultry, fish, beans, eggs, and nuts

Most Days ✓ Baked or grilled skinless chicken
✓ Baked fish
✓ Beans, eggs, nuts, seeds, peanut butter (1 to 2 tablespoons)

Some Days ■ Fried fish sticks
■ Fried chicken fingers

5. Limiting Fast Food Intake

Your child may love fast-food, and it can seem like the breather you need at the end of an exhausting day. But if you do the math, you might be surprised that fast-food dining is actually pretty expensive. If it costs \$20 or \$25 to feed a family of 4 at a fast-food restaurant, and if you eat there 3 to 4 times a week, that can take a supersized bite out of the family budget. You need to ask yourself whether you could take that same money and buy more nutritious food for your family. On those days when the family does eat out, avoid fast food and/or consider splitting portions, which are often too large. It is wiser to steer clear of buffets that can tempt everyone to eating too large of portions and second helpings. **Never upsize or supersize your meal!!**

When you or another adult in the home does the cooking, there is more control over what your child eats. Turn those trips to the fast food restaurant into a once-in-a-while treat, not an everyday outing. When you have the opportunity to sit down for a meal as a family, grab it!

When you do take the kids to a fast-food restaurant, talk with them in advance about making healthier choices. Fast food doesn't necessarily have to be bad food; good selections may include:

- A grilled or charbroiled chicken sandwich (without the skin and low-fat mayo)
- A regular-sized hamburger (not the large one with all the fixings)
- A salad with a small amount of salad dressing (add some grilled or charbroiled chicken)
- A plain baked potato (perhaps topped with vegetables from the salad bar)
- Skim or 1% milk or 100% orange juice (rather than soda or the high fat shake)

If your child must have fries, try dividing a single order among several family members.

6. Meal time is Family Time

Eating meals together as a family will help establish healthy eating habits and provide valuable family together time. It's also a good way to keep portions in check.

Try making a menu together, allowing your children to make some choices about the food selections for the week. This will help them continue to learn about making good food choices. Then, make a list to take to the store and stick by it! This will help eliminate those impulse buys that not only provide minimal nutrition, but more strain on the family budget.

7. Sneaking Food

It can happen anytime. While you're talking on the phone, taking a shower, or running errands – without your knowledge and perhaps you ever finding out, your overweight child may start sneaking food. When older, your child may indulge at a friend's house or purchase treats with his or her own money.

Don't panic or overreact. Raise the issue with your child, without being accusatory and becoming angry or threatening to punish her. Tell your child you've noticed that sometimes there are dishes left in her room, or wrappers in her trash can, or that you've noticed her eating in her room when she thinks no one is looking. Explain that you are aware of your child's behavior, pointing out that it's counterproductive to her weight-loss goals. Then agree to help your child work on the problem.

Some parents find it helpful to establish a rule that their children have to ask them for food. This way you can encourage your child to ask for food when she wants it, providing an opportunity to help make good nutritional decisions about what to eat. You can move her in the direction of sneaking less often and making better food choices when she does eat.

Once your child begins to ask you for food, reward her for doing so (although obviously not with food!). For a young child, start with a sticker or a star each time she asks for something to eat, or read an extra bedtime story. A point system may also be effective in rewarding larger items such as a toy. For an older child, perhaps the points can build up for a ticket to the movies or other event the child would like to attend.

8. Let's Get ACTIVE!!

Limit TV and video game time. The American Academy of Pediatrics (AAP) recommends that children younger than two not watch TV at all. For older children, screen time should be limited to no more than one or two hours per day (including TV, video games, and computer time). The risk of being overweight is more than 4 ½ times greater for children who watch more than 5 hours of TV a day, compared to children who watch no more than 2 hours a day. Try utilizing video games that promote health and wellness by having your child get up off the couch to play the game.

Provide opportunities for physical activity. Get your children moving! Anything that involves movement qualifies as physical activity. You don't have to push your child to the point of exhaustion to contribute to weight management. Little things such as, parking your car further from the store entrance, using the stairs instead of the elevator, walking the dog, and having them help with chores around the house (vacuuming, mowing the lawn, washing windows, washing the car, etc.). Taking a walk after dinner together not only provides activity for your child, but an opportunity for important family time.

Physical Activity can be FUN! Many children enjoy activities sponsored by local groups, such as soccer, basketball, baseball, swimming, tennis, etc. These team activities also help provide socialization and team work skills. If your child feels self-conscious about participating in group activities, there are many individual sports such as horseback riding, golf, and martial arts, where they can exercise and still have fun.

9. Special Occasions

Many children (as well as adults) tend to gain weight during holidays and vacations. During special occasions, don't lose sight of what your child is eating. Holidays, such as Christmas or Hanukkah, often last for the entire month of December, with plenty of treats offering one temptation after another. You certainly don't want to deprive your child of the celebrations, but celebrate the day, not the entire month!

The same is true for birthday parties, Halloween, or other religious holidays. If your child is invited to a friend's birthday party, she can certainly have some cake and ice cream. But remind her to take only one helping of the treat. For your child's party, fill the party bags with toys and healthy snacks instead of candy. Easter baskets can be filled with inexpensive toys, eggs with coins, and a few treats to celebrate the occasion. At Halloween, allow one evening for celebration, then offer to buy back your child's candy, or at least limit future intake by one to two small pieces every day afterwards.

Extended family members, such as grandparents, aunts, and uncles, can have an enormous effect on your child's health. Invite them to support her in her journey toward better health. Let them know that you'd like them to become part of your child's health team.

Organic Causes of Weight Gain and Obesity

The most harmful misconception about obesity is that overweight people have only themselves to blame for their extra pounds. They're often presumed to be self-indulgent and weak-willed, which explains the lack of support and understanding accorded many large children and adults.

A number of factors contribute to obesity, beginning with genetic inheritance. Heredity determines, to a large extent, a person's metabolism; the process by which the body converts the nutrients in our diet into energy (calories). The basal metabolic rate (BMR) is the pace at which we burn energy while resting. 60 to 75 percent of our total energy is expended in this state, to maintain vital functions such as breathing, circulation, body temperature, digestion and glandular activity. One person's metabolic "tempo" may be as much as 20 percent faster or slower than someone else's.

Still other organic factors partly determine which kids can eat anything they want and never seem to gain an ounce, and which kids face a lifelong struggle to keep their weight in check.

Insulin resistance. Ordinarily, the hormone insulin binds to tissue cells and assists them in absorbing sugar (glucose), the body's fuel. In children who are resistant, the insulin fails to work effectively. Instead of being burned for energy, the sugar builds up in the body. Insulin resistance can eventually lead to noninsulin-dependent diabetes; also known as type 2 diabetes.

Low leptin levels. Some people are deficient in leptin, a hormone that appears to regulate weight in two ways. The substance, produced by the fat cells, essentially signals the brain when the body has had its fill of food. It also inhibits the production of an enzyme crucial for fat production. In studies of heavy men and women, blood tests consistently revealed extremely low concentrations of leptin. This substance is currently being tested in volunteers as a potential weight-loss drug.

Chromosomal abnormalities and endocrine abnormalities. A very few adolescents are obese due to a birth defect or a disorder of the endocrine (hormone) system, such as hypothyroidism.

Please talk to your child's pediatrician if you feel your child may suffer from any of the above listed conditions.

Sources:

"Determining Body-Mass Index", "The Emotional Toll of Obesity", "The Physical Toll of Obesity", "Your Overweight Child and the Risk of Disease", "The Case for Eating Breakfast", "Choosing Healthy Snacks", "What about Fat and Cholesterol", "The Perils of Fast Food", "Downsizing a Super Sized Problem: Curbing Childhood Obesity", "Overcoming Weight-loss Obstacles", "Sneaking Food", and "Organic Causes of Weight Gain and Obesity" accessed 4/29/2010 from www.HealthyChildren.org.