

Addressing Childhood Weight and Eating Problems: Extending the Focus Beyond Obesity

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Concerns about the increasing BMIs of children and teens have made obesity a hot topic in school districts, state education agencies, and health departments across the US. As the issue is debated, some dietetics professionals and mental health providers are pushing for a comprehensive approach – one that looks beyond a narrow focus on overweight youth.

A multi-disciplinary group of University of Minnesota researchers have published extensively on adolescent weight and eating issues. Dianne Neumark-Sztainer, PhD, MPH, RD, and colleagues use data from **Project Eating Among Teens (EAT)**, an ongoing study that assesses eating and weight-related behaviors in 4,746 adolescents from 31 Minneapolis-St. Paul schools. In the release of their latest study about risk factors for disordered eating, the authors note the importance of a broad approach (www.sph.umn.edu/about/news/releases/eat072909.html):

While an important public health priority is to prevent obesity, it is also important to prevent the use of disordered eating behaviors among overweight adolescents. Findings from this study indicate the importance of working with overweight youth to prevent an unhealthy preoccupation with weight, promote a positive psychological well-being, avoid unhealthy weight control behaviors, and encourage family connectedness.

Obesity may capture more of the headlines, but eating disorders are a significant problem in young people. A recent analysis by the Agency for Healthcare Research and Quality (AHRQ at www.hcup-us.ahrq.gov/reports/statbriefs/sb70.pdf) found that between 1999 and 2006, hospitalizations for eating disorders rose most sharply for children under 12 years of age – a rise of 119 percent.

A thorough review article on comprehensive prevention efforts in adolescents by Neumark-Sztainer appeared in the 2009 Journal of Adolescent Health. **Preventing Obesity and Eating Disorders in Adolescents: What Can Health Care Providers Do?** ([www.jahonline.org/article/S1054-139X\(08\)00663-0/abstract](http://www.jahonline.org/article/S1054-139X(08)00663-0/abstract)) provides five research-based recommendations for health care providers to help prevent both obesity and eating disorders in clinical, school, and other settings.

Recommendations include the following:

1. Discourage unhealthy dieting; instead encourage and support the use of eating and physical activity behaviors that can be maintained on an ongoing basis.
2. Promote a positive body image.
3. Encourage more frequent, and more enjoyable, family meals.
4. Encourage families to talk less about weight and do more at home to facilitate healthy eating and physical activity.

5. Assume that overweight teens have experienced weight mistreatment and address this issue with teens and their families.

In addition to Dr. Neumark-Sztainer's list, nutrition professionals may want to utilize the recently-released recommendations from the **Academy for Eating Disorders** in planning school-based programs. Their *Guidelines for Childhood Obesity Prevention Programs* (<http://aedweb.org/media/Guidelines.cfm>) reinforce many of the same principles, including:

- Interventions should focus on health, not weight, so as to not contribute to the overvaluation of weight and shape and negative attitudes about fatness that are common among children and have harmful effects on their physical, social and psychological well-being.
- Interventions should focus not only on providing opportunities for appropriate levels of physical activity and healthy eating, but also promote self-esteem, body satisfaction, and respect for body size diversity.
- Interventions should focus only on modifiable behaviors (e.g. physical activity, intake of sugar-sweetened beverages, teasing, time spent watching television), where there is evidence that such modification will improve children's health.
- Interventions should focus on making children's environments healthier rather than focusing solely on personal responsibility. In the school setting, these include serving healthy meals, providing opportunities for fun physical activities, implementing a no-teasing policy, and providing students and school staff with educational sessions about body image, media literacy, and weight bias.
- Children of all sizes deserve a healthy environment and will benefit from a healthy lifestyle and positive self-image. School-based interventions should not target heavier children specifically with segregated programs aimed at lowering weights.
- Weighing students should only be performed when there is a clear and compelling need for the information. The height and weight of a child should be measured in a sensitive, straightforward and friendly manner, in a private setting. Height and weight should be recorded without remark. Further, BMI assessment should be considered just one part of an overall health evaluation and not as the single marker for a student's health status.
- Weight must be handled as carefully as any other individually identifiable health information.
- The ideal intervention is an integrated approach that addresses risk factors for the spectrum of weight-related problems, including screening for unhealthy weight control behaviors; and promotes protective behaviors, such as decreasing dieting, increasing balanced nutrition, encouraging mindful eating, increasing activity, promoting positive body image and decreasing weight-related teasing and harassment.
- Interventions should honor the role of parents in promoting children's health and help them support and model healthy behaviors at home without overemphasizing weight.