

## New Practice Guidelines for Evaluating and Managing Children and Adolescents with Obesity

*Evidence-based recommendations include intensive health behavior and lifestyle treatment, pharmacotherapy, and bariatric surgery.*

James A. Feinstein, MD, MPH, reviewing **Pediatrics** 2023 Feb 1.

**Sponsoring Organization:** American Academy of Pediatrics

### Background

Obesity is a complex and multifactorial disease that affects the physical and mental health of more than 14 million U.S. children and teens. The American Academy of Pediatrics released its first ever guideline to aid in the evaluation and management of pediatric obesity; guidance about obesity prevention is forthcoming.

### Key Recommendations

- Any child  $\geq 2$  years old with body-mass index (BMI)  $\geq 85$ th percentile should undergo a comprehensive history and physical, including evaluations of mental-behavioral health, social determinants of health, blood pressure, and age-appropriate bloodwork (e.g., lipids, alanine transaminase, glycosylated hemoglobin).
- The mainstay of management is intensive health behavior and lifestyle treatment (IHBLT), an in-person, family-based program requiring at least 26 hours of face-to-face time during 3 to 12 months.
- Pharmacotherapy can be used as an adjunct to IHBLT for selected teens  $\geq 12$  years old. Medications (e.g., metformin, orlistat, glucagon-like peptide-1 receptor agonists, topiramate) should be chosen based on indications, benefits, and risks.
- Evaluation for metabolic and bariatric surgery should be considered for teens  $\geq 13$  years old with severe obesity (BMI,  $\geq 120\%$  of the 95th percentile) and clinically significant comorbidities.

### COMMENT

This guideline document is 100 pages long; it reads almost like a textbook on obesity, covering environmental, social, and biological factors. The bullets listed above are limited to the concrete diagnostic and therapeutic steps that have received substantial publicity — both supportive and critical.

Providing effective care for the many children with obesity whom I see each day is challenging. The biggest hurdles to initiating treatment are limited resources and long wait lists for time-intensive IHBLT. I am concerned — as are many of my colleagues — about how our healthcare system can broadly implement and pay for IHBLT, pharmacotherapy, and surgical intervention in this large patient population. And I worry about liberalizing pharmacotherapy when long-term data on efficacy and safety in children are scant.

*Hampl SE et al. Clinical practice guideline for the evaluation and treatment of children and adolescents with obesity. **Pediatrics** 2023 Feb 1; 151:e2022060640. (<https://doi.org/10.1542/peds.2022-060640>)*

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