2023 KACO Posts

January

Buckle Up! The new AAP Obesity Clinical Practice Guideline is Here!

If you haven't already, you will soon hear that the new AAP Obesity guidelines have been released. The news is being picked up in a variety of settings on the local, state, national and even global levels. You can access the document and a ton of supporting materials at this site from the AAP Institute for Healthy Childhood Weight. Obesity Guideline and supporting materials

The document is broken down into five basic sections with Key Action Statements (KAS's) for each of the areas of Evaluation, Comorbidities, Intensive Behavioral Therapy, Pharmacologic Treatment and Metabolic/Bariatric Surgery. We will be going over each of the KAS's in the coming months of the KACO newsletter. There are a couple take-home messages to know about. First, weight bias is real, causes a lot of suffering and needs to be out of our practices. Next, we should continue to talk supportively with our families about good nutrition and healthy activity and treat obesity as a chronic disease. And lastly, treatment works, and we all should be able to help our patients access therapy as we are able, and they are ready.

Like any document that advocates for change, there will be controversy and healthy debate. And like many AAP recommendation statements, there will be the usual response that I often have which is "You expect me to do WHAT?!?!?!?" As one of many authors of this clinical practice guideline, I encourage you to not get too bogged down by the various "shoulds", "mays" and "cans" in the KAS's. That terminology is the product of some agonizing work looking at strength of evidence. Additionally, the statement is written to let public and private funders know what the evidence says. Bottom line, the statement is there to empower pediatricians to provide evidence-based care to the level at which they are comfortable.

Your Kentucky chapter and KACO look forward to helping you provide the best care to your patients who suffer from the chronic disease of obesity. Let us know how we can help! And buckle up as we start our journey in the coming months.

February

AAP Obesity Evaluation and Treatment Clinical Practice Guideline

Key Action Statement 1: BMI is Still Important!

***KAS 1**. Pediatricians and other PHCP's should measure height and weight, calculate BMI, and assess BMI percentile using age- and sex-specific CDC growth charts or growth charts for children with severe obesity at least annually for all children 2 to 18 y of age to screen for overweight (BMI ≥85th percentile to <95th percentile), obesity (BMI ≥95th percentile), and severe obesity (BMI ≥120% of the 95th percentile for age and sex).*

This KAS states that there is good data that BMI is a good place to start when evaluating weight status. BMI is especially helpful when it comes to studying populations and is helpful when you think about it like other vital signs. That is, put it in context. Some of our elite athletes will have a high BMI due to higher muscle mass and there are other times that BMI breaks down, but it is

the language we speak and should be measured accurately and discussed in context for each family.