2024 KACO Posts

January

*AAP Obesity Evaluation and Treatment Clinical Practice Guideline*

**Key Action Statement 12:**

Pediatricians and other PHCPs should offer adolescents 12 y and older with obesity (BMI ≥95th percentile) weight loss pharmacotherapy, according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment.

No KAS has garnered more attention or controversy than KAS 12. The meaning of the word “should” here is critical. In the Clinical Practice Guideline, “should” does NOT imply an obligated or mandatory action. Providers need to use clinical judgment to determine when an option like medication is appropriate. Furthermore, providers should only provide therapy that they are comfortable with. As we learned to use SSRI's in practice over the past few years, we eased in with a single med and then learned more sophisticated management as we moved along. Medications should also never be prescribed in isolation. It should always be accompanied by intensive health behavior and lifestyle treatment.


February

**Key Action Statement 13:**

Pediatricians and other PHCPs should offer referral for adolescents 13 y and older with severe obesity (BMI ≥120% of the 95th percentile for age and sex) for evaluation for metabolic and bariatric surgery to local or regional comprehensive multidisciplinary pediatric metabolic and bariatric surgery centers.

KAS 13, like the KAS on pharmacotherapy, garnered a lot of controversy even though it was preceded by a similarly worded AAP Policy Statement two years ago. Also, like pharmacotherapy, bariatric surgery should always be accompanied by intensive health behavior and lifestyle treatment. In Kentucky, expect to see increasing options for bariatric surgery for our patients.
