

“CHILDHOOD OBESITY”

Menu for Health column for 11/6/02

Gary L. Huber, M.D.
400 East Charnwood
Tyler, TX 75701

Recent headline news reports have focused on the emergence of drastic surgery for obesity in children. The gastric bypass operation reduces the stomach from the size of a football to the size of an egg and redirects a major portion of the intestines away from its food-absorbing function. The operation induces long-term weight reduction by limiting the volume of food that can be eaten at any one time and decreasing the capacity to absorb any nutrients that are ingested.

Normally, this surgery has been reserved only for morbidly obese adults who have been unable to lose weight by any other means. Over 100,000 patients have the surgery each year. The procedure was “popularized” by an operation, carried over the Internet, on pop singer Carrie Wilson, who lost 300 pounds as a result. Its long-term benefit in children has not been established.

Why are some pediatricians turning to such a radical remedy? There is an epidemic of obesity in both adults and children that is worldwide, but the United States is the leading country with this problem. About 65 percent of American adults are now overweight or obese. It should not be surprising that their children are not far behind. It is harder to be precise with children and adolescents, but the best estimates now project that 17 to 30 percent of children, depending on age and race groupings, have too much body fat.

What are the culprits causing this epidemic? A part of it is genetic, but a bigger cause appears to be lifestyle and food preferences. The rates of childhood obesity have doubled in the past ten years. The major risk factors are consuming too many calories and having one or both parents who are overweight, reflecting that the behavior patterns are demonstrable in the whole family and uncommon just in the children.

The only way that anyone, young or old, can gain weight is to ingest more calories than they burn through physical activity and their base metabolism. With a greater fear of crime and violence, most children are now housebound after school and few are permitted to run free out of doors.

What do children who are so housebound do? Most watch television and there is a strong correlation between the hours of TV watched and the gain in obesity. A recent study revealed that by the time they graduate from high school, adolescents will have watched an accumulative 18,000 hours of TV, compared to the 12,000 hours they had

spent in school. Video games, computer programs and use of the Internet also add countless hours of sedentary activity to a child's life. When all such activity is combined, children spend an average of 6 hours and 32 minutes a day on various media viewing activity. More than two out of every three children have a TV set in their bedroom. By the time they are 70 years old, they will have spent a full 10 years in front of a TV set.

Television has been called the "ultimate babysitter." After all, it is mostly free, convenient and presumed safe. If the ultimate cost is an epidemic of unwanted obesity, however, the price is really too high to pay.

Obese children have an 80 to 90 percent chance of being obese adults. Compared to normal weight children, over their lifespan obese children have twice the chance of developing diabetes, triple the chance of developing gall bladder disease, and a five-fold increased risk for having sleep apnea as adults. In all discharges from hospitals, according to an article published in the medical journal *Pediatrics*, 96 percent of children had a secondary diagnosis of an obesity-related condition. High blood pressure, high cholesterol levels, asthma and mental diagnosis lead the list. At least one out of every four cancers diagnosed in adults will be obesity related.

All individuals who are overweight suffer emotional pains that are inflicted by society. This is especially true for children. Children who are obese are discriminated against and suffer enormously from cruel and unkind taunting by their peers. They develop low esteem and become depressed.

What can you do? First and foremost, present a good role model. It is unfair to expect children to do what their parents cannot do. Limit TV viewing to one or two hours or less per day. Stop being sedentary and support an hour of physical activity each day. Schools will not fill this need, for most have already eliminated physical education classes.

Do not focus on a child's weight problem. An overweight child already knows better than anyone else that they have a problem. Focus on a child's health and positive qualities, with support, encouragement and acceptance. Do your best not to make the child feel different.

Every parent knows what to do about eating better. The problem is that most take the easy way out. Caloric-dense snacks and junk food are cheap, convenient and fit the

“new American cultural” preference. Avoid giving food as a reward or withholding food as a punishment.

Make time to eat meals together with your children and do not eat in front of the television set! Drink more water and reduce soft drinks, juices and sports drinks that contain added sugars. Reduce dietary fat intake, especially all of the hidden fats that are in types of chips, sweets and similar foods.

Eat a good breakfast, with plenty of protein and fruit. Doing so will increase the body’s metabolism for the whole day and it will lead to better grades in school.

Weight loss in children should be gradual, as they need adequate nutrition to grow. Restrictive diets, crash diets and, for almost every child, diet pills are out. Do not fall into the trap of doing nothing, however, because, contrary to the common notion, most obese children will not outgrow their weight problem unless they make healthier dietary choices and increase their physical activity. A successful outcome will require a lifelong commitment.

Weight management programs for children need to be supervised by a physician.

What works best? A recent review of all of the medical literature by the Cochrane program indicated that high quality data on effectiveness for weight loss in children are very limited. This is, after all, a relatively new problem that has emerged clearly only in the last decade. A reduction in sedentary behavior, an increase in physical activity, and better choices in food selection all seem reasonable.

Hopefully, we will find a way to solve this health epidemic in children and adolescents without reverting to drastic surgical interventions. We have to succeed in this quest, for our children are our future.