

USPSTF Bulletin

An independent, volunteer panel of national experts in prevention and evidence-based medicine

U.S. Preventive Services Task Force Seeks Comments on Draft Recommendation Statement on Screening for Obesity in Children and Adolescents

Task Force found that clinicians should screen children and adolescents and offer behavioral interventions to those who have obesity

WASHINGTON, D.C. – November 1, 2016 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement and draft evidence review on screening for obesity in children and adolescents. Based on its review of the evidence, the Task Force recommends screening for obesity in children and adolescents age 6 years and older and offering or referring those who have obesity to comprehensive, intensive behavioral interventions to promote improvements in weight status. **This is a B recommendation**.

Childhood and adolescent obesity is common in the United States. Roughly 1 in 3 children and adolescents are currently overweight or have obesity. Childhood and adolescent obesity can cause health problems such as asthma, higher blood pressure, sleep apnea, or being bullied. Childhood and adolescent obesity may lead to health problems in adulthood, including obesity and related issues, such as diabetes and cardiovascular disease.

Grades in this recommendation:

B: Recommended.

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"Parents do not always recognize when their children are overweight," says Task Force member Alex R. Kemper, M.D., M.P.H., M.S. "Looking at BMI, or body mass index, as part of usual health care provides an opportunity to identify children who have obesity and refer them to a comprehensive program, leading to improved health outcomes."

BMI is calculated from a child's height and weight and is plotted on a growth chart. Children with obesity, meaning they have a BMI at or above the 95th percentile for their age and sex, should be offered or referred to an intensive, comprehensive behavioral intervention. These interventions, which should last for a total of 26 hours or more over a period of weeks or months, may include: sessions with a health care professional for both the parents and child; information on healthy eating and safe exercise; supervised physical activity sessions; and tips on how to limit access to tempting foods and limit screen time.

"Behavioral interventions can help children improve their health, manage their weight, and prevent future obesity-related health problems," says Task Force co-chair David C. Grossman, M.D., M.P.H. "However, we should also remember that all children and adults, regardless of weight status, can realize the health benefits from improved nutrition, healthy eating behaviors, and regular physical activity."

The Task Force's draft recommendation statement and draft evidence review have been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from November 1 to November 28 at

<u>www.uspreventiveservicestaskforce.org/tfcomment.htm.</u> A fact sheet is also available that explains the draft recommendation statement in plain language. All public comments will be considered as the Task Force develops its final recommendation and final evidence review.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Kemper is a board-certified pediatrician and professor of pediatrics at Duke University Medical School. He serves as the associate division chief for research in the Division of Children's Primary Care at Duke University. Dr. Kemper is also the deputy editor of *Pediatrics*.

Dr. Grossman is a board-certified pediatrician recognized for his research on clinical preventive services, injury prevention, and Native American health. He is a senior investigator at the Group Health Research Institute in Seattle, where he is also medical director for population health. He is also professor of health services and adjunct professor of pediatrics at the University of Washington.

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