



## U.S. Preventive Services Task Force Recommends Screening for Obesity in Children and Adolescents

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

WASHINGTON, D.C. – June 20, 2017 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement and evidence summary on screening for obesity in children and adolescents. The Task Force recommends screening for obesity in children and adolescents age 6 years and older in the primary care setting. Those found to have obesity should be offered or referred to intensive programs that help them manage their weight and improve overall health. **This is a B recommendation.**

Childhood and adolescent obesity are common in the United States. Roughly 1 in 3 children and adolescents are currently overweight or have obesity. The way to screen for obesity is by assessing BMI, or body mass index. BMI is calculated from a child's height and weight and is plotted on a growth chart. Obesity is defined as a BMI at or above the 95th percentile for a child's age and sex.

### Grade in this recommendation:

**B:** Recommended.

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Childhood and adolescent obesity can cause problems such as asthma, higher blood pressure, and sleep apnea, as well as being bullied. It also may lead to health problems in adulthood, including obesity and related issues, such as diabetes and cardiovascular disease.

"Parents do not always recognize when their children are overweight, so it is important for clinicians to measure BMI, or body mass index, as part of regular health care," says Task Force chair David C. Grossman, M.D., M.P.H. "Children with obesity should be referred to programs that help them manage weight and improve their overall health."

Children with obesity should be offered or referred to an intensive, comprehensive behavioral intervention. These programs 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.

"Comprehensive treatment programs, which include behavioral counseling, can help children improve their health, manage their weight, and prevent future health problems stemming from obesity," says Task Force member Alex R. Kemper, M.D., M.P.H., M.S. "However, we should also remember that all children and adults, regardless of weight status, can benefit from improved nutrition, healthy eating behaviors, and regular physical activity."

This final recommendation updates and reaffirms the 2016 draft and 2010 final recommendation statements. It has been published online in the *Journal of the American Medical Association*, as well as on the Task Force Web site at: <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement was available for public comment from November 1 to November 28, 2016.

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

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*.

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