



## Complete Summary

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### **GUIDELINE TITLE**

Prevention and identification of childhood overweight.

### **BIBLIOGRAPHIC SOURCE(S)**

Michigan Quality Improvement Consortium. Prevention and identification of childhood overweight. Southfield (MI): Michigan Quality Improvement Consortium; 2006 Jul. 1 p.

### **GUIDELINE STATUS**

This is the current release of the guideline.

## COMPLETE SUMMARY CONTENT

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## SCOPE

### **DISEASE/CONDITION(S)**

Childhood overweight

### **GUIDELINE CATEGORY**

Prevention  
Risk Assessment

### **CLINICAL SPECIALTY**

Family Practice  
Internal Medicine  
Pediatrics  
Preventive Medicine

## **INTENDED USERS**

Advanced Practice Nurses  
Health Plans  
Physician Assistants  
Physicians

## **GUIDELINE OBJECTIVE(S)**

- To achieve significant, measurable improvements in the prevention and identification of childhood overweight through the development and implementation of common evidence-based clinical practice guidelines
- To design concise guidelines that are focused on key prevention components of childhood overweight to improve outcomes

## **TARGET POPULATION**

- Parents of children under 2 years old
- Children 2 years of age and older

## **INTERVENTIONS AND PRACTICES CONSIDERED**

1. Educating parents of children under 2 years old regarding practices to promote healthy weight, including breastfeeding, age-specific meals, serving sizes, physical activity, parental role modeling
2. Children 2 years or older:
  - Assessment of body mass index (BMI) and risk factors for overweight and excessive weight gain relative to linear growth
  - Age-specific preventive measures to promote healthy weight (e.g., avoiding high calorie, nutrient poor beverages; replacing whole milk with skim; limiting television and computer screen time to two hours or less daily; healthy diet; regular eating times; physical activity)

## **MAJOR OUTCOMES CONSIDERED**

Not stated

## **METHODOLOGY**

### **METHODS USED TO COLLECT/SELECT EVIDENCE**

Searches of Electronic Databases

### **DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

The Michigan Quality Improvement Consortium (MQIC) project leader conducts a search of current literature in support of the guideline topic. Computer database searches are used to identify published studies and existing protocols and/or clinical practice guidelines on the selected topic. A database such as MEDLINE and two to three other databases are used.

## **NUMBER OF SOURCE DOCUMENTS**

Not stated

## **METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Weighting According to a Rating Scheme (Scheme Given)

## **RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

### **Levels of Evidence for the Most Significant Recommendations**

- A. Randomized controlled trials
- B. Controlled trials, no randomization
- C. Observational studies
- D. Opinion of expert panel

## **METHODS USED TO ANALYZE THE EVIDENCE**

Review

## **DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not stated

## **METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Expert Consensus

## **DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Using the health plan guideline summaries and information obtained from the literature search, the Michigan Quality Improvement Consortium (MQIC) director and/or project leader prepare a draft guideline for review by the MQIC Medical Directors.

The draft guideline and health plan guideline summaries are distributed to the MQIC Medical Directors for review and discussion at their next committee meeting.

The review/revision cycle may be conducted over several meetings before consensus is reached. Each version of the draft guideline is distributed to the MQIC Medical Directors, Measurement, and Implementation Committee members for review and comments. All feedback received is distributed to the entire membership.

Once the MQIC Medical Directors achieve consensus on the draft guideline, it is considered approved for external distribution to practitioners with review and comments requested.

## **RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

Not applicable

## **COST ANALYSIS**

A formal cost analysis was not performed and published cost analyses were not reviewed.

## **METHOD OF GUIDELINE VALIDATION**

External Peer Review

## **DESCRIPTION OF METHOD OF GUIDELINE VALIDATION**

Once the Michigan Quality Improvement Consortium (MQIC) Medical Directors achieve consensus on the draft guideline, it is considered approved for external distribution to practitioners with review and comments requested.

The MQIC director also forwards the approved guideline draft to presidents of the appropriate state medical specialty societies for their input. All feedback received from external reviews is presented for discussion at the next MQIC Medical Directors Committee meeting. In addition, physicians are invited to attend the committee meeting to present their comments.

# **RECOMMENDATIONS**

## **MAJOR RECOMMENDATIONS**

The level of evidence grades (A-D) are provided for the most significant recommendations and are defined at the end of the "Major Recommendations" field.

### **Education of Parents Regarding Obesity and Prevention of Risk**

#### *Prevention to Promote Healthy Weight*

- Encourage breastfeeding; discourage overfeeding of bottle fed infants **[A]**.
- Avoid premature introduction of solids and base timing for introduction of solids on child's development, usually between 4 to 6 months of age.
- Preserve natural satiety by respecting a child's appetite.
- Educate caregivers on the importance of age-specific meals and snacks, consistent mealtimes, appropriate snacking, serving sizes, reading nutritional labeling, and daily physical activity.
- Educate parents about the importance of parental role modeling for healthy lifestyle behaviors and of parental controls **[D]**.

- Avoid high calorie, nutrient poor beverages (e.g., soda, fruit punch, or any juice drink less than 100% juice).
- Limit intake of 100% juice to <6 oz per day; may offer in a cup, starting at 6 months of age.
- Evaluate general co-morbidities, including but not limited to cardiovascular disease of parents.
- No television or computer screen time **[D]**.

#### *Eligible Population*

Parents of children under 2 years old

#### *Frequency*

At each periodic health exam

### **Assessment of Body Mass Index (BMI), Risk Factors for Overweight, and Excessive Weight Gain Relative to Linear Growth**

#### *General Assessment*

- Measure and record weight and height on U.S. Centers for Disease Control and Prevention (CDC) BMI-for-age growth chart, calculate and plot patients' BMI [weight (kg)/height squared (m<sup>2</sup>) or (pounds x 703)/inches<sup>2</sup>] (e.g., <http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx>).
- Assess risk factors for overweight<sup>1</sup> including pattern of weight change **[C]**. Watch for increases of 3 to 4 BMI units/year.

#### *Eligible Population*

Children 2 years or older

#### *Frequency*

At each periodic health exam

<sup>1</sup>Low/high birth weight, low income, minority, television or computer screen time >2 hrs, low physical activity, poor eating, depression

### **Prevention to Promote Healthy Weight**

#### *Age Specific Prevention Messages*

##### Preschool:

- Replace whole milk with skim, avoid high calorie, nutrient poor beverages (soda, fruit punch, juice drinks).
- Limit intake of 100% juice.
- Limit television and computer screen time to two hours or less daily.

- Promote a healthy diet (include fruit and vegetables and low-fat dairy) that encourages family mealtimes, regular eating times, and minimizes nutritionally poor food prepared outside the home.
- Respect the child's appetite and allow him or her to self-regulate food intake.
- Provide structure and boundaries around healthy eating with adult supervision.
- Promote physical activity including unstructured play at home, during childcare, and in the community.

School-aged, the above plus:

- Accumulate at least 60 minutes, and up to several hours, of age appropriate physical activity on all or most days of the week (emphasize lifestyle exercise, i.e., outdoor play, yard work, and household chores).
- Consider barriers (e.g., unsafe neighborhoods or lack of school-based physical education) and explore individualized solutions.
- Reinforce making healthy food and physical activity choices at home and outside of parental influence

#### *Eligible Population*

Children 2 years or older, BMI for age <85th percentile

#### *Frequency*

At each periodic health exam

#### **Definitions:**

#### **Levels of Evidence for the Most Significant Recommendation**

- A. Randomized controlled trials
- B. Controlled trials, no randomization
- C. Observational studies
- D. Opinion of expert panel

#### **CLINICAL ALGORITHM(S)**

None provided

### **EVIDENCE SUPPORTING THE RECOMMENDATIONS**

#### **TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS**

The type of evidence is provided for the most significant recommendations (see "Major Recommendations" field).

This guideline is based on the Committee on Nutrition 2003, American Academy of Pediatrics Policy Statement: Prevention of Pediatric Overweight and Obesity ([www.aap.org](http://www.aap.org)).

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

Through a collaborative approach to developing and implementing common clinical practice guidelines and performance measures for prevention and identification of childhood overweight, Michigan health plans will achieve consistent delivery of evidence-based services and better health outcomes. This approach also will augment the practice environment for physicians by reducing the administrative burdens imposed by compliance with diverse health plan guidelines and associated requirements.

### POTENTIAL HARMS

Not stated

## QUALIFYING STATEMENTS

### QUALIFYING STATEMENTS

This guideline lists core management steps. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

When consensus is reached on a final version of the guideline, a statewide mailing of the approved guideline is completed. The guideline is distributed to physicians in the following medical specialties:

- Family Practice
- General Practice
- Internal Medicine
- Other Specialists for which the guideline is applicable (e.g., endocrinologists, allergists, pediatricians, cardiologists)

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### **BIBLIOGRAPHIC SOURCE(S)**

Michigan Quality Improvement Consortium. Prevention and identification of childhood overweight. Southfield (MI): Michigan Quality Improvement Consortium; 2006 Jul. 1 p.

### **ADAPTATION**

This guideline is based on the Committee on Nutrition 2003, American Academy of Pediatrics Policy Statement: Prevention of Pediatric Overweight and Obesity ([www.aap.org](http://www.aap.org)).

### **DATE RELEASED**

2006 Jul

### **GUIDELINE DEVELOPER(S)**

Michigan Quality Improvement Consortium - Professional Association

### **SOURCE(S) OF FUNDING**

Michigan Quality Improvement Consortium

### **GUIDELINE COMMITTEE**

Michigan Quality Improvement Consortium Medical Director's Committee

### **COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE**

Physician representatives from participating Michigan Quality Improvement Consortium health plans, Michigan State Medical Society, Michigan Osteopathic Association, Michigan Association of Health Plans, Michigan Department of Community Health and Michigan Peer Review Organization

### **FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

Not stated

### **GUIDELINE STATUS**

This is the current release of the guideline.

### **GUIDELINE AVAILABILITY**

Electronic copies: Available in Portable Document Format (PDF) from the [Michigan Quality Improvement Consortium Web site](http://MichiganQualityImprovementConsortiumWeb.site).



## **AVAILABILITY OF COMPANION DOCUMENTS**

None available

## **PATIENT RESOURCES**

None available

## **NGC STATUS**

This NGC summary was completed by ECRI on October 16, 2006. The information was verified by the guideline developer on November 3, 2006.

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