

ABBREVIATIONS

AN: Acanthosis Nigricans

CHF: Congestive Heart Failure **CVA:** Cerebrovascular Accident **CVD:** Cardiovascular Disease

FPG: Fasting Plasma Glucose

GERD: Gastro-esophageal Reflux Disease

HCP: Health Care Professional

HDL-C: High-density Lipoprotein Cholesterol

HTN: Hypertension (>95th%ile Blood Pressure for Age & Gender & Ht)

LDL-C: Low-density Lipoprotein Cholesterol

MAOI: Monoamine Oxidase Inhibitors **NAFLD:** Non-alcoholic Fatty Liver Disease

PCOS: Polycystic Ovary Syndrome **SGA:** Small for Gestational Age

SSRI: Selective Serotonin Reuptake Inhibitors

T2DM: Type 2 Diabetes Mellitus

TG: Triglycerides

Criteria for Bariatric Surgery⁸

Adolescents being considered for bariatric surgery should:

- Have failed 6 months of organized attempts at wt management, as determined by their primary care provider
- Have attained or nearly attained physiologic maturity
- Be severely obese (BMI ≥40) with serious obesity-related comorbidities or BMI ≥50 with less severe comorbidities
- Demonstrate commitment to comprehensive medical and psychologic evaluations both before and after surgery
- Agree to avoid pregnancy for at least 1 yr postoperatively
- Be capable of and willing to adhere to nutritional guidelines postoperatively
- Provide informed consent to surgical treatment
- Demonstrate decisional capacity
- Have a supportive family environment

FOOTNOTES

- 1. Adapted from the Texas Diabetes Council's Weight Loss Algorithm for Overweight and Obese Adults
- 2. Barlow SE, Dietz WH. Obesity evaluation and treatment: Expert Committee recommendations. The Maternal and Child Health Bureau, Health Resources and Services Administration and the Department of Health and Human Services. *Pediatrics*. 1998;102(3):E29
- 3. Barlow SE, Dietz WH. Obesity evaluation and treatment: Expert Committee recommendations. The Maternal and Child Health Bureau, Health Resources and Services Administration and the Department of Health and Human Services. *Pediatrics*. 1998;102(3):E29; and American Diabetes Association. Type 2 diabetes in children and adolescents. *Pediatrics*. 2000;105(3 Pt 1):671-80; Refer to appropriate Texas Diabetes Council algorithms
- 4. Medications that affect insulin sensitivity:

Inhaled steroids: <u>Medications known to cause wt gain:</u>

1000 mcg/day fluticasone Risperidone (Risperdal)
(Flovent) Olanzapine (Zyprexa)
2000 mcg/day of all others Clozapine (Clozaril)
Quetiapine (Seroquel)
Ziprasidone (Geodon)

20 days in previous year, or Carbamazepine (Tegretol)

any within 60 days of screening

L- asparaginase

Valproic acid (Depakote/Depakene/Depacon)

Tricyclic Antidepressants

Insulin/Insulin Analogs

FK506 (Tacrolimus) Lithium

Cyclosporine (Neoral/

Sandimmune)

Niacin

Sulfonylureas

Cyproheptadine

Estrogens/Progestins

- 5. No evidence-based outcomes data are yet available for weight loss targets
- 6. Berkowitz RI, Wadden TA, Tershakovec AM, et al. Behavior therapy and sibutramine for the treatment of adolescent obesity: a randomized controlled trial. *JAMA*. 2003;289(14):1805-12; sibutramine is FDA-approved for ages ≥16 yr
- 7. McDuffie JR, Calis KA, Uwaifo GI, et al. Efficacy of orlistat as an adjunct to behavioral treatment in overweight African American and Caucasian adolescents with obesity-related co-morbid conditions. *J Pediatr Endocrinol Metab*. 2004;17(3):307-19; orlistat is FDA-approved for ages ≥12 yr
- 8. Inge TH, Krebs NF, Garcia VF, et al. Bariatric surgery for severely overweight adolescents: concerns and recommendations. *Pediatrics*. 2004;114(1):217-23
- 9. Rosner B, Prineas R, Loggie J, et al. Percentiles for body mass index in U.S. children 5 to 17 years of age. *J Pediatr.* 1998;132(2):211-22.

Additional References

Bobo N, Evert A, Gallivan J, et al. An update on type 2 diabetes in youth from the National Diabetes Education Program. *Pediatrics*. 2004;114(1):259-63

Garcia VF, Langford L, Inge TH. Application of laparoscopy for bariatric surgery in adolescents. *Curr Opin Pediatr*. 2003;15(3):248-55

Krebs NF, Jacobson MS; American Academy of Pediatrics Committee on Nutrition. Prevention of pediatric overweight and obesity. *Pediatrics*. 2003;112(2):424-30

 ${\it MPPENDIX}.$ Weight (lb) for different combinations of height (inch) and BMI (kg/m 2)

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2 to :	20 years: Girls
Body	mass index-for-age percentiles

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2 to 20 years: Boys Body mass index-for-age percentiles

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Published May 30, 2000 (modified 10/16/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with
the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts



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