Introduction

Of the tens of millions of overweight and obese children in the world, what percent are currently actively engaged, with their families, in evidence-based and concerted efforts to change their weight status? No one knows the precise answer to this key question at the moment, but an educated guess is less than 1%. Parents usually underestimate their children’s weight status; healthcare providers usually fail to formally diagnosis this disease; and scientifically grounded, professionally conducted programs are not universally available. As healthcare practitioners, we can improve this situation tremendously—and we must take steps to do so.

Virtually all healthcare providers know that obesity is a serious disease, but the vast majority report enormous frustration with knowing what to do about it.

Rationale

The editors of Obesity and Weight Management realized that misperceptions by parents and failure to take actions by too many healthcare providers (diagnosis, assessment for comorbidities, education, and referral) have become substantial and entirely modifiable contributors to the accelerating epidemic of childhood obesity. An important article recently published in this journal by Kim et al. reviewed research showing that when primary care providers diagnose obese children as obese, worthwhile actions often follow. Children diagnosed as obese, compared to obese children not formally diagnosed as such, become 10 times more likely to receive dietary counseling and 3 times more likely to get assessed for potential comorbidities. Virtually all healthcare providers know that obesity is a serious disease, but the vast majority report enormous frustration with knowing what to do about it. These facts, in a nutshell, provided the rationale for this Special Section of Obesity and Weight Management.

Let us create an annual forum that demonstrates that clear roadmaps for the treatment of pediatric obesity now exist; that effective treatments, albeit not universally available or guaranteed to work for everyone, exist; and that right now all healthcare providers can play a critical role.
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Drs. Amy Capo and Elissa Jelalian concisely summarize the state of the science pertaining to the most widely available type of professionally delivered specialized intervention currently available, multidisciplinary outpatient treatment of pediatric obesity. They document the overall effectiveness of this approach compared to comparison and control groups, the variability in outcomes, and discuss recent innovations as well as practical suggestions for finding local high-quality outpatient programs.

Dr. Kristina Kelly and the present author describe the published evidence pertaining to immersion treatments. Immersion treatments (e.g., therapeutic camps, boarding schools, residential clinics) are those in which overweight young people participate for at least 10 days and nights and that generally target major changes in eating, activity, attitudes and self-regulatory skills. The efficacy of immersion treatment when combined with cognitive-behavior therapy seems promising; the factors associated with successful outcomes are presented.

The final step in both the Four Stages and Seven Steps Models is the most intensive intervention, bariatric surgery. Two experienced physicians from a highly regarded multidisciplinary clinic in UCLA, Drs. Daniel DeUgarte and Wendy Slusser, review the evidence of the efficacy of bariatric surgeries for very obese adolescents and describe the current consensus for determining eligibility for this treatment. They also provide practical suggestions for locating appropriate centers that specialize in bariatric surgery for adolescents.

As a group, these four articles make a compelling argument that begins fulfilling the mission of this Special Section. Effective roadmaps exist (Four Stages and Seven Steps Models); an approach to medical management exists that provides an effective foundation for diagnosis, assessment and referral; effective treatments exist that vary in intensity and availability; and every healthcare provider can use this knowledge to the considerable advantage of families that have overweight and obese children and adolescents.

Author Disclosure Statement

The author is employed, in part, by Wellspring, a provider of immersion treatment programs for overweight children, adolescents and adults.

References