Starting off 2018 with Good Snacking Habits

Considering that kids typically consume more than a quarter of their daily calories from snacks, it is important to address this important nutrition source with our patients. My friend and fellow pediatrician at Ohio State, Bob Murray, even feels that we should not be calling these snacks but planned mini-meals, with all that implies. Rather than snack foods which tend to be all carbs, planned mini-meals should sample from all food groups, occur at a regular time and place, and should be thought out. None of us choose wisely when pressed for time and on the fly.

This article contains some nice tips for making better snack choices in 2018. And here is a helpful handout on snacking, for your families, from our friends at the Ohio Chapter of AAP.

Weight Bias is Real

So, what is weight bias? Weight bias refers to a negative attitude about people because of their weight status. An example would be the assumption that people with obesity are lazy or lack will-power. Like other forms of bias, weight bias is often unconscious and unintended, but it can nonetheless undermine our efforts to connect with and help our patients suffering from obesity and its consequences. Over my career in medicine, we have made progress in our discussions with colleagues by not using monikers like “the diabetic in Room 24”. And the medical literature has moved away from terms like “hypertensive patients” to the less person-defining term like “a patient with hypertension”. However, literature and attitudinal surveys of providers have not shown this same movement away from the terms “overweight” and “obese” which are fraught with judgment and stigma. From something as simple as referring to patients “with obesity”, avoiding cartoons that portray obesity, and having scales that accommodate our patients with obesity we can take steps to keep from cutting off important conversations with our patients before we can even start them. You can learn more from the new AAP statement on Weight Bias and from the Rudd Center at the University of Connecticut.

Your Word of the Day: Neophobia

Fear of the new is especially important when we talk about feeding toddlers and children. Kids, being very texture-driven will often explore things in multiple ways before eating it. Feeding experts encourage repeated (20 or more times!) exposures before giving up on foods, allowing kids to spit out foods they don’t like and experimenting with multiple preparations of single foods.

Looking for more help for parents, who are motivated to have less stressful mealtimes, with their picky eaters? There are some very helpful books and resources out there. Check out the following:

- Child of Mine by Ellyn Satter
- The Picky Eater Project by Natalie Muth and Sally Sampson
- Chop! Chop! Cookbook by Sally Sampson

Severe Obesity: Signs of a Way Forward?

Rising rates of severe obesity have necessitated that we, as pediatricians, look at adult treatment methods for our kids most profoundly affected by obesity. Pharmacologic and surgical treatments are increasingly finding their way into pediatric practice; and rightly so, because of the lack of other effective treatments for these kids. However, not letting
these kids progress to severe obesity in the first place certainly seems like the most appropriate course of action. While we always think of public health maneuvers mostly helping prevent otherwise mild disease burden, certain recent studies indicate that publicly provided and school-based nutrition programs also affect severe obesity prevalence. Considering the high cost of severe obesity, efforts at prevention appear to be worth the investment, too!


May – Special Release – May 7, 2018
Calorie Counts on Menus Go into Effect

New federal regulations go into effect today requiring restaurant, grocery and convenience stores with more than 20 locations to post calorie counts for regular food items. This helpful legislation will hopefully lead consumers to be more mindful of their food choices, taking into account calorie count instead of only cost when purchasing food. Knowledge is power!

May
Help for Rural Areas

Obesity prevalence tracks very closely with demography. One strong association is between poverty and obesity, and in Kentucky poverty and obesity are highest in some of our most rural counties. Lack of resources and distance from medical care complicate an already challenging health crisis. A toolkit with strong Kentucky roots for rural communities battling obesity came out in 2017 and has some advice for those of us from Pikeville to The Pennyrile.

Mobilizing Rural Communities to Prevent Childhood Obesity: A Tool Kit

June
Obesity Knows No Borders

What countries in the world have the highest prevalence of obesity and pediatric obesity? The answer often surprises Arabia, Qatar, etc.. But, the US and Canada are not far behind. Industrialized nations like the UK, France and Australia have rates approaching ours. What seems extraordinarily scary for public global health is the spread of obesity to Mexico, Brazil, China, South Africa and India and other highly populated countries. The global burden of disease due to obesity is scary indeed. http://www.businessinsider.com/world-health-organization-obesity-maps-2015-1

July
What’s Old Is New

Remember when you were discouraged from taking typing because you were in the college prep track? Well, keyboarding certainly hasn’t gone away as a needed skill. Common sense and now solid studies are making the case, finally, that “Home Ec” and PE classes are indeed very important to long term health, achievement and happiness. Gee, our elders actually knew something!

For more on the defense of these old stalwarts of the school schedule, read on...
https://inews.co.uk/news/uk/cooking-important-maths-says-national-chef-gary-maclean/

and

August

Liquid Assets or Liabilities?

Do sugary drinks really make a difference in the obesity epidemic? Study after study say “YES” resoundingly! A favorite nickname for juice is the Gateway Drug to Soft Drinks.

Check out this latest study on the hazards of sweet drinks: [https://www.medicalnewstoday.com/articles/320493.php](https://www.medicalnewstoday.com/articles/320493.php)

And how can we as pediatricians make a difference?

September

Video Gaming: The Next Addiction?

Not only obesity comes from excessive gaming. If you are like my partners and me, you see back problems, social withdrawal, sleep problems, and many other consequences from excessive screen time and gaming in patients. It has all the marks of an addiction. And an addiction that adversely affects health, too.

*Video-game addiction may become an official mental-health diagnosis in 2018*

October

Healthy Diet = Happy Life

Through KACO we want to help you help your patients achieve a healthy weight. Nutrition is about way more than just not being sick, it’s about wellness and achieving your goals. The following article tells us a lot about food. Healthier food makes you happier and happiness breeds better dietary habits. Start your virtuous cycle today, and help your patients do the same!


November

SRSLY? We Need to Help Our Patients Determine “Healthy”

While progress has been made in reducing the marketing of unhealthy foods to kids, much work remains to be done. As you can see in this article, the food industry has been less than stellar in self-policing with regard to marketing unhealthy foods. Be sure to ask your patients for specifics when they say they eat “healthy” foods. I once had a patient proudly switch from potato chips to tortilla chips thinking they were much healthier and lower in calories and then was saddened by the ensuing weight gain.

December

Reinventing the Wheel

We could also title this post “Learning from Our Friends”. Several peer countries have come up with terrific strategies to combat the obesity epidemic. Check out what Chile has done: [https://tinyurl.com/ydxxp6z3](https://tinyurl.com/ydxxp6z3)