

2020 KACO Posts

January

Bariatric Surgery and Pediatrics

What was once a very rare procedure for adolescent patients with severe obesity, bariatric surgery, has become a more common one. The [AAP policy on bariatric surgery](#), released last month, indicates that it still is offered too late and infrequently for many of our patients. While it seems drastic, bariatric surgery can provide relief from many complications of severe obesity. The take-home message for us in primary care from this statement are straight-forward:

- Use percentage over the 95th percentile BMI to define severe obesity when absolute BMI doesn't make sense due to age/height.
- Look for illness in your patients with severe obesity. It's there when you look.
- Talk about the health hazards of severe obesity and the treatment options for severe obesity with your patients. Bariatric surgery reduces body weight by about 35% whenever it is performed, so start the conversation early.
- Advocate for treatment options for patients with obesity to be available. Kentucky needs more places who can treat our patients with severe obesity.
- Like all obesity, severe obesity disproportionately affects patients with socioeconomic limitations.

February

2020's Best Diets

After reviewing recent data and research, US News and World Reports reveals its Top Diets for the year. First off, let's quit talking about diets, shall we? We all know that achieving a healthy weight is more about lifestyle changes. We want sustainability and not a yo-yo weight history. With a focus on sustainability, what are the best eating plans according to USN&WR? The results are not surprising. Evidence rules. The top plans are the Mediterranean, DASH and Flexitarian, WW (Weight Watchers) and MIND plans. Not surprisingly, these are plans that emphasize lots of fruits and veggies, lean proteins, whole grains and lots of water. And plans that bring up the bottom of the list tend to be highly restrictive and difficult to sustain. <https://www.usnews.com/info/blogs/press-room/articles/2020-01-02/us-news-reveals-best-diets-rankings-for-2020>

March

A Piece of My Mind (Not sure how much of it is left.)

When my term as Section on Obesity Chair ended last November, I had a few things I had to get off my chest. Some of my colleagues feel the same way about our discipline. I wanted to post my comments here to see if you happen to feel the same way. What follows is what I said:

"I would like to thank everyone for being here this morning. I am a little melancholy, because today is my last activity as Chair of the Section on Obesity. When Stephen Pont got us started on this little project ten years ago, I didn't know exactly what we were getting into, but now I can say it has been a great experience. Thanks Stephen for your vision in getting this started, thanks to Mala for being a terrific section manager, thank you to our dedicated and talented executive committee, thank you to the AAP for all the support in getting us and keeping us going and, most of all, thank you to all SOOb members for your dedication in improving the life of our kids. As a section, we have put on many educational events,

made countless contributions to AAP publications, created policy statements on nutrition, activity and surgery and have had many successes. But unfortunately, as a still young discipline, we face many threats.

Our "15 minutes of fame" are over. Obesity continues to ravage communities, states and healthcare budgets. Despite public attention straying to the next shiny object, pediatric obesity continues to bring adult diseases to ever younger patients. And even though our appearances on the nightly news have been displaced by other stories, we must continue to increase awareness and improve care for obesity, the illness that single handedly is lowering our national life expectancy. Our challenge is great; almost overwhelming.

And here is my call: we cannot afford to be divided. Our fight is not a zero-sum game. Our fight is about national agricultural policy AND local childcare guidelines. It is about healthy nutrition AND about accessible physical activity. It is about making bariatric surgery accessible AND helping parents prevent picky eating. It is about prevention AND treatment. And our fight is about helping patients wherever they are. We need community-based programs. We need evidence-based commercial programs. We need more tertiary care centers. We need primary care docs who can manage obesity. We need subspecialists who do not shy away from patients with obesity. We need more pharmacologic approaches for kids with obesity. We need more surgical centers who can effectively treat obesity. And we need a society that embraces obesity as a disease and helps patients who suffer from that disease. We need all of these things and more.

I have heard tertiary care colleagues disparage people doing prevention as "missing the boat". I have heard obesity experts scoff at promising programs they view as not rigorous enough. I have heard primary care physicians lament that "surgery is not the answer for a lack of motivation." Honestly, I am sick of all these attitudes.

Obesity is a chronic disease. If we do not unify our efforts and work against it on ALL fronts, we are doomed. And our kids, our nation, our world, face a grim future. I do not mean to sound dramatic. But our work IS important. Our work is urgent. And our work requires us be a team. Our specialty is young, and our fight is just beginning. I urge each of you to persevere, to collaborate and to succeed."

April

Pump You Up

I have loved getting older. You just get happier as the filter goes away and you become more comfortable in your own skin. However, maintaining physical fitness requires more work. Well guess what? It is totally worth it and data indicates that good old fashioned resistance training may be the best. Call it what you will: lifting weights, pumping iron or getting the beach body. It doesn't matter. Just get to the gym. And read the following from Boston Public Radio WBUR's excellent blog "[Food, We Need to Talk](#)".

May

Wellness in the Time of COVID-19

It's hard to count all the ways COVID-19 has affected our lives, and I am sure we will continue to see many more unanticipated effects. One unknown is what does it mean for childhood obesity? On the scary side, screen time is through the roof, outdoor play is significantly limited, and food insecurity is more widespread. But, on a positive note, eating out is down, bullying at school is reduced, sleep may be somewhat up and there are more opportunities for cooking and gardening. What's the net effect?

No one knows for sure, but as we resume our more normal check-up schedule, don't forget to inquire about those important nutrition and activity issues.

[COVID-19: 'Lockdown 15' Weight Gain Metabolic Implications and Risks](#)

June

My Quarantine Baking Problem

During quarantine, somewhere around what seemed like April 45th, I caught myself making my second blackberry cobbler of the week on the heels of 7-layer bars, peanut butter chocolate chip cookies and macaroons. After consulting with my sister and niece who were responding to the pandemic with similar kitchen-based behavior, I felt I needed to look for a place for at least somewhat healthier baking options. Well, lo and behold, check out the following. I can vouch for several of these healthier and still very tasty confections. <https://amyshealthybaking.com/>

July

Summer Sun, Obesity and Vitamin D

During sun season, we should all be manufacturing vitamin D like crazy, but pandemics, sunscreen and chaotic dietary patterns can all conspire to make us vitamin D deficient. What's the implication for people with obesity with the seemingly worldwide issue of vitamin D deficiency? We do know that people who have obesity have higher rates of vitamin D deficiency and need higher loading doses to correct it. While not everything is clear, [attached](#) is a little summary of what we do know.

August

Fad Diets: They are Called Fad for a Reason

Keto, Whole 30, Plant Paradox, the list goes on and on. Check out this handout on fad diets and feel free to share with your families. The best eating plans remain those that are sustainable and high in fruit in vegetables and lower in fat and carbohydrates. <https://www.sportsrd.org/wp-content/uploads/2018/11/Fad-Diet-Confusion.pdf>

September

Cultivate Your Chef

I've always been pushing the great magazine "Chop Chop" that promotes kids in the kitchen. Well, here's another great site on the topic. It's out of New Mexico and the folks who run it do a great job! It's called "Cooking with Kids". <https://cookingwithkids.org/>

October

What About Meds for Severe Obesity?

Like other areas in pediatrics, pharmacotherapy for treatment of obesity has received very little testing for safety or efficacy in adolescents with severe obesity. While there is a tendency to think of medications as less invasive than surgery, we actually have a lot more knowledge about the actual safety and effectiveness of bariatric surgery. When it comes to medications, pediatric providers need to resort to off-label uses and there are very few providers who are comfortable with that. Geet Srivastava at Vanderbilt published an

excellent review on this topic last year that gives a summary of what is used.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6449849/>

November

Illness Season and Obesity

As if our patients with obesity need more to be worried about, illness season is upon us. And this season, not only are we dealing with the usual influenza concerns, but we also have COVID-19 to deal with. Unsurprisingly, obesity is also a risk factor for getting complications. So, while there are many things to discuss with your patients with obesity, don't forget to address how staying safe from influenza and COVID-19 is! <https://www.medicalnewstoday.com/articles/latest-evidence-on-obesity-and-covid-19>