January

Medications for Treating Obesity in Adolescents: They Are Here!

As we pediatricians have become more aware of the dangers of severe obesity in our patients, the urgency for more effective therapy has become evident. The utility of bariatric surgery has been demonstrated in numerous studies and has been endorsed by AAP and other nationally recognized policy statements. Two modalities used in adults but not open to patients under 18 years of age are devices like the gastric balloon and medications. In the interest of protecting children, the approval of these modalities has been very deliberate. Unfortunately, this cautious approach has kept many of our patients from effective therapy to control serious complications of obesity such as Type II diabetes mellitus, pseudotumor cerebri, sleep apnea and left ventricular hypertrophy.

Progress is happening, though. Recently, liraglutide (Victoza, Saxenda) was approved for use down to age 12 years and semaglutide (Ozempic) is making its way through adolescent trials. Both these medications are in the GLP-1 agonist class which work by increasing gastric volume and slowing gastric emptying thereby promoting fullness and reducing intake. While it will be a while before general pediatricians, like most of us, will feel comfortable managing patients on these medications, the arrival of them may be a real game changer for our kids in the most need. If you are ever interested in learning more about how to use these medications, the University of Minnesota runs a great program on their use. Here is a link to that excellent conference: https://med.umn.edu/news-events/advanced-therapies-pediatric-obesity-atpo-workshop

February

Don’t let COVID Trash Wellness!

The pandemic has wreaked havoc on many aspects of life, including healthy nutrition and activity. In response, the AAP has issued the following two statements explaining the impact that the COVID-19 pandemic has had on nutrition and activity as well as, obesity and reaffirming the need to continue to address all these issues.


If you are looking for resources to help support your efforts for staying healthy at home, The American Heart Association has a great in-exam-room poster at https://www.heart.org/en/healthy-living/fitness/getting-active/25-ways-to-get-moving-at-home-infographic and Children’s Mercy in Kansas City has a long list of ideas at https://fittastic.org/fit-tastic-at-home-resources/.
These and many other ideas can also be found from our friends at the Ohio AAP who hosted a webinar on the topic at https://www.youtube.com/watch?v=33ZZ76jV89g&feature=youtu.be. Just a warning though, the speaker is kind of a quack. ;-)

**March**

**MyPlate Gets a Refresh**

2021 has brought a refresh to myplate.gov from the US Department of Agriculture based on the *Dietary Guidelines for Americans 2020-2025*. MyPlate, which was the successor to the old confusing food pyramid, is almost ten years old. The improved MyPlate site focuses on 1) the importance of nutrition for chronic disease prevention, 2) dietary patterns looking at how patterns in addition to individual components affect nutrition and 3) a lifespan approach including guidance for infants and young children (finally!). MyPlate also has many new resources like MyPlate Kitchen featuring recipes and an improved MyPlate app. Check it out!

**Special KACO Opportunity! New Podcast on Obesity and COVID from AAP**

Looking for an easy way to get up to speed on how COVID is impacting obesity and your patients? The following podcast from three of the leading lights in obesity care is a great way to catch up.

*Conversations About Care Podcast—Interim Guidance on Obesity and COVID-19*

The Institute for Healthy Weight at AAP has released a podcast; *Interim Guidance on Obesity and COVID-19*. Host Sandy Hassink, MD, FAAP is joined by Victoria Rogers, MD, FAAP and Ihuoma Eneli, MD to discuss two new pieces of interim guidance from the AAP, focused on obesity prevention, management, and ongoing treatment during the time of COVID-19.

**April**

**What I’m Watching...**

A new show on Netflix *Waffles + Mochi*, produced by Michelle Obama promises to pick up where her *Let’s Move!* campaign as First lady left off. Led by two puppets, the ten-episode show involves well-known chefs who demonstrate culinary skills and introduce world cuisine. One of my personal favorite chefs, Samin Nosrat of *Salt, Fat, Acid, Heat* fame and several other culinary stars promote the joy of good, healthy
May
A Superstar of Kentucky Agriculture
Welcome to May, or as it is known in the extended Bolling Family, the month when all the good Kentucky favorites arrive. And what’s a true, super healthy and delicious Kentucky contribution to spring cuisine, you say? Bibb Lettuce! Named for Frankfort attorney, John Bibb, who developed it in his backyard garden, it is also known as Kentucky Limestone lettuce and several other names. And if you haven’t had it in a while, treat yourself to it now. It is great with a simple vinaigrette or used as a wrap in place of a calorie-laden tortilla or wrap. Here are some ideas for this Kentucky classic: https://www.thespruceeats.com/what-is-bibb-lettuce-and-how-to-use-it-4782115. And pass on good Bibb lettuce recipes you find to us!

June
In Celebration of Swimming
It’s June. It’s great for summer to be here. And really, we lost a heck of a lot of last summer which makes this one all the sweeter. Get out there and learn to swim! It’s a gateway to a myriad of other activities like water skiing and water polo, it makes you safer when boating and camping, it can provide a lifetime of healthy activity and it can help you rehabbing many other injuries that won’t tolerate land-based activity. And from a safety perspective, making kids water-safe is a critical injury prevention strategy. Learning to swim is also a great way to get kids on their way to their first summer job as a swim instructor or lifeguard. So, whether it is through your local Y, Bear Paddle, US Swimming, city recreation center or other venue, get those kids in the pool and get them safe!

July
Seven Minutes That Might Change Your (or a Teen’s) Life
Continuing to feel queasy or conflicted about bariatric surgery as an intervention for your teens with severe obesity? The AAP has recently given strong guidance on pursuing this potentially life-saving therapy. NPR’s Morning Edition recently aired the following outstanding piece on bariatric surgery in younger patients. It might be just the seven minutes that can put you and your family’s mind at ease. https://www.npr.org/sections/health-shots/2021/06/17/1002602277/bariatric-surgery-works-but-isnt-offered-to-most-teens-who-have-severe-obesity
**August**

What is Responsive Feeding?

Responsive feeding is a part of responsive parenting where caregivers read their kids cues for what they need. With regard to starting feeding, responsive feeding lays the groundwork for recognizing satiety, for increasing acceptance of foods and for reducing the stress of mealtime. The AAP’s Institute for Healthy Childhood Weight has some great resources on learning more about responsive feeding and how to support your families in learning it. Check it out! [https://ihcw.aap.org/Pages/EFHALF.aspx](https://ihcw.aap.org/Pages/EFHALF.aspx)

**September**

The Aftermath of a Pandemic

It is going to take a while to fully unpack the effect of the pandemic on child health, but obesity has certainly worsened as a result. Stabilization of prevalence rates seen immediately before the pandemic has clearly been reversed. The report to watch for in the coming months will be the annual CDC report on prevalence. Suffice it to say, we will have work to do to help our patients recover. [https://www.nbc12.com/2021/05/25/uva-doctor-sees-rise-childhood-obesity-during-covid-pandemic/](https://www.nbc12.com/2021/05/25/uva-doctor-sees-rise-childhood-obesity-during-covid-pandemic/)

**October**

When Body Positivity Runs Up Against Health

This past spring, I found myself caught up in an Instagram spat between a fitness guru spouting classic weight stigma and a body positivity proponent spouting “healthy at any weight” statements, despite clear evidence to the contrary medically. What are we in the rational middle supposed to say to our patients?

A colleague in Boston, Fatima Cody Stanford, MD, has what I think is just the right thing to say to our patients. When talking about why weight management is needed for health promotion or because weight is preventing people from doing things they love, like even taking a walk comfortably or enjoying clothes, she prefaces the discussion by saying, “Our goal here is to find the happiest, healthiest weight for **YOU**.” We all need to be comfortable helping our patients reach their personal goals without risking eating disorders, depression, and the like. You can find more about weight stigma here: [https://uconnruddcenter.org/research/weight-bias-stigma/#](https://uconnruddcenter.org/research/weight-bias-stigma/#)
**November**

Who is Dr. Yum?

Dr. Yum is the not-so-secret identity of pediatrician, Nimali Fernando, MD, MPH of Fredericksburg, VA. And she is the driving force behind the Dr. Yum Project. When you get a chance, be sure to check out the amazing website, [www.doctoryum.org](http://www.doctoryum.org). It is chock-full of great recipes, meal planners, toolkits, advocacy advice and tons more. One of my favorite spots on this outstanding website is Meal-O-Matic which very slyly teaches you how to cook by creating your own recipe from things you already have on hand. It’s brilliant. If you are looking for inspiration on how to help your patients and families, look no further!

**December**

**Obesity Isn’t Really One Disease**

Obesity care is a bit about chaos management. Diet, exercise, age, gender, genetics, surgery, medicine. Complications that can affect the heart, nervous system, digestive tract, skeletal system, blood vessels, lungs, pancreas, kidneys, skin and more. It seems that obesity encompasses everything. Well, let’s throw one other thing in the mix. Don’t try to equate causes, complications, and management in different severities of obesity. A patient at 90%ile BMI is drastically different from patients at the 95%ile and the disease process changes with each advance in BMI status. The first step in managing obesity is acknowledging the heterogenous nature of obesity. The take-home message? Be open to learning how different stages of obesity require different management. And be patient. We learn more about this chaotic disease every year. We also have a long way to go.