

2022 KACO Posts

January

The New Measure for Severe Obesity

Last month, we talked about how obesity is a very heterogeneous disease. This month let's talk about *Severe Obesity*. The old term "morbid obesity" and the more recent "extreme obesity" were rather subjective, inaccurate and, occasionally, judgmental terms. We also used to define these advanced forms of obesity as greater than the 99thile BMI for age and gender. This measure was also not able to accurately describe patients who were in this most-populated BMI percentile.

Enter the new way of specifically defining and giving some descriptive insight, *Severe Obesity: Percent over BMI at the 95thile*. This measure is how medical and surgical obesity clinicians now determine what obesity management is indicated. To get this measure, use the following calculation: (Patient weight/weight at 95thile BMI for age & gender) X 100%

A number 120% or greater defines severe obesity. And the magnitude of that number helps determine management. Be looking for use of this number when the new AAP Obesity Clinical Practice Guideline is released in the near future.

February

The Roots of Toxic Stress

By now, we pediatricians are pretty fluent in the language of toxic stress and its importance on child health. California Surgeon General and pediatrician Nadine Burke Harris explains it better than anyone in this famous TED talk:

https://www.ted.com/speakers/nadine_burke_harris_1.

But most people are not aware that the discussion of adverse childhood experiences and toxic stress has its roots in obesity management. It was obesity clinician Dr. Vincent Felitti at Kaiser Permanente in San Diego and Dr. Robert Anda at CDC who made the connection in patients with obesity and the trauma they had experienced at a young age with health outcomes as adults. <https://acestoohigh.com/2012/05/23/toxic-stress-from-childhood-trauma-causes-obesity-too/>.

For those of us who are trying to help our patients with obesity, these connections speak to our need to understand our patients in totality from current diet patterns to earliest experiences.

March

It's Obesity Care Week: Sign Up to Show Your Support!

Welcome to Obesity Care Week which runs from Sunday, February 27 through Saturday, March 5. This week is designed to raise public awareness of obesity as a chronic illness and to state the importance of stamping out weight bias and stigma. You can do your part by signing up

here: <https://www.obesitycareweek.org/>. And by signing up, you can also get notifications on how you can help your patients who suffer from obesity.

July

Some Help from the Kentucky Legislature

Though some years the legislature has been rather cantankerous regarding pandemic mitigation, vaccines, transgender care, and institutional racism's effects on kids, the 2022 legislative session did provide a couple victories for kids regarding obesity treatment and prevention. First and most importantly, funding for mental health in schools has been expanded. As we know, the connection between behavioral health and obesity is strong. Also, the work of community health workers, important partners to pediatricians, has been made Medicaid billable. Lastly, schools have been granted flexibility in providing breakfast to students. A great place to follow legislative activities that affect our kids is at the website for The Kentucky Coalition for Healthy Children. The KY AAP is a member of this important statewide coalition: <https://www.kentuckyhealthychildren.org/>

August

BMI Comes of Age

Criticism of BMI as a measure is nothing new, but it seems that a fresh attack on it cycles around every few years. 2022 has been no different. And yes, we know Arnold Schwarzenegger had a BMI that put him in the range of obesity when he was at competition weight. There are exceptions to every rule and BMI is no exception. Just as blood pressure must be put into context of age and disease process for accurate interpretation, so does weight and BMI. Use BMI to track over time and use it individually. And be on the lookout for new ways to assess adiposity. Technology is advancing and more accurate assessments are on the way! Despite its limitations for individuals, BMI remains a great tool when we talk about populations or over time.

https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

September

Embrace Obesity as a Chronic Disease

Progress usually comes slowly, but it appears that progress in our understanding of obesity as a chronic disease is arriving. First, we don't expect our patients with Type I diabetes to outgrow it. Nor should we expect our patients to outgrow obesity. They will have ups and downs but will never be able to ignore it.

Secondly, the causes of obesity are a combination of nature and nurture. We know that getting cancer can be a combination of genetic predisposition with a triggering event. Patterns of obesity follow strong genetic patterns. We already know of many genetic abnormalities that predispose patients to obesity and more are discovered every year.

Additionally, obesity management can involve behavioral, pharmacological, and surgical treatments. As a patient with asthma needs to avoid smoking, benefits from exercise and the need to faithfully adhere to a medication regimen, our patients with obesity often need to use a variety of therapeutic tools to achieve success.

Obesity is a chronic disease. And just like we would never blame our patient with diabetes, cancer, or asthma for their illness, we should not blame our patients with obesity. As with those chronic diseases, genetics has a huge factor in causation and, while behavior affects outcome and should be pursued, we need to think of ways to help our patients without thinking their disease is due to lack of willpower.