Guest Editorial

Every day we encounter obese patients in our office, reminding us of the reality of the pediatric obesity epidemic. Many of us do not feel comfortable dealing with the issues associated with this epidemic in the office setting. Numerous studies demonstrate that pediatricians and others caring for children feel ill-equipped to deal with obesity or overweight and find difficulty in even addressing it. Determining who merits evaluation and intervention and then determining what needs to be done raises important questions in a busy practice. This issue, with articles written by renowned experts in various aspects of childhood obesity, is meant to provide practical advice for clinicians who deal with this problem in their young patients.

We understand that obesity is multifactorial and not simply caused by the sum of eating too much and exercising too little. Our environment plays a major role in determining what we do in our daily life and how it affects our health. The first article by Drs. Razani and Tester points out that the way we plan our cities and our buildings determines much of the daily habits of our children, often in an adverse way. Their article provides a call for advocacy and community action by all interested in healthy children so appropriate planning for future environments is carried out for future generations. The next article by Dr. Fennoy discusses metabolic and respiratory problems in the overweight/obese child. Many of the conditions detailed have not previously been seen in children with the frequency we are now seeing. Indeed those of us in pediatrics have to learn to treat “adult diseases” using “adult medications” not yet approved for use in children. Dr. Schwartz next provides a rationale for the use of motivational interviewing and demonstrates how to determine whether a child or their family is ready for a change toward a healthier lifestyle. He provides examples of how to use this important technique in the office and even presents a detailed script. Drs. Philpott, Wilson, and Luke discuss the importance of exercise and demonstrate how little exercise most of the children in the U.S. actually get. They provide the clinician with an “exercise prescription” to give the patients, emphasizing the importance of this aspect of obesity management as an equal partner to the role of a healthy diet. Drs. Rojas and Storch then discuss psychological problems that often occur in the overweight or obese child. Their article supports the clinician in ensuring that this important aspect of the care of obese children is not overlooked.

Throughout this text is a strong focus on prevention, emphasized by the guidelines for childhood obesity developed by an expert committee convened by the American Medical Association and another convened by The Endocrine Society. Both editors of this volume are active in the Lawson Wilkins Pediatric Endocrine Society’s Obesity Committee, which aims to address the diagnosis and treatment of the numerous comorbidities of obesity in childhood with, of course, an emphasis on prevention.

In our clinical practice we address childhood obesity on a case-by-case basis, but we must realize that the medical model cannot solve this problem. Obesity is a major public health issue that requires a national effort through public health measures involving political and economic changes. Three Surgeons General over the last decade and a half have focused on the obesity epidemic, and our First Lady has now taken on the issue as a personal project. It is a problem that requires our national attention for a multi-pronged approach.

Childhood obesity is a personal tragedy for the individual, a financial burden for the future of this country, and a manifestation of our failure to instill healthy habits in our children. The cost of obesity in adults is staggering, approximately $113 billion a year in medical expenses and lost wages, or about 5% to 10% of U.S. healthcare spending, while the cost of hospitalization of obese children has tripled. This problem is magnified by the development of early cardiovascular risk factors in these children and adolescents, which will result in an increased preva-
lence of early cardiovascular disease, stroke and diabetes and will, therefore, affect our future medical expenditures and use of national and local resources. Since ethnic minorities are more often affected by obesity and its comorbidities, this is a problem of health disparities of such a magnitude that it affects the social structure of the country. Obesity actually affects our national security: the most common reason for failure to be accepted to serve in the military is lack of fitness. In fact, in 2007 17.9% to 54.4% of men and 20.8% to 54.9% of women of prime recruitment age were estimated to exceed the weight limits of the various armed services. The magnitude of the effects of this epidemic in all aspects of our lives is staggering.

The latest surveys demonstrate no rise in childhood obesity over the last 4 years. If this plateau is real and not just a statistical quirk, it might suggest that some of our preventive measures are working. Alternatively, it might suggest that those children most susceptible to weight gain in our obesogenic environment are already affected by it. Even if the rise in obesity has ceased, there is small comfort in accepting the status quo in a country with overwhelming numbers of overweight and obese children. If we don’t devote adequate resources toward the prevention of childhood obesity, we may, in another generation, look back with nostalgia to a time when the childhood obesity prevalence was only 18% of the population and childhood overweight was only 36%.

REFERENCES


about the guest editors

Janet Silverstein MD, is Chief of Pediatric Endocrinology at the University of Florida, and Professor of Pediatrics at UF is Chair-elect of the Lawson Wilkins Pediatric Endocrine Society and a member of the Society’s Obesity Committee. She is a member of the Maintenance of Certification Committee for the American Board of Pediatrics and a past member of the Endocrinology Sub Board. She is also past chair of the executive committee of the Section of Endocrinology of the American Academy of Pediatrics, a member of the Committee on Nutrition for the AAP, and faculty of the AAP Pedialink module on obesity. She chairs the Children and Adolescent Work Group of the National Diabetes Education Program of NIH/CDC and was one of the authors of the NDEP School Guide Helping the Child with Diabetes Succeed: A Guide for School Personnel. She was a member of the expert task force committee convened by The Endocrine Society to develop guidelines for the evaluation and treatment of childhood obesity. She serves on the Florida Governor’s Diabetes Advisory Council. In addition, Dr. Silverstein is on the editorial boards of Endocrine Today and The Journal of Pediatrics and author of the diabetes section of the AAP Nutrition Handbook.

Dennis Styne, MD, is Chief of Pediatric Endocrinology at the University of California Davis School of Medicine and Professor of Pediatrics at UCD and is the Chair of the Lawson Wilkins Pediatric Endocrine Society Obesity Committee. He holds the Yocha Dehe Chair of Pediatric Endocrinology, awarded by the Yocha Dehe (Rumsey) Band of Wintun Indians to support his focus on endocrine disorders, particularly obesity and diabetes, in minority children. Dr. Styne served on the Expert Committee on Pediatric Obesity committee convened by the American Medical Association and on the expert committee convened by The Endocrine Society to develop guidelines for the evaluation and treatment of childhood obesity. He is the endocrinologist serving on the National Conference and Educational Program Planning (NCEP) committee of the American Academy of Pediatrics (AAP) annual national fall meeting, the NCE. He is a senior editor of the International Journal of Pediatric Endocrinology, performs reviews for most major pediatric or endocrine journals and is the previous North American editor of the Journal of Pediatric Endocrinology.

Drs. Silverstein and Styne have been actively involved with the Obesity Committee of the Lawson Wilkins Pediatric Endocrine Society (LWPES). According to the Mission Statement of the LWPES, the goal of the LWPES is “To promote the acquisition and dissemination of knowledge of endocrine and metabolic disorders from conception through adolescence.” The LWPES has more than 900 members representing the multiple disciplines of pediatric endocrinology. The members are dedicated to research, treatment, and continuing education of those who treat children with endocrine disorders, including reproductive, bone, thyroid, diabetes, obesity, growth, pituitary, and adrenal. For more information, visit the LWPES Website at http://www.lwpes.org/aboutUs/aboutUs.cfm.