

Ethics of Childhood Obesity Recommendations

CPT Hunter Jackson Smith, MD, MPH, MBE
Chief of Preventive Medicine
U.S. Army Medical Research Directorate – Africa

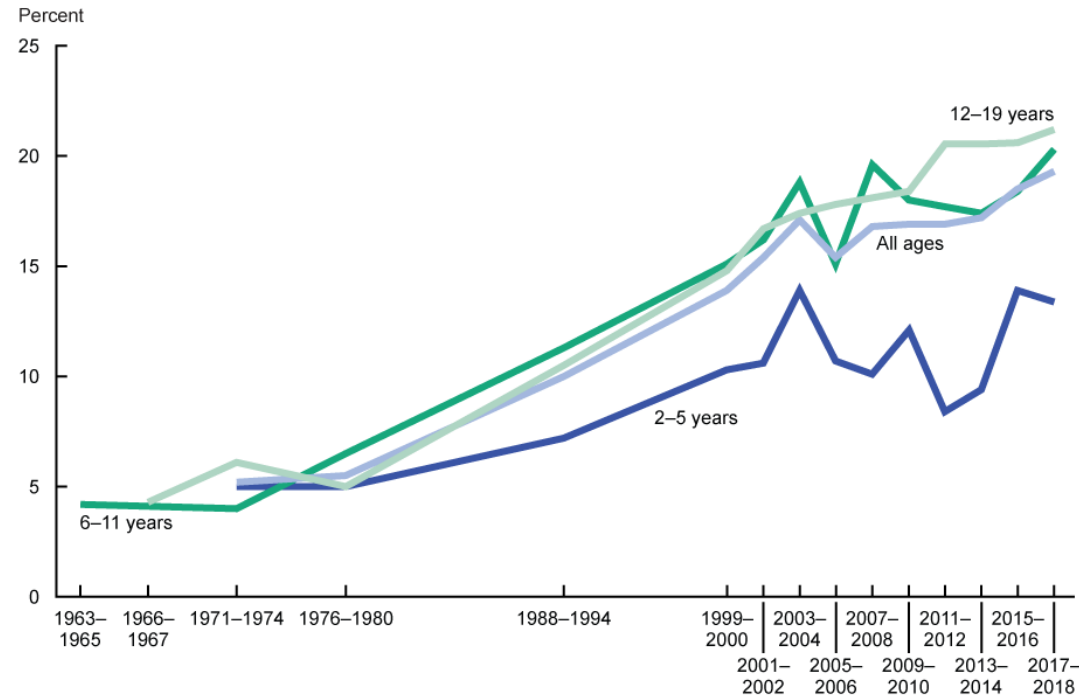
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Objectives

1. Review USPSTF recommendation for childhood obesity
2. Understand clinical challenges in communicating recommendations with patients
3. Discuss ethical issues in implementing childhood obesity recommendations
4. Examine system wide methods to address inequities in the implementation of childhood obesity recommendations

Childhood Obesity



NOTE: Obesity is body mass index (BMI) at or above the 95th percentile from the sex-specific BMI-for-age 2000 CDC Growth Charts.
SOURCES: National Center for Health Statistics, National Health Examination Surveys II (ages 6-11), III (ages 12-17); and National Health and Nutrition Examination Surveys (NHANES) I-III, and NHANES 1999-2000, 2001-2002, 2003-2004, 2005-2006, 2007-2008, 2009-2010, 2011-2012, 2013-2014, 2015-2016, and 2017-2018.

- 1963: 5%
- 1990: 7%
- 2000: 12%
- 2010: 17%
- 2018: 19%

Childhood Obesity Consequences

More Immediate Health Risks

Obesity during childhood can harm the body in a variety of ways. Children who have obesity are more likely to have:⁽¹⁻⁷⁾

- High blood pressure and high cholesterol, which are risk factors for cardiovascular disease.
- Increased risk of impaired glucose tolerance, insulin resistance, and type 2 diabetes.
- Breathing problems, such as asthma and sleep apnea.
- Joint problems and musculoskeletal discomfort.
- Fatty liver disease, gallstones, and gastro-esophageal reflux (i.e., heartburn).

Childhood obesity is also related to⁸⁻¹⁰:

- Psychological problems such as anxiety and depression.
- Low self-esteem and lower self-reported quality of life.
- Social problems such as bullying and stigma.

Future Health Risks

- Children who have obesity are more likely to become adults with obesity.¹¹ Adult obesity is associated with increased risk of several serious health conditions including heart disease, type 2 diabetes, and cancer.¹²
- If children have obesity, their obesity and disease risk factors in adulthood are likely to be more severe.¹³

<https://www.cdc.gov/obesity/childhood/causes.html>



Childhood Obesity USPSTF Recommendation – B (2017)

Recommendation Summary

Population	Recommendation	Grade
Children and adolescents 6 years and older	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.	B

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-children-and-adolescents-screening#citation5>

FINDINGS Comprehensive, intensive behavioral interventions (≥ 26 contact hours) in children and adolescents 6 years and older who have obesity can result in improvements in weight status for up to 12 months; there is inadequate evidence regarding the effectiveness of less intensive interventions. The harms of behavioral interventions can be bounded as small to none, and the harms of screening are minimal. Therefore, the USPSTF concluded with moderate certainty that screening for obesity in children and adolescents 6 years and older is of moderate net benefit.

<https://jamanetwork.com/journals/jama/fullarticle/2632511>

Challenges in Access

Treatment and Implementation

The USPSTF recognizes the challenges that children and their families encounter in having limited access to effective, intensive behavioral interventions for obesity. Identifying obesity in children and how to address it are important steps in helping children and families obtain the support they need.

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-children-and-adolescents-screening>



A photograph of a doctor, a woman, and a young girl in a clinical setting. The doctor, an older man with glasses and a white lab coat, is holding a tablet and looking at it. The woman, with dark hair, is standing behind the girl and looking at the doctor. The girl, with blonde hair, is sitting and looking at the doctor. The background is a blurred clinical setting.

Clinical Communication Challenges

- What happens when the resources to implement the USPSTF recommendation are not available?
- How do clinicians navigate the space within common sense clinical advice but outside the evidence?
- Where should clinicians take the conversations with parents and patients in these difficult circumstances?

Ethics of the Gaps - Research

- Research & Development
 - “More studies are needed that address behavioral interventions in **diverse populations** and younger children (age ≤ 5 years). Also, more evidence is needed about what constitutes **clinically important** health benefits and the amount of weight loss associated with those health benefits.” (USPSTF, 2017)
 - Determine if preventive interventions and screening modalities are effective for all groups
 - May benefit from tailored recommendations



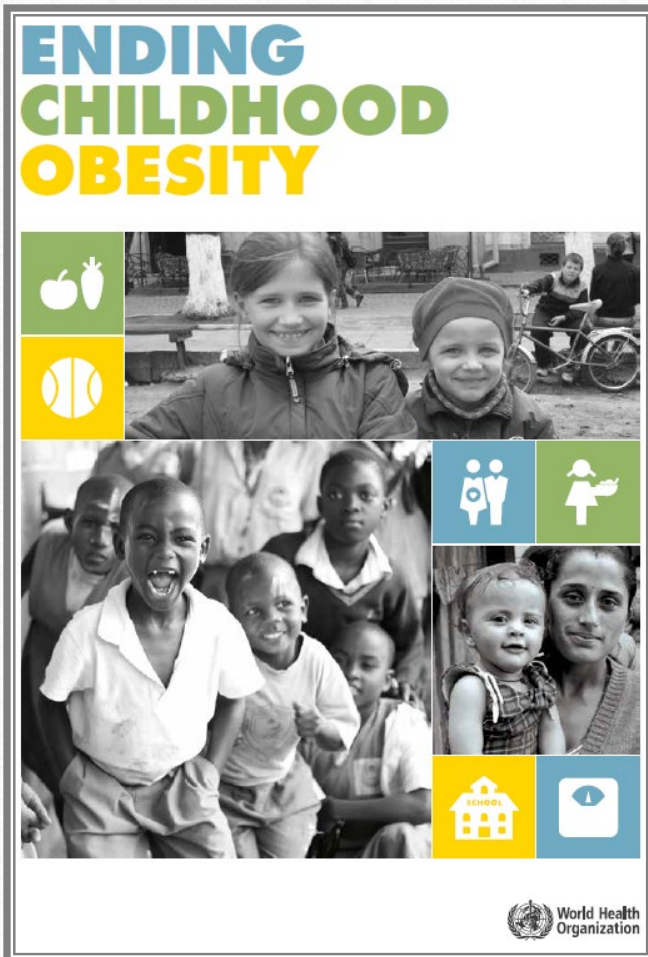
Ethics of the Gaps – Screening

Box 1. Wilson and Jungner classic screening criteria¹

1. The condition sought should be an important health problem.
2. There should be an accepted treatment for patients with recognized disease.
3. Facilities for diagnosis and treatment should be available.
4. There should be a recognizable latent or early symptomatic stage.
5. There should be a suitable test or examination.
6. The test should be acceptable to the population.
7. The natural history of the condition, including development from latent to declared disease, should be adequately understood.
8. There should be an agreed policy on whom to treat as patients.
9. The cost of case-finding (including diagnosis and treatment of patients diagnosed) should be economically balanced in relation to possible expenditure on medical care as a whole.
10. Case-finding should be a continuing process and not a "once and for all" project.

<https://www.scielosp.org/article/bwho/2008.v86n4/317-319/>

- What makes for a good screening tool?
- If the treatment for the disease being screened for is inaccessible for many patients, what then?
 - Disadvantaged groups
 - Exacerbation of disparities
- Lack of urgency from many clinicians and parents to address the issue



Ethics of the Gaps – Implementation

- Public Health Implementation
 - Who is responsible for ensuring the USPSTF recommendations are implementable equitably?
 - How can we best fill the gaps in access for disadvantaged populations who are most afflicted by childhood obesity?

Addressing the Issue

- Expansion of resources
 - Rural and disadvantaged communities
- Collaboration with community programs
- Target social determinants of health broadly



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Questions?
