

## **Responding to the Rise in Pediatric Overweight & Type 2 Diabetes in a Primary Care Setting: Screening and Intervention**

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### **Abstract**

The rate of overweight (BMI  $\geq$  95<sup>th</sup> percentile for age and gender) more than doubled between 1980 and 2000 among children (6-11 years) and tripled for adolescents (12-19). Rates are higher for poor and minority children. Pediatric overweight is associated with adult obesity, type 2 diabetes (T2DM), and early onset cardiovascular disease. This workshop will focus on techniques to screen children at risk of overweight or overweight and its associated morbidities in community-based primary care settings. Methods to calculate BMI and use the 2000 CDC growth charts will be presented, as will an algorithm to identify children at risk for T2DM.

### **Course Outline**

- I. Epidemiology of pediatric overweight and obesity
  - A. National trends, 1985-present
  - B. Data from urban community health settings
- II. BMI calculation
  - A. Why use BMI instead of weight for age/gender, height for age/gender as previously
  - B. Formula and shortcuts to calculate
  - C. Examples: You can't tell BMI status visually
- III. Screening for Type 2 Diabetes
  - A. Epidemiology: scope of the problem
  - B. Risk factors noted by history
  - C. Risk factors noted by physical examination
  - D. Algorithm to determine patients at highest risk in an urban high-risk population
- IV.
  - A. Conclusion: How to integrate these methods into your practice

### **Learning Objectives**

1. At the end of this workshop, participants will better understand the urgency of the problem of pediatric overweight and obesity;
2. ....participants will understand how to use the new (2000) Centers for Disease Control growth charts to calculate BMI and plot for percentile for age and gender;
3. ....participants will understand steps they can take in their pediatric practice to effectively screen patients at high risk for type 2 diabetes and other morbidities associated with overweight and obesity.