CHILDHOOD OVERWEIGHT & OBESITY REFERRAL GUIDELINE

HIGH RISK
SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS
< age 3 with concerns for severe obesity
OR
Any age with new onset obesity or rapidly increasing BMI over a few weeks or months
OR
Any child with poor linear growth (hints at severe underlying disease)
Red flags include hypertension, proximal muscle weakness, widespread violaceous striae, polyuria, polydipsia, abnormal neurologic findings

SUGGESTED PRE-VISIT WORKUP
Consider labs in green box
If growth failure consider TSH, free T4
If concerned for Cushing ask for endocrine guidance on labs
Endocrine visit in 2-4 weeks or sooner
Consider calling endocrine to discuss: (207) 662-5522

MODERATE RISK
SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS
< age 3
OR
Any child not responding with stabilizing or lower BMI with primary care intervention
OR
Evolving concerns for obesity related comorbidities
See green box for common exam findings and labs

SUGGESTED WORKUP
Counsel family on healthy eating and active living
Use Next Steps guide at Letsgo.org which outlines suggested follow-up visit plan for children with overweight or obesity
Consider referral to Countdown Clinic at MMP or other weight management clinic
If family not interested in weight management program consider specialty referral to address comorbidities

LOW RISK
SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS
> age 3
AND
Longstanding elevation in BMI > 85th percentile
AND
Normal linear growth
Families commonly report that their children have the symptom of being "constantly hungry"
Common exam findings include pink striae, cervical spine adipose tissue, acanthosis, concerns for early puberty (see PUBERTY guideline)
Consider CMP, A1C, nonfasting lipids, 25 hydroxy vitamin D (See AAP algorithm below for more detail)

SUGGESTED MANAGEMENT
Counsel family on healthy eating and active living
Use Let’s Go!/5-2-1-0 resources to guide family in positive behavior change
Use Next Steps guide at Letsgo.org which outlines suggested follow-up visit plan for children with overweight or obesity
Consider recommendations on AAP obesity algorithm: click “tools” at: https://ihcw.aap.org

CLINICAL PEARLS
• Obesity reflects complex pathophysiology that is not all under an individual’s control. Obesity is not simply “Calories in, Calories out”.
• Good linear growth strongly points away from an underlying endocrine disorder.
• If concerned about a rare endocrine or genetic disorder (e.g. Cushing) often best to discuss with endocrinology or genetics to avoid unneeded testing.
• Usually best to NOT screen with TSH unless there is growth failure, see TSH guideline.
• Comorbid conditions to consider include: DERM: acanthosis, hirsutism, intertrigo PULMONARY: asthma, snoring, sleep apnea ENDOCRINE: PCOS, precocious puberty, premature adrenarche, prediabetes, type 2 diabetes GI: cholelithiasis, constipation, GERD, NAFLD NEUROLOGY: Intracranial hypertension ORTHO: SCFE, Blount disease PSYCHOSOCIAL: Anxiety, depression, binge eating, teasing, bullying.

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

MAINE MEDICAL PARTNERS • PEDIATRIC SPECIALTY CARE (DIV. OF ENDO & DIABETES) • 887 CONGRESS ST, SUITE 100, PORTLAND, ME • (207) 662-5522