

Management and Treatment Stages for Overweight or Obese Patients

Patients should start at the least intensive stage and advance through the stages based upon the response to treatment, age, BMI, health risks and motivation. An empathetic counseling style should empower the patient and family to change behaviors.

Stage 1: Prevention Plus

- Planned follow-up themed visits (15-20 min) focusing on healthy behaviors appropriate for patient and family.
- Consider partnering with dietician, social worker, athletic trainer, or physical therapist for added support and counseling.

After 3-6 months, if the BMI/weight status has not improved, consider advancing to Stage 2

Where & By Whom

Primary Care Office
Primary Care Provider

Goals

Positive behavior change
Weight maintenance or a decrease in BMI velocity*

Follow-Ups

Monthly visits recommended, tailor to each patient.

Stage 2: Structured Weight Management

- Same intervention as Stage 1 but with more intense support and structure to achieve healthy behavior change.
- Consider partnering with dietician, social worker, athletic trainer, or physical therapist for added support and counseling.

After 3-6 months, if the BMI/weight status has not improved, consider advancing to Stage 3

Where & By Whom

Primary Care Office & Provider
with appropriate training

Goals

Positive behavior change
Weight maintenance

Follow-Ups

Every 2-4 weeks

Stage 3: Comprehensive Multi-disciplinary Intervention

- Structured behavioral modification program, including food and activity monitoring and development of short-term diet and physical activity goals.

After 3-6 months, if the BMI/weight status has not improved, consider advancing to Stage 4

Where & By Whom

Pediatric Weight Management
Center/Multi-disciplinary Team*

Same Goals*

Follow-Ups

Every 1-4 weeks

Stage 4: Tertiary Care Intervention

- Recommended for children with BMI \geq 95% with significant comorbidities and unsuccessful with Stage 1-3.
- Intensive diet and activity counseling with consideration of the use of medications and surgery

Where & By Whom

Pediatric Weight Management
Center/Childhood Obesity Experts

Goals

Decrease in BMI*

Follow-Ups

Tailor to each patient

* Children ages 2-5 should not lose more than 1 lb/month, older children and adolescents with obesity should not lose more than an average of 2 lbs/week.

+ List of pediatric weight management clinics and specialty providers in Northeast Florida have been provided.

Encounter Documentation Tool:

Key Elements to Include in an Encounter Form

1. Vital Signs

- Height and weight
- BMI
- BMI percentile
- Weight classification
 - Underweight, healthy weight, at risk for overweight, overweight or obese

2. Current Health Habits

- Nutrition
 - Fruits and vegetables
 - Sugar-sweetened beverages
 - Milk (type and quantity)
 - Snacking (type and quantity)
- Physical Activity
 - Type and quantity
- Screen Time
 - Type and quantity
 - Is there a TV or computer in the room where the child sleeps?

3. Review of Systems

- Constitutional
 - Sleep habits
 - Fatigue/lethargy
- Respiratory
 - Snoring
 - Wheezing/coughing
 - Difficulty breathing
- Cardiovascular
 - Chest pain
- Gastrointestinal
 - Abdominal pain, vomiting, or constipation
- Skin
 - Striae
- Neurologic
 - Developmental delay
- Genitourinary
 - Menarche
 - Oligo/amenorrhea
- Musculoskeletal
 - Knee/hip pain
 - Limp

4. Family History

- Obesity
- Diabetes
- Hypertension
- Cardiovascular disease
- Depression

5. Social History

- School/Day Care
- Who lives at home?
- Who helps parents?

6. Past Medical History

- Birth weight - IUGR/LGA
- Mental health

7. Medications

8. Physical Exam

- Special attention to respiratory, musculoskeletal, skin exam

9. Assessment

- Weight classification
- Lab work-up
- Readiness to change

10. Plan

- See Management and Treatment Stages (over)

