

# Obesity Prevention for Children with Intellectual and Developmental Disabilities

Children with Intellectual and Developmental Disabilities (I/DD) can face many challenges to achieving and maintaining a healthy weight including selective eating habits, motor delays and medications that contribute to weight gain. Research suggests that the prevalence of overweight and obesity is higher for this population of children than for their typically developing peers. Let's Go! encourages providers to engage in conversations about obesity prevention with children with I/DD and their families/caregivers and to screen for the risk factors associated with I/DD and obesity.

## Recommendation 1

Screen children with I/DD routinely.

## Recommendation 2

Discuss weight related concerns with families/caregivers and children, as appropriate given the child's age, developmental level, and readiness for discussion.

## Recommendation 3

Assess for risk factors and challenges associated with I/DD and obesity, including dietary and physical activity patterns.

Dietary Risk Factors	Challenges to Physical Activity
Food Selectivity	Functional limitations including low tone, motor delays and social skill deficits
Excess intake of high calorie, low nutrient dense foods	Inadequate physical activity modifications or adaptations
Intake of sugar sweetened beverages	Limited access or inclusion in recreation programs
Oral-motor difficulties	Need for additional supervision or support
Use of food rewards at home and in education and behavior plans	Excess recreational screen time

## Recommendation 4

Recommend healthy eating goals, avoidance of the use of food rewards, and adapted physical education services for children's Individual Education Programs (IEPs).

Children with I/DD have different and complex needs related to their diagnosis. No single provider is expected to address all of these needs, but a child's primary care provider is the point person for preventing and managing overweight and obesity. Problem solve with patients and their families/caregivers, share resources, and refer for evaluation when appropriate (i.e. occupational therapy, physical therapy, speech/language pathology, behavior analysis, nutrition). When prescribing medication, consider the impact on a child's weight.