

CHILDHOOD OVERWEIGHT & OBESITY REFERRAL GUIDELINE

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

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

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

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 PREVISIT 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

SUGGESTED WORKUP

Counsel family on healthy eating and active living

Use Next Steps guide at [Letsgo.org](https://lets-go.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

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](https://lets-go.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, Blounts disease **PSYCHOSOCIAL:** Anxiety, depression, binge eating, teasing, bullying.

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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.