Top Things To Know
Severe Obesity in Children and Adolescents:
Identification, Associated Health Risks, and Treatment Approaches

1. Though several different definitions for severe pediatric obesity have been used in the literature, the authors recommend that it be defined as having a BMI ≥ 120% of the 95th percentile or an absolute BMI ≥ 35 kg/m2, whichever is lower based on age and sex.

2. Severe obesity afflicts 4% to 6% of children and adolescents in the United States and is the fastest-growing subcategory of pediatric obesity.

3. Regardless of how severe obesity is defined, data consistently show higher rates of severe obesity in children of Hispanic or African American descent.

4. Data from clinical and population-based studies have indicated both the number and severity of risk factors for CVD increase with degree of adiposity in severely obese youth.

5. In addition to increasing cardiovascular risks, severe pediatric obesity has been associated with higher rates of metabolic syndrome, obstructive sleep apnea syndrome, nonalcoholic fatty liver disease, musculoskeletal and psychosocial problems, and disordered eating.

6. A higher BMI in childhood correlates with increased risk of remaining obese as an adult.

7. Risks for adult CVD, metabolic syndrome, and inflammation increase with childhood BMI.

8. Severely obese youth need the best available intensive behavior-based therapies, but many children will not achieve sustained weight reduction from these approaches alone and would benefit from intensive interventions that require careful medical oversight.

9. Whenever possible, severely obese youth should be referred to specialty pediatric weight management programs.

10. Optimal treatment strategies need to be tailored to individual patients, and include combinations of diet, behavior modification, medical therapy, and minimally invasive procedures.