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I. Introduction
Childhood obesity is a significant public health problem because of its immediate impact on the physical and psychological health of children and adolescents, and because it is a risk factor for the development of chronic diseases later in life. Recent estimates suggest that obesity and physical inactivity are responsible for 400,000 deaths annually in the United States; thus, it is close to overtaking tobacco as the leading cause of preventable death. Surveys have shown a significant increase in the prevalence of obesity in childhood and adolescence in America. The cost of obesity and its associated illnesses is also increasing. For youth six to seventeen years of age, obesity-associated annual hospital costs increase more than three-fold, from $35 millions during 1979 to 1981 to $127 millions during 1997 to 1999.

Currently, 14% of children and adolescents in the United States are overweight and 20% are at risk for overweight (above the 95th and 85th percentiles for age and gender, respectively, based on the new CDC standards).

II. Risk Factors
Children between the ages of 2 – 18 without any other risk factor should be offered a one-time nutrition consult if:

A) The child’s body Mass Index (BMI), defined as weight in kilograms divided by height in meters squared (kg/m²), is greater than the 95th percentile by age.
B) Children between the ages of 2-18 who are between the 75th and 95th percentile by age should also be offered a one-time consultation if they have the following co-morbidities:
   a) Dyslipidemia
   b) Hypertension
   c) Fatty liver disease
   d) PCOS
   e) Sleep apnea

APPROVAL:

[Signature]
SMF/SPA Medical Director
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