

'Biology Isn't Destiny'

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diet, and an integrated academic program.

One basic premise that is stressed is that being overweight is a biologic challenge that must be faced in a proactive fashion. "We emphasize that their biology is dead set against long-term weight loss, but that biology isn't destiny," Dr. Kirschenbaum said in an interview. "We encourage them to think of themselves as athletes who are trying to transform their bodies, acknowledging the very real difficulty of the task."

These concepts are central to the cognitive-behavioral component of the program, with the intention of helping obese adolescents face their commitment from a position of greater strength. "In the four cognitive-behavioral sessions students have each week, we really try to get them to understand that it's not just about losing weight, it's about reorienting their lives," he said.

The result in this group of students showed significant improvements in emo-

tional states. On all three domains of the Child Depression Inventory—total or overall mood, emotional problems, and functional problems—initial scores that approached clinically significant elevations were reduced to the normal range.

Another facet of the program is activity management. The students wear pedometers and are encouraged to take at least 10,000 steps per day, and even as many as 20,000, which approximates 10 miles of walking.

On one measure of fitness, the timed mile, the average time during the two semesters decreased from 18 minutes to 12.5 minutes. The cohort's initial average resting pulse rate, high at 85.3 beats/min, fell to a normal 69 beats/min, and upper body strength as measured by chest presses increased from 60.4 pounds to 76 pounds.

The accredited academic program not only includes a full load of core courses but also is integrated with the personal devel-



In 7 months at the Academy of the Sierras, the student above lost 63 pounds.

opment side of the program. For example, in math classes, statistics are taught, so the students themselves can read and evaluate scientific studies on weight loss, explained Dr. Kirschenbaum, who also is a professor of psychiatry and behavioral sciences at Northwestern University, Chicago.

A further crucial focus is the carefully designed very-low-fat diet that is "teen friendly," including such items as low-fat pizza, vegetarian chili, and oatmeal cookies. It provides approximately 1,300 calories/day, with about 8 g fat and 50 g protein.

Foods, such as entrees and snacks, are controlled in quantity, but low-density foods such as salads and fruits can be eaten ad libitum at each meal. With these foods, the students must learn to exercise self-control, playing an active role in their weight management. "We try to balance our external control with self-control, exerting enough external control to increase the probability of their being successful," he said.

Preparing the students for transition back to their families and social circles—as well as to the larger obesogenic environment—is emphasized. For example,

during their stay at AOS, the students are taken out to restaurants on occasion and are allowed to order whatever they wish. This increases their ability to deal with the stress of exposure to potentially problematic foods and, when they make poor choices, to analyze and assist them in understanding their behavior.

Follow-up after the students leave the program includes extensive family involvement and an Internet-based after-care program. Although longer term follow-up clearly will be needed to fully evaluate the effects of the program, support for it is justified by the magnitude and consistency of behavioral and activity changes seen in this first AOS class, Dr. Kirschenbaum said. ■

Clinicians who are interested in referring patients to the school can e-mail admissions@academyofthesierras.com. Dr. Kirschenbaum and his colleagues make presentations on weight loss to health care groups at no cost, and with CME credit. He can be contacted at dkirschenbaum@healthylivingacademies.com.



The school's 1,300-calorie/day diet helped this girl lose 73 pounds in 7 months.

Focus on Borderline Overweight Cases to Have Most Impact

BY HEIDI SPLETE
Senior Writer

CHARLESTON, S.C. — Primary care physicians should provide brief, focused advice to parents whose school-aged children are on the brink of overweight and by doing so, they can make a real difference, Dr. Stephen Cook said at a pediatric meeting sponsored by the Medical University of South Carolina.

"Only 20% of overweight kids aged 5-11 years are identified in the primary care office," said Dr. Cook, a pediatrician at the University of Rochester (N.Y.).

One should start with a body mass index (BMI) measurement. "The BMI is a great first trigger point at a well-child visit," Dr. Cook said.

"The BMI is going to open your eyes to kids in the problem range." But be sure to review correct BMI measurement with your staff, he added. The children can be clothed, but ask them to remove shoes, jackets, and hats.

Although the BMI is not per-

fect, it is a simple tool that fairly accurately assesses weight status in prepubertal children, Dr. Cook said. If the child's BMI is on the cusp or indicates just slight overweight, use a motivational interviewing tactic and ask the parent and child whether they think weight is a problem.

"I ask, 'On a scale of 1 to 10, how important is it to you right now that the child's weight status might be unhealthy?'" he said.

"There is enough to do in a well-child visit that extensive counseling for obesity" may not be possible during that time, Dr. Cook said. But you can identify that weight is a potential problem, make the family aware of it, and document it in the record.

In some families, the child's weight simply is not a priority. If the family is not interested in talking about weight, then offer a nonjudgmental response, suggest a reasonable time for a follow-up visit, and move on, Dr. Cook advised. But if families do express some concern about weight, listen to their responses to the fol-

lowing question: "The BMI shows that your child is overweight; what do you think about that?" After you have listened, briefly share some tips about how simple changes—such as cutting down on juice and moving the TV out of the bedroom—can make the difference in keeping

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children within a healthy weight range. Invite the family for a follow-up visit as soon as possible for positive reinforcement and more tips on keeping the child's weight in the healthy range.

The calorie shift in prepubertal children is very small, only about 150 calories a day, Dr. Cook noted. That's equivalent to one juice box or one can of regular (nondiet) soda.

Behavior changes for a prepubertal child with a motivated family can be explained in depth by a nurse or other nonphysician provider in a follow-up visit. In some cases, a second visit is the time to identify barriers to behavior change and how to address them.

Identify problems related to diet and exercise habits, such as caretakers who give children high-calorie or junk foods and excessive snacks. Ask about opportunities for exercise and play, such as school recess and gym class; options for walking or biking to school; and ways to replace some "screen time" with physical activity, either indoors or outdoors.

One should also remember that medical statistics do not motivate children. Children are motivated by peer approval, a sense of accomplishment, and a desire to please a parent or other adult, Dr. Cook pointed out.

"The small steps we can make in these younger age groups can really effect some change, and the parents feel enabled," he noted.

A primary care physician may not be able to do much for the morbidly obese 5-year-old who needs a referral, but doctors who stay alert to changes in BMI and listen to patients and families can make a difference for a 5-year-old who was normal weight last year but slightly overweight this year, Dr. Cook said.

A brief office visit is not the best time for the doctor to overwhelm a family with information about rising childhood obesity rates and the increased risk of health problems that could arise later in life.

Instead, one should try creating a single-page handout that focuses on a few practical points, such as "Children who watch more than 2 hours of TV daily or have more than two sweetened drinks a day are more likely to become overweight or obese."

The handout should be given to the family, and that may be as far as you are able to go that day in discussing weight. The handout may go directly into the trash, or it may give children and families food for thought. ■