

# Modifiable Factors Found in Obese Children

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FROM THE ANNUAL MEETING OF THE  
PEDIATRIC ACADEMIC SOCIETIES

DENVER – Drinking sugar-sweetened beverages, not eating breakfast, and eating too many low-nutrient, high-fat snacks were among the modifiable risk factors for obesity found in a cross-sectional survey of obese, low-income children.

Remind parents and guardians of the importance of eating breakfast every day, particularly if they have an older, obese child, Patricia Cluss, Ph.D., said at the meeting.

In addition, younger children were significantly less likely to eat enough vegetables, according to the survey of 136 parents or guardians of children aged 2-

black (75%), 20% were white, and 5% were other race/ethnicities. About 93% of adults had at least a high school diploma.

More than two-thirds (71%) of parents and guardians were obese themselves, “but that was not a requirement for participation,” Dr. Cluss said.

However, having an obese caregiver significantly increased the chances the child was eating five or more meals/snacks per day.

A meeting attendee asked Dr. Cluss if she recommends no snacks or healthy snacks. “On the surface, eating three meals and two snacks may not be all that bad, depending on how healthy the snack is,” she replied.

All families in the study were insured by Medicaid. The majority (79%) lived in households with annual incomes of \$25,000 or less, which included 49% with household incomes of \$15,000 or less.

The relatively lower-income caregivers were significantly more likely to shop for food at a convenience store as compared with a supermarket, according to Dr. Cluss said.

“This could reflect their preference, but the lower-income sample may be living in areas where a convenience store is the only place they can buy food if they don’t have transportation,” she explained.



**‘It’s horrifying to see how much of their daily calorie consumption ... [is] from snacks with almost no nutrition.’**

DR. CLUSS

11 years with a body mass index at the 95th percentile or greater for age and sex.

“I’m not sure we would have predicted this: As children got older, they ate more vegetables,” Dr. Cluss said.

Most children – 89% – drank sugar-sweetened beverages. “This is probably not a surprise to this audience,” Dr. Cluss said.

Counsel all your families with obese children to eliminate or significantly reduce their consumption of sugar-sweetened beverages, Dr. Cluss said.

The total number of meals and snacks eaten per day was another modifiable factor identified in the study. A total of 28% of parents reported their obese child ate five or more meals and snacks per day.

Intake of low-nutrient, high-fat snacks was another modifiable risk factor, according to the study. Half the children snacked “often” or “very often” on chips, cheese puffs, and similar items. “It’s horrifying to see how much of their daily calorie consumption – these are kids in the 99th percentile for BMI – can come from high-calorie snacks with almost no nutrition,” said Dr. Cluss, a psychiatrist at the University of Pittsburgh.

Dr. Cluss, lead researcher Linda J. Ewing, Ph.D., and their associates assessed this population because, although approximately 30% of children and adolescents are overweight or obese, minorities and low-income groups are at higher risk.

The cohort of children skewed older (half were aged 9-11 years). In addition, 39% had a BMI in the 99th or greater percentile, “so this is a very obese sample.” The majority of caregivers were women (96%) and parents (94%); most of the 6% who were guardians were close relatives. The mean age of the adults was 35 years (range, 22-71 years). A majority were

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### Indication and Important Limitations of Use for ONGLYZA™ (saxagliptin)

ONGLYZA is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus in multiple clinical settings.

ONGLYZA should not be used for the treatment of type 1 diabetes mellitus or diabetic ketoacidosis.

### Important Safety Information for ONGLYZA

#### Warnings and Precautions

- **Use with Medications Known to Cause Hypoglycemia:** Insulin secretagogues, such as sulfonylureas, cause hypoglycemia. Therefore, a lower dose of the insulin secretagogue may be required to reduce the risk of hypoglycemia when used in combination with ONGLYZA
- **Macrovascular Outcomes:** There have been no clinical studies establishing conclusive evidence of macrovascular risk reduction with ONGLYZA or any other antidiabetic drug

#### Most Common Adverse Reactions

- Most common adverse reactions (regardless of investigator assessment of causality) reported in ≥5% of patients treated with ONGLYZA and more commonly than in patients treated with control were upper respiratory tract infection (7.7%, 7.6%), headache (7.5%, 5.2%), nasopharyngitis (6.9%, 4.0%) and urinary tract infection (6.8%, 6.1%).
- When used as add-on combination therapy with a thiazolidinedione, the incidence of peripheral edema for ONGLYZA 2.5 mg, 5 mg, and placebo was 3.1%, 8.1% and 4.3%, respectively.

#### Laboratory Tests

There was a dose-related mean decrease in absolute lymphocyte count observed with ONGLYZA.

#### Drug Interactions

Because ketoconazole, a strong CYP3A4/5 inhibitor, increased saxagliptin exposure, the dose of ONGLYZA should be limited to 2.5 mg when coadministered with a strong CYP3A4/5 inhibitor (e.g., atazanavir, clarithromycin, indinavir, itraconazole, ketoconazole, nefazodone, nelfinavir, ritonavir, saquinavir, and telithromycin).

VITALS

**Major Finding:** Most children – 89% – drank sugar-sweetened beverages, and half of the children snacked “often” or “very often” on chips, cheese puffs, and similar items.

**Data Source:** A survey of 136 parents or guardians of children aged 2-11 years with a body mass index at the 95th percentile or greater for age and sex. The families were all low income.

**Disclosures:** Dr. Cluss said she had no relevant financial disclosures.

The majority of surveys were completed in a pediatric primary care clinic setting, but a few were done in the child’s home when transportation was an issue, she said.

Overall, 37% of adults in the study said they “almost never” ate together with the child without the television on. However, caregivers and children from households with annual incomes of

\$15,000 or less were more likely to eat without the television on, which Dr. Cluss called an intriguing finding that warrants further research.

Dr. Cluss said they plan to validate these initial results using food recall data. She said, “I think future food recall data will give us a better picture versus the initial survey data.”

To view a video interview with Dr. Cluss, scan this QR code with a smart phone.



VERBATIM

*‘My feeling continues to be that the best way for us to arrive at sustainable costs for the health care system is precisely through the improvement of quality of care.’*

Dr. Donald Berwick, p. 38



Use in Specific Populations

- **Patients with Renal Impairment:** The dose of ONGLYZA is 2.5 mg once daily for patients with moderate or severe renal impairment, or with end-stage renal disease requiring hemodialysis (creatinine clearance [CrCl] ≤50 mL/min). ONGLYZA should be administered following hemodialysis. ONGLYZA has not been studied in patients undergoing peritoneal dialysis. Assessment of renal function is recommended prior to initiation of ONGLYZA and periodically thereafter.
- **Pregnant and Nursing Women:** There are no adequate and well-controlled studies in pregnant women. ONGLYZA, like other antidiabetic medications, should be used during pregnancy only if clearly needed. It is not known whether saxagliptin is secreted in human milk. Because many drugs are secreted in human milk, caution should be exercised when ONGLYZA is administered to a nursing woman.
- **Pediatric Patients:** Safety and effectiveness of ONGLYZA in pediatric patients have not been established.

For more information about Onglyza, visit [www.onglyza.com/three](http://www.onglyza.com/three).

Please read the adjacent Brief Summary of the Product Information.

\*Pioglitazone or rosiglitazone

†Based on Tier 2 coverage and the Onglyza Value Card Program.

See Onglyza Value Card Program details at [www.onglyza.com/hcp/value-card.aspx](http://www.onglyza.com/hcp/value-card.aspx).

Reference: 1. Fingertip Formulary® data as of March 18, 2011. Data on File, March 2011.



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