JAAPA Peer Reviews - Childhood Obesity

Reviewer #1: Overall, great topic to write on for a JAAPA article to review for physician assistants how to best evaluate and treat pediatric patients struggling with weight. However this article would be greatly improved if more current research was utilized. Half of the 20 citations listed were over 5 years old.

* Through my review I found the following sources that are more current and may be helpful during the editing process:

-Citation: O'Connor EA, Evans CV, Burda BU, Walsh ES, Eder M, Lozano P. Screening for Obesity and Intervention for Weight Management in Children and Adolescents: Evidence Report and Systematic Review for the US Preventive Services Task Force. JAMA. 2017;317(23):2427-2444. doi:10.1001/jama.2017.0332

- Title: Pediatric Obesity: Current Concepts (web link below) from 2018
* https://www.sciencedirect.com/science/article/abs/pii/S001150291730192X?via%3Dihub#ab0010

Page 1 line 34-48 there is mention of 2017 JAAPA report that PA often incorrectly identify peds weight status. Follow this statement with the official definition of pediatric obesity to make a strong statement and clarify the definition. (https://www.cdc.gov/obesity/childhood/defining.html).

Additionally, besides updating sources the majority of the article (3/4 pgs) is spent on reviewing the various factors that play into the etiologies of pediatric obesity. The background information is helpful and important. However, if condensed the usability and readability of the article would increase if more of the paper was spent focusing on the "steps for providers" section at the end. In some portions of the body of the paper there are action steps for providers to take woven in instead of placed alongside the other clinical steps explained in the "steps for providers" section.

After reading the article I am left with the following questions: As a busy PA in a clinic, hospital, ED etc what can I do to efficiently be aware of the complex factors playing into the weight of my patient and once I know that from taking a good history how can I implement a solid plan to help the pt reach their goals? Are there diet and exercise resources that insurances will pay for? If so how does a practicing PA need to correctly code the visit to get those services covered or partially paid for? For morbidly obese pediatric patients what medications are approved for treatment, what is the research say on pediatric bariatric surgery referrals and success? (the sources above help investigate some of these questions)

Also I would highly recommend looking for some accessories to include with the article to emphasize easy ways to incorporate awareness of pediatric obesity resources etc. Some great organizations that provide some options include Bright Futures, American Academy of Pediatrics. One example would be talking about use of growth curves paper or EMR. The CDC has a online graphic that highlights pediatric weight percentile zones in different colors representing weight classifications. Linked here https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html#percentile

Overall this article has potential for making an impact on how PAs can improve on pediatric obesity

patient care.

Reviewer #2: The topic for this special article is certainly practical. It brings to light interesting information regarding the prevalence of child overweight and obesity, contributing and confounding factors, and the notion that providers are ill equipped to 1) recognize overweight and obesity and 2) manage it effectively.
The introduction and background are written in an organized manner (general background, risks, barriers and recommendations for action), but the remainder of the article lacks transitions and overall organization. Consider outlining the specific barriers, or contributing factors, to child overweight and obesity and then incorporate the recommended steps for providers with regard to each of these at the end under your "Steps for Providers" heading. It seemed as though this section was vague and did not provide prescriptive recommendations for steps to follow.

In the initial paragraph on page 1, lines 12-14, there are statistics from the CDC. However, there is no citation noted and cited statistics are dated. I would recommend providing a citation from the CDC or the source from which these statistics were obtained.

Page 1, lines 24-26, provides a blanket statement that "this means early screening and intervention can help produce more positive weight management outcomes". I was unable to find this type of statement in the sources cited (3, 4 and 5). Consider rephrasing this sentence to read that, one can speculate that if obesity prevention efforts focus on children overweight by age 5 years that it may target those children susceptible to obesity in childhood, adolescence and adulthood.

Readers may not understand what is meant by "food insecurity" versus "food security"; consider providing some definition of these terms (page 2, lines 50 and 51).

A citation for the statement on page 4, lines 25-31, should be provided.

Since there is an expert committee for recommendations for the assessment, prevention and treatment of child and adolescent overweight and obesity, it seems only natural that you would provide this in your references. Additionally, it would be appropriate to state these guidelines under your headline "Steps for Providers". For example, on page 4, lines 36-39, what is the recommended amount of sugar-sweetened beverages (SSB), fruits and vegetables and physical activity per day/week? There is a 5-2-1-0 behavioral screening tool discussed in your 5th reference "Impact of a primary care intervention on physician practice and patient and family behavior: keep ME Healthy—the Maine Youth Overweight Collaborative". The 5-2-1-0 behavioral goals encourages ≥5 servings of fruits and vegetables daily; limiting screen time to ≤2 hours daily; ≥1 hour of physical activity daily, and; avoiding (0) sugar-sweetened beverages. This could be a quick and valuable tool to share in this article for providers.

The following comes directly from the Expert Committee Recommendations (ECR), therefore I would recommend utilizing these in your tips to providers.
Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report

Sarah E. Barlow and ; and the Expert Committee
Pediatrics December 2007, 120 (Supplement 4) S164-S192; DOI: https://doi.org/10.1542/peds.2007-2329C https://pediatrics.aappublications.org/content/120/Supplement_4/S164

Target Behaviors

The expert committee recommends that clinicians advise patients and their families to adopt and to maintain the following specific eating, physical activity, and sedentary behaviors. These healthy habits may help prevent excessive weight gain and also are unlikely to cause harm, on the basis of current knowledge. The level of evidence is indicated, and the prevention report provides references.1 Evidence supports the following:

1. limiting consumption of sugar-sweetened beverages (CE);
2. encouraging consumption of diets with recommended quantities of fruits and vegetables; the current recommendations from the US Department of Agriculture (USDA) (www.mypyramid.gov) are for 9 servings per day, with serving sizes varying with age (ME);
3. limiting television and other screen time (the American Academy of Pediatrics38 recommends no television viewing before 2 years of age and thereafter no more than 2 hours of television viewing per day), by allowing a maximum of 2 hours of screen time per day (CE) and removing televisions and other screens from children's primary sleeping area (CE) (although a relationship between obesity and screen time other than television viewing, such as computer games, has not been established, limitation of all screen time may promote more calorie expenditure);
4. eating breakfast daily (CE);
5. limiting eating out at restaurants, particularly fast food restaurants (CE) (frequent patronage of fast food restaurants may be a risk factor for obesity in children, and families should also limit meals at other kinds of restaurants that serve large portions of energy-dense foods);
6. encouraging family meals in which parents and children eat together (CE) (family meals are associated with a higher-quality diet and with lower obesity prevalence, as well as with other psychosocial benefits); and
7. limiting portion size (CE) (the USDA provides recommendations about portions, which may differ from serving sizes on nutrition labels, and a product package may contain >1 serving size).

It would be good to include what the AAP and AAFP recommendations are, or if there are specific guidelines from these organizations.