Effort Trains Doctors to Counsel Overweight Kids

BY CHRISTINE KILGORE Contributing Writer

A s Paul L. Rowland III, M.D., now sees it, physicians can talk to par-
tents and their overweight children about diet and physical activity, or they can really counsel—that is, ask, listen, listen some more, and talk.

It’s only through real counseling, he said, that doctors can hope to prevent and treat obesity and overweight—and all the morbidities that accompany it. “I’ve learned how to approach this in a positive way, how not to alienate the families.”

Dr. Rowland is 1 of 20 pediatricians in the Pittsburgh area who participated in a two-pronged practice-based pilot project in which they changed and intensified their counseling—and implemented be-

havioral treatment programs in their two practices for kids 8 to 12 years old. The project was called “Kid’s BMI” and was funded by the Robert Wood Johnson Foundation’s “Prescription for Health” program—an initiative that funds practice-based research networks in the United States. Physicians were encouraged to participate with their parents in a behav-

ioral treatment program. Each run of the program consisted of eight weekly group sessions and three individual follow-up sessions held right in his practice. (See box below at right.)

On his own initiative, Dr. Rowland went further. He attended many of the ses-
sions, sitting in with the kids and keeping his own food and activity logs.

“I don’t have any weight issues, and I am physically fit, but I really wanted to learn what these kids were thinking. And I start-
ed thinking, maybe I could also do better. I realized what a huge issue these lifestyle changes are,” Dr. Rowland said. “That’s why the whole family has to be on board—one member can’t make the change if other members aren’t trying, too.”

Of 73 families who enrolled in the pro-

gram, 37 completed it. (Families were “completers” if they attended six of the eight group sessions and one of the three follow-up sessions.)

In addition to the mean drop in weight and BMI, the 37 children decreased their consumption of high-fat, low-nutrient foods by half or more. Twenty-one of these children who used pedometers throughout the intervention period also saw a 30% increase in steps per day. (All children started the intervention using pe-

dometers, but many discontinued using them after the first few weeks.)

Interviews with parents showed that physicians used what they’d been taught to “catch the kids eating a lot of candy foods” but when I restated their thoughts, they’d start talking about portion size, how ‘He eats seconds or thirds.’”

Per the study protocol, Dr. Rowland en-

couraged children with a BMI at the 85th percentile or higher, whenever possible, to participate with their parents in a behav-

ioral treatment program. Each run of the program consisted of eight weekly group sessions and three individual follow-up sessions held right in his practice. (See box below at right.)

Dr. Rowland said he “didn’t need any prompting” when asked to participate in the project almost 2 years ago. He and the five other full-time pediatricians in his ethnically and economically diverse prac-
tice, Pittsburgh Pediatric Associates, had only recently begun measuring BMI in some patients. Still, he said, overweight was “a concern that had been weighing on our minds for a long time.”

Dr. Rowland is also a member of a 3-

year-old practice-based research network— Pediatric PitNet—comprising physicians in practices that are partially owned by Children’s Hospital of Pittsburgh. The network had been awarded a $145,000 grant through the Robert Wood Johnson Foundation’s “Prescription for Health” program—an initiative that funds practice-based pilot projects aimed at combating unhealthy behaviors in primary care.

For their part, he and the other physi-
cians completed a 60-minute self-study packet that included 7-year-old recommendations on obesity manage-
ment from the federal Maternal and Child Health Bureau, the AAP’s 2003 policy statement on pediatric overweight and obesity, and reports by Leonard H. Ep-
stein, Ph.D., on his successes with behav-

ioral family-based treatment.

(1994, Dr. Epstein and his colleagues reported 10-year outcomes showing that significant numbers of children who lost weight through family-based behavioral treatment maintained that weight loss, or lost more, through adolescence and into adulthood.)

They then attended a 90-minute ses-

sion—led by health psychologists from the Western Psychiatric Institute and Clinic—in which they revamped their app-

roach to talking during well-child visits about weight and BMI, nutrition, and physical activity.

“They’re very honest, and they’re encouraged by small changes,” said Dr. Rowland, who attended many of the children’s group sessions. “They would readily answer to ‘Was that difficult for you?’ and ‘What can you do for next week?’”

Sessions for both parents and chil-
dren focused on self-monitoring of diet and activity, stimulus control, goal setting, positive reinforcement, social assertion, and relapse prevention.

The goals were to decrease intake of high-fat, low-nutrient foods; to in-

crease intake of low-fat, high-nutrient foods; to decrease sedentary behaviors; and to increase activity and exercise.

Many of the children already had re-
ceived a small BMI chart color-coded into red, yellow, and green zones to in-
dicate overweight, at-risk, and healthy ranges of BMI. The colors correspond to the red, yellow, and green cate-
gories of food in the “stop-light diet”—a concept that the project direc-
tors incorporated into the nutritional counseling element of the project.

They had the chart designed as an ed-

ucational tool.

Of 73 children who enrolled, only 4 had a BMI between the 85th and 94th percentiles; the rest of the children were heavier.

Each run of the program in each of the two participating practices—Pitt-

sburgh Pediatric Associates, Dr. Row-

land’s practice, and Children’s Com-

munity Care, a rural practice right outside Pittsburgh—consisted of fairly even numbers of boys and girls, with a mean age of 10 years.

Clinical Growth Charts ‘To Go’

I f your practice is already working on weight management or getting ready to work with the upcoming clinical guidelines on weight man-
agement, the Centers for Disease Control and Prevention’s National Center for Health Statistics can help with the record keeping. Copyright-
free, customizable PowerPoint charts for tracking boys’ and girls’ stature-for-age, weight-for-age, and BMI-for-age are available online (www.cdc.gov/nchs/about/major/nhanes/growthcharts/Powerpt.htm). There are instruc-
tions on adding your own text or logos to the “slides” to use in electronic patient records or to reproduce.

Through this program, “I realized what a huge issue these lifestyle changes are,” said Dr. Paul L. Rowland III.

The important thing is not to come off sounding judgmental, but to solicit and tease out their concerns a little bit better,” said Dr. Rowland. “I learned to see where

the family’s coming from—to ask open-ended ques-
tions and restate what they’re saying—before I start sharing my opinions.”

He said he was surprised by how many parents are concerned about their child’s excess weight, but just need to be prompted to talk about it. When par-

ents don’t voluntarily ex-

press concern, “I show them the [BMI] curve and see how they respond. I might ask, are you con-
cerned? Many will say, ‘Yes, I didn’t bring it up before, but yes.’”

“We almost always end up talking about activity or snacking. Parents will some-
times say, ‘He’s eating a lot of healthy foods’ but when I restated their thoughts, they’d start talking about portion size, how ‘He eats seconds or thirds.’”

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From Weigh-Ins to Group Sessions: What Behavioral Treatment Entails

Children who attended the behav-

ioral treatment program at Dr. Rowland’s practice started each of the eight weekly sessions with a “weigh-
in and an individual family “coach-

ing” session.

The children then met in a group with a clinical psychologist from out-

side the practice while the parents met primarily with the pediatric office’s nurse-practitioner, M. Kathleen Kelly.

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