

It is important to recognize that despite the widespread use of weight (and, by extension, labels like being “overweight” or “obese” which are based in problematic and subjective criteria that are not scientifically valid or supported) as a marker of health, there is very little evidence to indicate that, by itself, weight is a useful indicator of health status. Standards that are most widely used, like the Body Mass Index (BMI), are biased, outdated, and are not independently valid measures of health. We would encourage any parent to ask for clarification of any medical recommendations from their pediatrician that are based on these weight measures.

Any medical recommendations of treatment approaches or interventions should be directly tied to specific physiologic markers, not simply weight. In addition, the majority of scientific data emphasizes that dieting as a treatment approach is ineffective at best, potentially harmful at worst, and may increase the risk for developing an eating disorder.[2]

If your pediatrician brings up weight-related concerns and treatment recommendations, know that it is your right and our recommendation to advocate for additional consultation time to discuss this recommendation at length. If possible, schedule a separate appointment to discuss these recommendations in detail and consider a second or even third opinion before moving forward with treatment if you are not confident in your primary doctor’s recommendations.

The American Academy of Pediatrics (AAP) has issued updated Clinical Practice Guidelines for the Evaluation and Treatment of Children and Adolescents with “Obesity”, identifying “Obesity” as a Chronic Disease with complex contributing factors. They advise that “Comprehensive obesity treatment includes integration and coordination of weight management components and strategies across appropriate disciplines. Comprehensive treatment can include nutrition support, physical activity treatment, behavioral therapy, pharmacotherapy, and metabolic and bariatric surgery.”[2]

Below are some initial questions to address with your pediatrician if they bring up weight-related concerns for your child and recommend weight-reduction-centered treatment.



## HOW TO NAVIGATE WEIGHT-BASED MEDICAL RECOMMENDATIONS FROM YOUR CHILD’S PEDIATRICIAN



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# QUESTIONS TO ASK YOUR CHILD'S PEDIATRICIAN IN RESPONSE TO WEIGHT-BASED TREATMENT RECOMMENDATIONS

- 1 For parents of BIPOC (Black, Indigenous, and people of color) children: Has the evidence base for these recommendations and any data about their efficacy been thoroughly evaluated in non-White populations, specifically in \_\_\_\_\_ (specific group/identity of child in question).
- 2 For parents of non-binary children: Has the evidence base for these recommendations and any data about their efficacy been thoroughly evaluated in non-binary children?
- 3 How are we going to assess my child's readiness to accept your recommendations and make these changes?
  - A) Have you made any assessment of their motivation and how have you done that?
  - B) Please give me a quick explanation of the principles of motivational interviewing and how they may be relevant to my child's situation.
- 4 Have you assessed my child for the impact of weight stigma and size-based bullying?
- 5 Have you adequately screened my child for an eating disorder? What measures or findings are you using to rule out an eating disorder? (Some recommended screening options are the SCOFF or EDE-Q.)
- 6 I'd like my child evaluated by a child/adolescent psychiatrist to assess for depression, anxiety, and trauma, as well as by a Certified Eating Disorder Specialist to assess for an eating disorder before proceeding with weight loss medication or surgery.
- 7 On the basis of your evaluation, what other modifiable factors may be contributing to my child's health (financial, family stressors, trauma, food access, adverse childhood experiences)?

- 8 Have you adequately screened my child for any other psychiatric illnesses that may be contributing to their health status? What measures and findings have you used to rule out these issues?
- 9 Are you recommending this intervention to target a specific medical condition or is it based primarily on my child's size, BMI, weight status?
  - A) What medical condition are you targeting?
  - B) What are the treatments for that condition beyond a prescription for weight loss?
- 10 The AAP guidelines note that the research on the validity of the BMI in children is questionable and biased. If the recommendation is being made on the basis of my child's BMI, please tell me more about the limitations of that metric?
- 11 If medication recommended:
  - A) Will my child need to be on these medications for the rest of their life?
  - B) What research can you summarize regarding the short and long-term effects of these medications?
  - C) Will I be able to afford them?
  - D) What happens when my child stops these medications?
- 12 If surgery is recommended:
  - A) What are some of the risks associated with these surgeries?
  - B) Is there evidence that weight loss surgeries have good outcomes for adolescents?
  - C) What is the evidence regarding the impact of bariatric surgery on developmental considerations beyond weight (bone density, stature, brain development, social development)?
  - D) The guidelines note that up to 25 % of younger patients who have had bariatric surgery require another bariatric procedure within 5 years. How should we evaluate the combined risks of multiple major surgeries with the risks of my child's weight status?
  - E) What sorts of monitoring and nutritional changes are required post bariatric surgery? Will these be in place for their lifetime? What psychological supports will be in place post-bariatric surgery?
- 13 Adults who have had bariatric surgery are at higher risk for developing alcoholism in the 2 years post-surgery. Is the same true of adolescents?

- 14 The guidelines note that the strength of the evidence supporting recommendations of medication and bariatric surgery is rated as moderate. Please explain how we should evaluate that rating given our child's current health status.
- 15 The guidelines stress the importance of intensive health behavior and lifestyle treatment. If this is your recommendation and requires a minimum of 26 hours of intensive treatment interventions, who in your office will be the point person for helping us coordinate that treatment?
  - A) Can you help us identify a program in the area?
  - B) If there is no availability for an intensive health behavior and lifestyle treatment (IHBLT) program, how can we approximate that intensity of treatment in collaboration with your office?
  - C) If we are unable to access an intensive program, what are the key elements of the AAP treatment guidelines we should try to emphasize at home and in your office?
- 16 I would like to have a detailed summary of these recommendations with a step-by-step description of our initial interventions, the next tier of recommendations, and some sense of how we would evaluate the need to try different approaches.
- 17 What do you feel my role is in helping my child through this process? Can you recommend resources for me?
- 18 What if my family/child is not interested in aggressive weight management interventions?
- 19 How are we going to explain all of this to my child without making them feel that they are defective or flawed?
  - A) I want to be sure this conversation goes well. How are you planning to explain this to my child? What are the best practices for communicating your concerns about their weight status and not reinforcing the stigma and shame they may already be feeling?