

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

## PARENT GUIDE



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 Standards that are most widely used, like the Body Mass Index (BMI), are biased, outdated, and are not independently valid measures of health.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.[1]

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.

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[1] Golden, N. H., Schneider, M., & Wood, C. (2016). Preventing Obesity and Eating Disorders in Adolescents. *Pediatrics*, 138(3). doi:10.1542/peds.2016-1649 Neumark-Sztainer D., Haines, J., Wall, M., & Eisenberg, M. (2007). Why does dieting predict weight gain in adolescents? Findings from project EAT-II: a 5-year longitudinal study. *Journal of the American Dietetic Association*, 107(3), 448-55

[2] Sarah E. Hampf, Sandra G. Hassink, Asheley C. Skinner, Sarah C. Armstrong, Sarah E. Barlow, Christopher F. Bolling, Kimberly C. Avila Edwards, Ihuoma Eneli, Robin Hamre, Madeline M. Joseph, Doug Lunsford, Eneida Mendonca, Marc P. Michalsky, Nazrat Mirza, Eduardo R. Ochoa, Mona Sharifi, Amanda E. Staiano, Ashley E. Weedn, Susan K. Flinn, Jeanne Lindros, Kymika Okechukwu; Executive Summary: Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity. *Pediatrics* February 2023; 151(2): e2022060641. 10.1542/peds.2022-060641

# Q

## 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 "Obesity" is not universally accepted as a disease. Beyond my child's higher BMI, what other indicators make you concerned about my child's health? Are there less invasive measures to treat other indicators identified?
- 4 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.)
- 5 How are we going to explain all of this to my child without making them feel that they are defective or flawed because of their body size/shape? What are the best practices for communicating your concerns about my child's weight status without reinforcing the stigma and shame they may already be feeling?
- 6 What are the specific non-weight markers we would use to measure the progress of this recommended plan?
- 7 The guidelines recommend significant interventions such as medication and even surgery for some children at a higher weight. What criteria would you use to recommend these sorts of treatment? What if my family/child is not interested in aggressive weight management interventions?
- 8 How do you see my role with this treatment? How much time will this treatment involve as a parent?
- 9 How much will this treatment cost? Is it covered by insurance? Are there opportunities to help with out-of-pocket costs? What less invasive, (lower cost) options do I have?



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