

Childhood Obesity: A Problem That's Getting Bigger

Dr. Todd Huffman, for the Eugene Register-Guard June 2009

By now every family is familiar with the statistics detailing the rapid rise in childhood overweight and obesity, but nonetheless they bear repeating: The percentage of overweight and obese children and teens has tripled in just the past two decades, and today one in three Americans under age nineteen are overweight or obese.

Minority children, and children from poor households are even more likely to be overweight or obese. All told, today's generation of children is facing the likelihood of being the first in modern history to live shorter life spans than their parents.

Once rare in children, one in every four new cases of type 2 diabetes in this country is diagnosed in someone under the age of twenty-one. One in three Caucasian children born since the turn of the century can be expected to develop type 2 diabetes in their lifetime, and nearly one in two Hispanic, Native American, and African American children. This is nothing less than a national tragedy in slow motion.

Overweight is defined as being above the 85th percentile for Body Mass Index. Being obese is defined as being above the 95th percentile. Body Mass Index, or BMI, is a measure of weight for height, and the normal range for children varies by age and gender.

To determine your child's Body Mass Index, divide your child's weight in pounds by their height in inches, and then divide that number again by their height in inches. Multiply the final number by 703 to get your child's BMI. You will need to ask your doctor's office for a growth curve, or look online for one, in order to determine the BMI percentile.

The BMI is a fairly accurate measure of weight for height, and the normal range for each age and gender is wide enough to accommodate differences in frame. However, the BMI is likely to falsely accuse someone of being overweight or obese if the person is very muscular, because muscle weighs more than fat! Doctors do not only look at BMI when determining whether a child is overweight or obese.

Doctors worry most about a child who is already obese. Even more than smoking or drinking, obesity triggers significant health problems. Besides the risk of type 2 diabetes, being overweight or obese as a child increases the child's lifetime risk of high blood pressure, elevated cholesterol, and coronary artery disease, all of which cause a much greater risk of heart attack and strokes, often at much younger ages.

Childhood obesity also increases the lifetime risk of certain cancers (such as colon), of having asthma and of having more severe asthma attacks, and of liver, kidney, and gallbladder disease. Obese children are more likely to enter early into puberty, to suffer joint and tendon injuries, to have obstructive sleep apnea, and to have iron, vitamin, and mineral deficiencies.

The internal damage caused by obesity does not always take medical testing to diagnose. It is visible to everyone, as a child laboriously climbs a flight of stairs, or tries to sit at a classroom desk, much less rise out of it. On a playground, obesity can exert a cruel price. By slowing them, it robs children the fullness of childhood, the natural enjoyment of being a kid.

And the damage possibly done by obesity is not only physical. Overweight and obese children and teens are more likely to be bullied, teased, and socially excluded. They more commonly suffer from depression and anxiety, and are more likely to exhibit oppositional behavior toward adults. They are also more at risk for becoming addicted to cigarettes, alcohol, and to drugs.

As adults, obesity leads to lower marriage rates, higher divorce rates, lower lifetime income, and higher rates of substance abuse. Given that more than half of obese young children, and ninety percent of obese teens, will remain obese as adults, many therefore will never escape the corrosive health, psychological, and economic costs of their obesity. Prevention is crucial.

Obesity is a complex disease, with genetic, metabolic, and behavioral components. It is not simply caused by lack of willpower. Genetics play thirty to as much as seventy percent of the role in causing obesity.

Early life factors known to increase the risk of obesity include being born premature, being born large for gestational age, maternal cigarette use during pregnancy, maternal diabetes during pregnancy, and formula feeding in place of breast feeding during infancy. Of course, parental obesity also increases the risk of child obesity. Among children whose parents are both obese, three in four will themselves become obese.

Cultural factors most certainly also play a role in causing obesity. Technology has made calories bountiful, cheap, easily accessible throughout the day, and easy to consume in small quantities. Some other major factors that play a role include portion size inflation in home and restaurant meals, the excessive consumption of soda and fruit drinks and juices, the excessive consumption of fast food, and the sale of unhealthy foods and beverages at schools.

Perhaps the greatest cultural factor leading to child obesity is the fact that the average child now spends more time indoors, stationary, in front of some type of screen, than any other activity besides sleeping. Modern parents all too often are not so much letting children watch television as asking television to watch their children.

Obviously, you can't change your child's genes. If there is a family history of overweight or obesity, despite your best efforts your child may still become overweight or obese. But people who are overweight or obese are seldom that way solely because of their genes – diet and lifestyle play some or most of the role.

Next month's article will discuss how to reduce the risk your child will become overweight or obese. The most important thing is to be heart healthy. Aerobically active people who are overweight have fewer health problems and live longer than sedentary people. As we'll discuss, the goal is not to be thin, but to be healthy.