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## **The Good Old Fashioned Family Doc Clinic**

*“We do it the old fashioned way ~ with TLC”*

### **SO WHAT’S A PARENT TO DO?**

My twelve-year-old son weighs 185 pounds. His grandparents, parents and siblings are all overweight. He is the antithesis of a jock, wouldn’t be caught dead in a locker room or on the beach without a shirt. He won’t eat anything green and picks at most meals while “grazing” continuously. His pediatrician says his BMI (body mass index – an estimate of his total body fat) puts him in the obese category. He says that statistically he will be an obese adult with a greatly increased risk of a whole list of horrible diseases. Everywhere I turn I read about the epidemic of obesity in America and the admonition that unless we parents do something about it our kids will have a shorter life expectancy than ours despite modern medical awareness. So, what’s a parent to do?

We physicians have similarly been questioning, “what are we to do?” for years now, but the hand wringing has got to stop. Parents, physicians, educators, and all who influence the lives of children need to get serious about bringing change, even if it means exercising some tough love.

We should all consider the BMI a vital sign, as important a prognosticator as blood pressure or pulse. We should be treating obesity as a chronic disease requiring ongoing attention and management like diabetes or hypertension. Although we are far from understanding either the genetic or psychological component of obesity we do have enough scientific data to know that it is, in fact, a disease and not a character flaw or lack of control. Most overweight families are in denial about the “pink elephant of obesity” sitting in their living rooms. Everyone is acting and eating as if they don’t see it, hoping that if we don’t acknowledge it or talk about it maybe it will go away.

First, we need to help this young man get some control and structure in his life. Emphasis should be on helping him make long-term lifestyle changes as opposed to overly restrictive short-term changes. Help him set specific, measurable and achievable, process goals not outcome goals, i.e. not to lose 10 pounds but to eat one serving of vegetables a day or one less soft drink which, of course, will begin the desired outcome of weight loss.

The structure you help him set up should have as an initial goal of about 10% weight loss over 6 months. You should be helping him find relatively painless ways to cut out no more than 500 calories per day which ought to achieve a weight loss of about a pound a week. Most kids drink a large percent of their calories. Reintroduce the concept of water or low fat milk as the beverage of choice. Serve ice water with each meal at home. Save the empty calorie sugar water soft drinks for a special treat when eating out. Cutting out one coke (140 calories) and one serving of French fries (250-300 calories) per day would be enough to start a healthful behavioral change and weight loss.

Lasting weight loss strategies include gradual loss, lifestyle changes and social and psychological support. Put a limit (2 hours per day) on sedentary entertainment like television, video and computer games. Start and enhance an aerobic exercise program. He doesn’t have to be a jock or be involved in organized sports. Just help him find some fun way to get his heart rate to 145 (70% of his max) which is 220 minus age, for just 30 minutes a day. You will be doing him an immense favor if you can get him to establish a daily exercise habit. Get him to regard his daily exercise as just as necessary and natural as brushing his teeth or learning to shave. Use all the same techniques, reward and bribe systems you use to get him to do his homework. He should be lead to believe that exercising and training his body is, in fact, equally as important as doing so for his mind. Help him find something he can continue throughout his life. Try to get him hooked on the joy of the outdoors.

Perhaps an “Outward Bound” course, hunting or fishing trips, scouting, mountain biking, something that will make him want to get in shape so he can keep up with friends doing something he loves. Teach him to program more physical activity in his daily life by walking to the mailbox and not using elevators. Perhaps a pedometer would provide a stimulus and challenge to find ways of increasing activity without actually exercising. Instead of the movies and eating out, find something physically active that the family can do together to have fun.

Twenty years ago kids ate one in ten meals from fast food sources. Today the ratio is one in three and they contain twice the calories of home-cooked meals. Teach him it is okay to leave food on his plate if he has been “super-sized”. Encourage him to only eat when he is hungry and to stop when he is satisfied. Pack his lunch or better yet teach him to pack his own healthy lunch, to read and understand labels, to consult fast food calorie and fat content charts. Have him keep a food diary for a while to show him how a few nutrition-less snacks can blow his whole program. Perhaps it would be worth the expense to even take him to a dietician to set up a program that is sensitive to his like and dislikes. Turn mealtime into quality family time. Foster conversation that slows down the whole process of eating and allows the body to register satiety. Of course, be a role model of nutrition and eating behavior. You might just benefit as much as he.

Finally, take him to his pediatrician or family physician for reinforcement and authentication of the principles you are instilling. Make regular appointments for follow up and to emphasize the fact that this is a family chronic disease that he needs to constantly monitor and eventually take personal responsibility for.