# AAP Pediatric Obesity Clinical Support Chart


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American Academy of Pediatrics
Section on Obesity

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## Introduction

The purpose of this resource is to summarize and highlight the clinical recommendations in the American Academy of Pediatrics (AAP) 2023 "Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity" and to facilitate integration of key recommendations into everyday clinical practice. Obesity is a complex and chronic disease, and these reference tools have been gathered and are provided in this chart as supports to help you in your approach to pediatric care. Pediatricians and other pediatric health care providers are encouraged to read the clinical practice guideline (CPG) and related reports for full context and comprehension, available at www.aap.org/obesityCPG.

This chart focuses on a holistic approach to assessing and evaluating children and adolescents with obesity, and it covers comprehensive longitudinal treatment for patients with overweight or obesity. Key content and resources have been included for your reference and use, including a series of resources that highlight the overarching CPG guidance. These resources include the AAP Key Action Statements, the AAP Consensus Recommendations, and the Algorithm for Pediatric Overweight and Obesity (*see* ***Evidence and Recommendations***), which will help you get an overall picture of the recommendations and how they relate to each other.

This chart also features a deeper dive into the related CPG content associated with obesity (Evidence and Recommendations, Evaluation [for Primary Well-Child Visits], Treatment [for Obesity Follow-up and Sick Visits], and Office Resources, Supports, and Operations) in the tabs that follow.

We hope you find the *AAP Pediatric Obesity Clinical Support Chart* to be beneficial and useful in your practice.

> **"Pediatricians and other PHCPs now have more evidence-based tools than ever before to deliver obesity treatment that is effective, provides ongoing health benefits, supports children and families longitudinally, and reduces potential harms for disordered eating."**
>
> *— "Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity"*

## Contents

# 1. AAP Key Action Statements

| Key Action Statement No. | Action | Evidence Quality and Strength |
|---|---|---|
| **KAS 1** | Pediatricians and other PHCPs should measure height and weight, calculate BMI, and assess BMI percentile using age- and sex-specific CDC growth charts or growth charts for children with severe obesity at least annually for all children 2 to 18 years of age to screen for overweight (BMI ≥ 85th percentile to < 95th percentile), obesity (BMI ≥ 95th percentile), and severe obesity (BMI ≥ 120% of the 95th percentile for age and sex). | Grade B, Moderate |
| **KAS 2** | Pediatricians and other PHCPs should evaluate children 2 to 18 years of age with overweight (BMI ≥ 85th percentile to < 95th percentile) and obesity (BMI ≥ 95th percentile) for obesity-related comorbidities by using a comprehensive patient history, mental and behavioral health screening, SDoH evaluation, physical examination, and diagnostic studies. | Grade B, Strong |
| **KAS 3** | In children 10 years and older, pediatricians and other PHCPs should evaluate for lipid abnormalities, abnormal glucose metabolism, and abnormal liver function in children and adolescents with obesity (BMI ≥ 95th percentile) and for lipid abnormalities in children and adolescents with overweight (BMI ≥ 85th percentile to < 95th percentile). | Grade B, Strong |
| **KAS 3.1** | In children 10 years and older with overweight (BMI ≥ 85th percentile to < 95th percentile), pediatricians and other PHCPs may evaluate for abnormal glucose metabolism and liver function in the presence of risk factors for TD2M or NAFLD. In children 2 to 9 years of age with obesity (BMI ≥ 95th percentile), pediatricians and other PHCPs may evaluate for lipid abnormalities. | Grade C, Moderate |
| **KAS 4** | Pediatricians and other PHCPs should treat children and adolescents for overweight (BMI ≥ 85th percentile to < 95th percentile) or obesity (BMI ≥ 95th percentile) and comorbidities concurrently. | Grade A, Strong |
| **KAS 5** | Pediatricians and other PHCPs should evaluate for dyslipidemia by obtaining a fasting lipid panel in children 10 years and older with overweight (BMI ≥ 85th to < 95th percentile) and obesity (≥ 95th percentile) and may evaluate for dyslipidemia in children 2 through 9 years of age with obesity. | Grade B: Children ≥ 10 years of age with obesity, Strong; Grade C: Children 2–9 years of age with obesity, Moderate |
| **KAS 6** | Pediatricians and other PHCPs should evaluate for prediabetes and/or diabetes mellitus with fasting plasma glucose, 2-hour plasma glucose after 75-g oral glucose tolerance test, or glycosylated hemoglobin level. | Grade B, Moderate |
| **KAS 7** | Pediatricians and other PHCPs should evaluate for NAFLD by obtaining an alanine transaminase level. | Grade A, Strong |
| **KAS 8** | Pediatricians and other PHCPs should evaluate for hypertension by measuring blood pressure at every visit, starting at 3 years of age, in children and adolescents with overweight (BMI ≥ 85 to < 95th percentile) and obesity (BMI ≥ 95th percentile). | Grade C, Moderate |
| **KAS 9** | Pediatricians and other PHCPs should treat overweight (BMI ≥ 85 to < 95th percentile) and obesity (BMI ≥ 95th percentile) in children and adolescents by following the principles of the medical home and the chronic care model and by using a family-centered and nonstigmatizing approach (***see "5. Stigma and Communication"***) that acknowledges the biological, social, and structural drivers of obesity. | Grade B, Strong |

| Key Action Statement No. | Action | Evidence Quality and Strength |
|---|---|---|
| **KAS 10** | Pediatricians and other PHCPs should use motivational interviewing (***see "12. Treatment in the Primary Care Office"***) to engage patients and families when treating overweight (BMI ≥ 85 to < 95th percentile and obesity (BMI ≥ 95th percentile). | Grade B, Moderate |
| **KAS 11** | Pediatricians and other PHCPs should provide or refer children 6 years and older (Grade B) and may provide or refer children 2 through 5 years of age (Grade C) with overweight (BMI ≥ 85 to < 95th percentile) and obesity (BMI ≥ 95th percentile) to intensive health behavior and lifestyle treatment (***see "13. Intensive Health Behavior and Lifestyle Treatment"***). Health behavior and lifestyle treatment is more effective with greater contact hours; the most effective treatment includes 26 or more hours of face-to-face, family-based, multicomponent treatment over a 3- to 12-month period. | Grade B: Children ≥ 6 years of age with overweight and obesity, Moderate; Grade C: Children 2–5 years of age with overweight and obesity, Moderate |
| **KAS 12** | Pediatricians and other PHCPs should offer weight loss pharmacotherapy (***see "12. Treatment in the Primary Care Office"***) to adolescents 12 years and older with obesity (BMI ≥ 95th percentile), according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment. | Grade B, Moderate |
| **KAS 13** | Pediatricians and other PHCPs should offer referral for adolescents 13 years and older with severe obesity (BMI ≥ 120% of the 95th percentile for age and sex) for evaluation for metabolic and bariatric surgery to local or regional comprehensive multidisciplinary pediatric metabolic and bariatric surgery centers. | Grade C, Moderate |
| **Notes: Per KAS 3 and 3.1: Pediatricians and other PHCPs should evaluate children 10 years and older with obesity (BMI ≥ 95th percentile) for abnormal glucose metabolism and may evaluate children 10 years and older with overweight (BMI ≥ 85th percentile to < 95th percentile) with risk factors for T2DM or NAFLD for abnormal glucose metabolism.**<br>**Per KAS 3 and 3.1: Pediatricians and other PHCPs should evaluate children 10 years and older with obesity (BMI ≥ 95th percentile) for abnormal liver function and may evaluate children 10 years and older with overweight (BMI ≥ 85th percentile to < 95th percentile) with risk factors for T2DM or NAFLD for abnormal liver function.** | | |

BMI, body mass index; CDC, Centers for Disease Control and Prevention; KAS, key action statement; NAFLD, nonalcoholic fatty liver disease; PHCP, pediatric health care provider; SDoH, social determinant of health; T2DM, type 2 diabetes mellitus.

Adapted from Hampl SE, Hassink SG, Skinner AC, et al. Clinical practice guideline for the evaluation and treatment of children and adolescents with obesity. *Pediatrics*. 2023;151(2):e2022060640.