Complexities of Childhood Obesity

Kerri Wade, a Pediatric Nurse Practitioner, leads a discussion on childhood obesity.

Featured Speaker:

Kerri Wade, RN, MSN, APRN, PPCNP-BC

Kerri Wade, RN, MSN Graduated from St. John's School of Nursing in Springfield, a Diploma Nursing School. Graduated from UMKC School of Nursing with BSN and MSN. Have worked as a nurse in the Operating Room at Children's Mercy and San Diego (now Rady's) Children's Hospitals Worked in as an APRN in Surgery, Neurosurgery, and developed the Preop H&P program. For the past 13 years APRN in PHIT Kids and General Pediatrics, 10 of which I have been APRN Manager for those departments.

Transcription:

Trisha Williams (Host): Hi, guys. Welcome to the second season of the Advanced Practice Perspectives. I'm Trisha Williams.

Tobie O'Brien (Host): And I'm Tobie O'Brien. This is a podcast created by advanced practice providers for advanced practice providers. Our goal is to provide you with education and inspiration. We will be chatting with pediatric experts on timely key topics and giving you an inside look of the various advanced practice roles at Children's Mercy.

Trisha Williams (Host): We are so glad that you're joining us. So sit back, tune in and let's get started. Today, we have Kerri Wade joining us. She is a pediatric nurse practitioner and currently serves as the APRN manager for the primary care clinics at Children's Mercy. Welcome to the podcast, Kerri.

Kerri Wade: Thank you. I'm glad to join you.

Trisha Williams (Host): We're super excited to have you. Can you tell our listeners just a little bit about yourself?

Kerri Wade: Well, my specialty over the years has really been pediatrics. I've worked at Children's Mercy nearly 30 years. I've worked in surgery, neurosurgery, burn unit, trauma. But most recently, I have worked in weight management and primary care.

Tobie O'Brien (Host): Well, Kerri, yes, thank you for joining us. You do have a wide lens of expertise. But for today's purposes, we are going to dig in with you a little bit on the topic of pediatric obesity. So how did you become such an expert in this arena? And will you share with us a bit about pediatric obesity and its prevalence in our world today?

Kerri Wade: Sure. I began working with the weight management group, which we call PHIT KIDS, P-H-I-T which stands for Promoting Health In Teens and Kids about 15 years ago. Children's Mercy was one of the early starters in treatment of childhood obesity. So I was able to join the PHIT KIDS Clinic and help develop a lot of the programs that we still have today. It has evolved certainly over the years, but we

have a wonderful clinic that is multi-disciplinary. It has a nutritionist, a physician psychologist and social worker. We also refer to physical therapy. it kind of encompasses main points of health, nutrition, physical activity, and mental health.

Trisha Williams (Host): Can you talk to us a little bit about the prevalence of childhood obesity in the world today and the impact that it has on our patients?

Kerri Wade: Certainly. The prevalence of childhood obesity is about a third, so 30% of children are obese. And the problem with that obesity is that children are developing adult-like illnesses. We're seeing a huge spike in type 2 diabetes, for example. Lots of kids are having early liver disease and we're seeing high cholesterol and high blood pressure. So things that you normally wouldn't see until later in adulthood, we're seeing in fairly young children.

Tobie O'Brien (Host): Certainly 30% is a lot. I am curious, how do you think is the best way to approach this problem when taking care of kids during their well-child visits?

Kerri Wade: So I think it's very important that when a child goes for their well-child check, they do get a review of their weight status and how it may affect their health what they can do about it. Many children come to the weight management clinic and they don't even know that they were referred there because of their weight. We're the first ones to tell them, "Your child has a weight problem." And you would think that people would be aware of that, they aren't really aware of the health consequences oftentimes.

So you asked could the provider address it during a well-child check? And really what we recommend is using motivational interviewing techniques. It really doesn't take that much longer being very prescriptive and it is to be much more effective in helping change health behaviors.

Trisha Williams (Host): So I would love to hear an example about what that motivational communication style looks like, because I can see it being a very touchy topic. In my world, in otolaryngology, obesity plays a huge role in obstructive sleep apnea. And so I always feel like it's a very touchy topic, but a very important topic to discuss this with our parents, like extra adipose tissue around the neck can cause sleep apnea. If you have a BMI higher than 99%, it's going to cause obstruction, those types of things. But I feel like I have to be very cognizant of the words that I use because of the mental health of the child, right? So help us through some of what that communication style would look like?

Kerri Wade: Sure. The main thing is not to label the child as obese or fat. You don't say you are fat or you are obese. You about the obesity or the weight is the most preferred term as a third person in the room or a diagnosis. don't say, "You are a diabetic," you say, "The diabetes." So you don't say, "You are obese," you say, "The weight."

So first of all, what I do is I pull up the growth chart and I show families the growth chart. And I say, "Here is where a normal, healthy weight lies on the growth chart." I show them where their child's BMI or weight is on the growth chart. And then I ask them, "What do you think contributes to that, that child's BMI is higher than the healthy weight range?" So that's kind of a way to introduce it without saying, "Your child's overweight." You just show them the growth chart, show them what healthy range is and show them where their child is and ask them, "What do you think is contributing to that?"

Tobie O'Brien (Host): Sure. And ideally, we would be having these conversations when they are very young, right? If they're starting to show signs of their weight being off the curve at a two-year well-child check, I would imagine that would be the ideal time to be diving in versus waiting until they are 12 and you are having to talk about weight in the third person.

Kerri Wade: That's exactly right. The younger you can catch it, easier it is to help turn it around. For the younger children, we don't even expect them to lose the extra weight. want them to maintain their weight as they get taller and grow into it.

Trisha Williams (Host): Yeah, I have always had that thought in my head of every-- what is it? Every inch of growth does five pounds that I remember that correctly from nursing school, something to that effect.

Kerri Wade: I don't have that in my head.

Trisha Williams (Host): The silly things I retain. I'm trying to come up with ways that as providers, we can be very proactive in this journey to helping our pediatric patients be healthier than a reactive to where we're dealing with type 2 diabetes in 11-year-olds and fatty livers in 17-year-olds, like really having those open discussions with parents and caregivers at an early age is good and excellent, just how do we get to a community where we feel like as providers that we're safe to do that?

Kerri Wade: Well, one of the things that we have promoted prevention, certainly. And the AAP has a very nice algorithm of how to prevention and treatment of childhood obesity. prevention is at every well-child check at two years of age. You do discuss health habits. And one of the whole programs that Children's Mercy has developed is the 12345 FitTastic! Program. And so it has an assessment that you can do more you're assessing health habits. You're not leaning so hard on "Here is your weight." You're talking more about things do you do to be healthy? So 112345 FitTastic, the numbers all represent a health habit.

Tobie O'Brien (Host): Interesting. What are those health habits? Do you recall?

Kerri Wade: So Oh, yeah. One is one hour of physical activity per day. Two is no more than two hours of screen time per day. Three is servings of low-fat dairy or yogurt per day. Four is four servings of water per day instead of sugary drinks. And five is servings of fruits and vegetables.

Trisha Williams (Host): I love that. I feel like it needs to be a magnet on everybody's refrigerator, just as a good reminder of 1, 2, 3, 4, 5 is a good healthy way to live your life and to instill those values in your children as well.

Kerri Wade: Exactly. And so people can go on providers and we've got many pediatric offices throughout the city that have signed on to the same FitTastic program. We also have promoted it in public health, so in the WIC offices and in child care centers the YMCA childcare centers, example. So we really are trying to it throughout the community, so everyone gets a consistent message.

Trisha Williams (Host): Yeah, that's fantastic. I was wondering if it would be beneficial, like in public school systems and things like that.

Kerri Wade: It has been promoted in public school systems as well. And even in my weight management clinics, have seen when I talk about 12345, they're like, "Oh yeah, we have those posters up in our lunchroom," for example. So it has gotten out there.

Tobie O'Brien (Host): Nice. Speaking of the weight management program, thank you for sharing a bit at the beginning of the podcast about who all typically is part of the multidisciplinary weight management clinic at Children's Mercy. Can you tell us a little bit of what ages typically can be referred and then what a process would be like once they come to the clinic? What is a typical visit like for when they are coming and then do they have followups?

Kerri Wade: Yeah, sure. PHIT KIDS clinic, first of all, there is quite a long waiting list now to get into their clinics. But what they have done for that is they've started a jumpstart. So if you are referred to a PHIT KIDS the referral is over two years old and a BMI above the 95th percentile, so in the obese range. The first thing that will happen is you'll get a call from the PHIT KIDS Clinic they will put you on a waiting list probably for the clinic. But what they'll do in the meantime is have you attend a jumpstart class and the jumpstart is virtual now. And it gives you an idea of to expect in the clinic and kind of programs they have for weight management at Children's Mercy.

The programming Children's Mercy, there are several different clinics that meets several different needs. So there is the PHIT KIDS Clinic, and that's anyone from two to eighteen the BMI above the 95th percentile and that's the multidisciplinary clinic that I talked about. Another clinic that is available is a special needs weight management clinic. that one is run by a child psychologist, a physician, dietician, and an occupational therapist. they work with children who have developmental disabilities, maybe Down syndrome or autism, so they have a little bit different needs in their weight management. A lot of people have used food as a reward or behavioral control for some of these kids and so it's hard to get around that. Many of those children very limited palettes and will only eat a few of foods. So will work with families on how to help these kids eat a more variety of foods, so special needs weight management clinic. There is a metabolic bariatric clinic and that's for the severely obese children maybe are interested in bariatric surgery, so they do all of the preparation for bariatric surgery.

Trisha Williams (Host): Do we do bariatric surgery at Children's Mercy?

Kerri Wade: We do. We started three or four years ago, I think. we've had a very nice success with our bariatric surgery clinics. We have done a number and we've been successful.

Tobie O'Brien (Host): That's fantastic. It is really great to know that there is the special needs weight management clinic. How beneficial, gosh. I'm sure that that is much needed for so many families and kids.

Trisha Williams (Host): So I want to kind of loop back around, Kerri, and discuss briefly before we end this wonderful podcast. But I would like for you to touch on a little bit of the comorbidities that go along with pediatric obesity. We touched on type 2 diabetes and fatty liver. Is there anything else that providers need to be aware of when we are helping our children with the diagnosis of obesity

Kerri Wade: obesity or obesity in general really affects every system of the body. You can name skin, for

example, with obesity, you can have stretch marks. You can have keratosis pilaris. You can have gallbladder disease, liver disease. It can affect fertility with polycystic ovarian syndrome, for example. As you mentioned, sleep apnea is very common. heart disease and vascular disease. We even see cerebral hypertension, idiopathic intercranial hypertension, which can affect the optic nerves and cause blindness. So obesity can affect really every of the body.

Tobie O'Brien (Host): It is definitely a complex topic. So many things that play into it, whether it be genetics or socioeconomic status and social determinants, but definitely a complex problem. So I think some take away points that I heard from you is definitely not being afraid to talk about it, but maybe talk about it in the third person, especially when they're older and addressing it sooner rather than later when they're younger would also be very beneficial for the kid.

Kerri Wade: So many children have come to us, having already been bullied for their weight problems as providers, we need to be mindful of how we discuss this with them and avoid statements that could be perceived as shaming or blaming their health problems on their weight.

It's much better to talk about their health habits. And what could you do the 1, 2, 3, 4, 5? you reduce your sugary drink intake or could you reduce your screen time? And let them come up with the plan of which health habits they're going to change. And then, one of the things that has proven to be most successful is having frequent followup. It kind of helps them more accountable and keeps them on track.

Trisha Williams (Host): Yeah, I love that we need to talk about the overall health of our patients. And from a mother's standpoint with my two teenagers, we always talk about health. It's not your weight. It's not you're too skinny or too fat. It's are you healthy and what are you doing and how can I help you be healthy? So I love that verbiage.

Kerri Wade: There are two other programs that I wasn't able to fit in, but I do want you to be aware of. the PHIT KIDS Classes. They are offered to children nine years and up, and they are virtual now as well. They last an hour and it's either on a Tuesday or a Thursday evening. And we are on number 64, class number 64. we've done this quite a bit. it's really been an effective way to get kids motivated, to make health changes. And then for younger children, there is a Zoom To Health class that's for children two to eight years old. And, again, very interactive and it gets kids motivated and moving and helps families to each other a lot of the time and learn from each other on what works to help their children be healthier.

Tobie O'Brien (Host): Great. Do people need a referral to attend those classes? Or can they just go to Children's Mercy website and sign up?

Kerri Wade: They do need a referral, but refer to, especially the Zoom To Health class, primary care providers can or the specialty clinics can.

Tobie O'Brien (Host): Okay. Excellent. Thank you for sharing that. I am sure that will be helpful to people. Kerri, we like to end each episode hearing some advice from you. So we would love to know if you've heard any good piece of advice that you would like to share, and it can be about this topic, or it could just be about life in general.

Kerri Wade: My advice to anyone wants to improve their health is to get outside. think being out in nature is good for you both physically and mentally.

Trisha Williams (Host): It's my favorite thing to do. I like to hike and I love that piece of advice because the outdoors is like my Zen place.

Kerri Wade: Exactly. I think it's good for part of your health and wellbeing.

Trisha Williams (Host): Except when it's 17 degrees outside. It's too cold for me then.

Kerri Wade: We like to say there's no such thing as bad weather, just bad clothing.

Tobie O'Brien (Host): Nice.

Trisha Williams (Host): Very good advice, Kerri. So you're telling me I need to put out my big old jacket and get outside.

Kerri Wade: If you were in Colorado skiing, you wouldn't care if it was 17 degrees.

Trisha Williams (Host): Very good point. Very good point.

Kerri Wade: But for some reason in Kansas City, when it's 17 degrees, we can't go outside.

Trisha Williams (Host): True facts. True facts.

Tobie O'Brien (Host): All right. Well, listeners, thank you again for tuning in with us. And, Kerri, thank you for joining us and talking about pediatric obesity.

Kerri Wade: My pleasure. Thanks for having me.

Trisha Williams (Host): You are so welcome. If you have a topic that you would like to hear about or are interested in being a guest on our podcast, you can email us at **tdobrian@cmh.edu (mailto:tdobrian@cmh.edu)** or **(mailto:<script type='text/javascript'><!-- var prefix = 'ma' + 'il' + 'to'; var path = 'hr' + 'ef' + '='; var addy43892 = 'twilliams' + '@'; addy43892 = addy43892 + 'cmh' + '.' + 'edu'; document.write('<a ' + path + '\'' + prefix + ':' + addy43892 + '\'>'); document.write(addy43892); document.write('<\/a>'); //-->\n </script><script type='text/javascript'><!-- document.write('<span style=\'display: none;\'>'); //--></script>This email address is being protected from spambots. You need JavaScript enabled to view it. <script type='text/javascript'><!-- document.write('</'); document.write('span>'); //--> </script>.)twilliams@cmh.edu (mailto:twilliams@cmh.edu)**. Once again, thanks so much for listening to the Advanced Practice Perspectives podcast. so many children have come to us, having been bullied by their weight as providers, we need to be mindful of how we discuss this with them and avoid statements that could be perceived as shaming or blaming their health problems on their weight. It is much better.