Clinicians

# Summary of USPSTF Final Recommendation Interventions for High Body Mass Index in Children and Adolescents

June 2024

#### What does the USPSTF recommend?



#### Children and adolescents 6 years or older:

Clinicians should provide or refer children and adolescents 6 years or older with a high body mass index (BMI) (≥95th percentile for age and sex) to comprehensive, intensive behavioral interventions.



## To whom does this recommendation apply?

This recommendation applies to all children and adolescents 6 years or older.



#### What's new?

This recommendation is consistent with the 2017 USPSTF recommendation statement on screening for obesity in children and adolescents.



#### How to implement this recommendation?

- To achieve benefit, it is important that children and adolescents 6 years or older with a high BMI receive intensive (≥26 contact hours) behavioral interventions.
- Comprehensive, intensive behavioral interventions of ≥26 contact hours resulted in weight loss. Effective interventions consisted of multiple components, including sessions targeting both the parent and child (separately, together, or both); offering group sessions in addition to individual or single-family sessions; providing information about healthy eating, physical activity, and reading food labels; and incorporating behavior change techniques such as problem solving, monitoring diet and activity behaviors, and goal setting.
- These types of interventions are often delivered by multidisciplinary teams, including pediatricians, exercise j physiologists or physical therapists, dieticians or diet assistants, psychologists or social workers, or other j behavioral specialists. j



# What additional information should clinicians know about this recommendation?

The USPSTF recognizes the challenges that the families of children and adolescents encounter in accessing effective, intensive behavioral interventions for high BMI. Identifying high BMI and how to address it are important steps in helping children and adolescents and their families obtain the support they need.

The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision making to the specific patient or situation.

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#### Why is this recommendation and topic important?

Approximately 19.7% of children and adolescents aged 2 to 19 years in the US have a BMI at or above the 95th percentile for age and sex, based on Centers for Disease Control and Prevention growth charts from 2000. The prevalence of high BMI increases with age and is higher among Hispanic/Latino, Native American/Alaska Native, and non-Hispanic Black children and adolescents and children from lower-income families.

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### What are other relevant USPSTF recommendations?

The USPSTF has issued recommendation statements on screening for high blood pressure in children and adolescents, screening for lipid disorders in children and adolescents, and screening for prediabetes and type 2 diabetes in children and adolescents. Current versions of these and other related USPSTF recommendations are available at https://www.uspreventiveservicestaskforce.org.



#### What are additional tools and resources?

- The Community Preventive Services Task Force recommends several interventions in youth addressing physical activity, access to affordable healthy food and beverages, making healthy food and beverage choices, reducing j sedentary screen time, and using digital health interventions for weight management.
- The US Department of Health and Human Services published the "Physical Activity Guidelines for Americans," which provide recommendations for how physical activity can help promote health and reduce the risk of chronic disease for Americans 3 years or older.
- The Centers for Disease Control and Prevention has resources available for families and clinicians addressing high BMI.



# Where to read the full recommendation statement?

• Visit the USPSTF website or the *JAMA* website to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.