

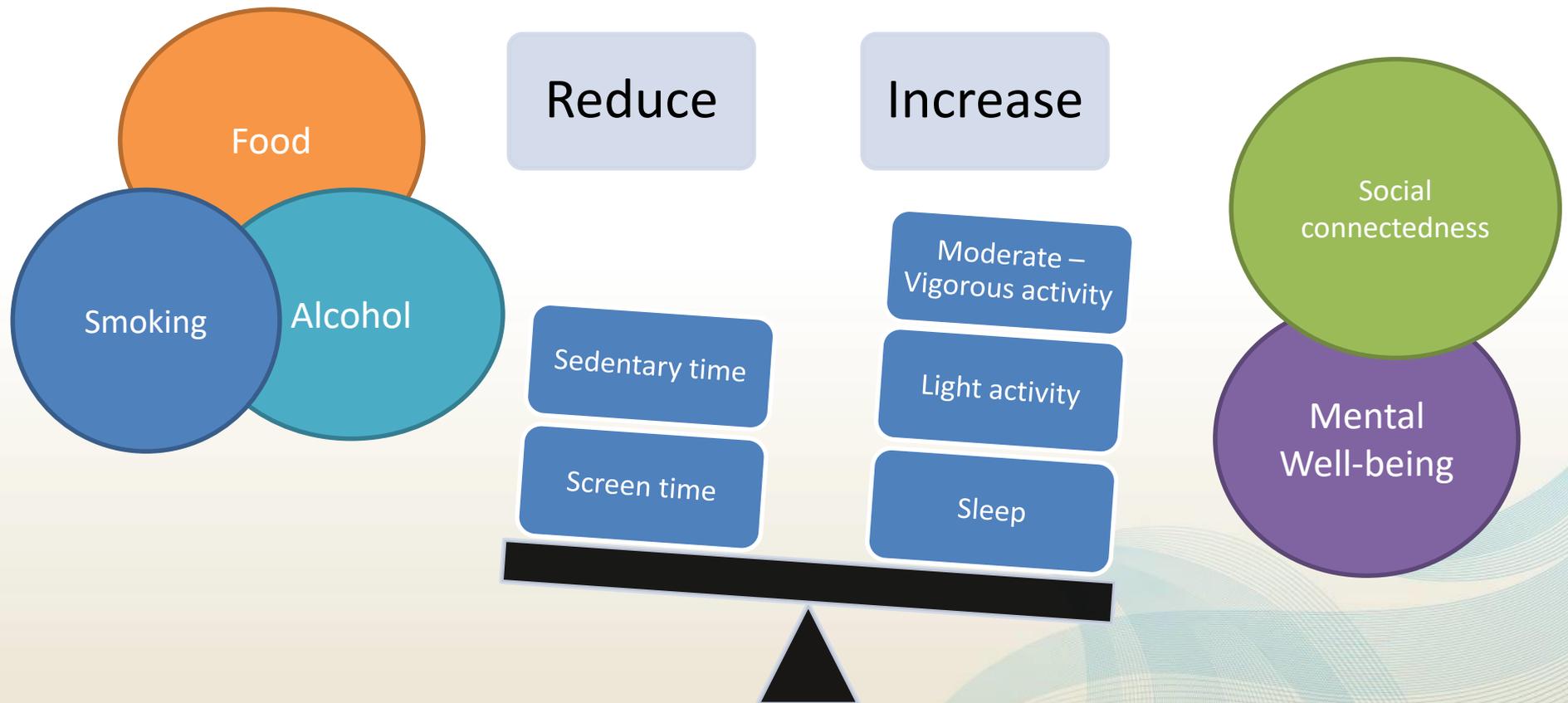
Clinical Weight Management Guidelines

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Behaviours are connected



Why Weight?

In 2016/17 NZHS

Adults	Mean weight	10 Years ago	Mean height	Mean BMI (kg/m ²)
Male (15+)	87kg	84.7kg	175.8cm	28.1
Female (15+)	75.3kg	72.1kg	162.5cm	28.5
Children (aged 14 yrs)				
Boys	62kg	ns	168.3cm	
Girls	61.4kg	ns	163.2cm	

Where is the weight going?

Waist circumference:

Across all population groups and ages waist circumference has slowly increased:

Males: 97.1 cm (95.1 cm in 2006/07)

Females: 88.4 cm (85.2 cm in 2006/07))



Outline

Clinical Guidelines:

- Update process
- What's new?

Related work:

- Physical Activity Guidelines for 5 to 17 year olds
 - Physical Activity Guidelines for under fives
 - How we Eat
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Process

BPAC contract – Guidelines Technical Advisory Group (GTAG)

Brief: consider NZ population research, recent meta-analyses, systematic reviews, and large RCTs

In addition, Ministry reviewed Guidelines from other jurisdictions

No formal grading of evidence undertaken

Limited internal and external stakeholder review



Summary of Review

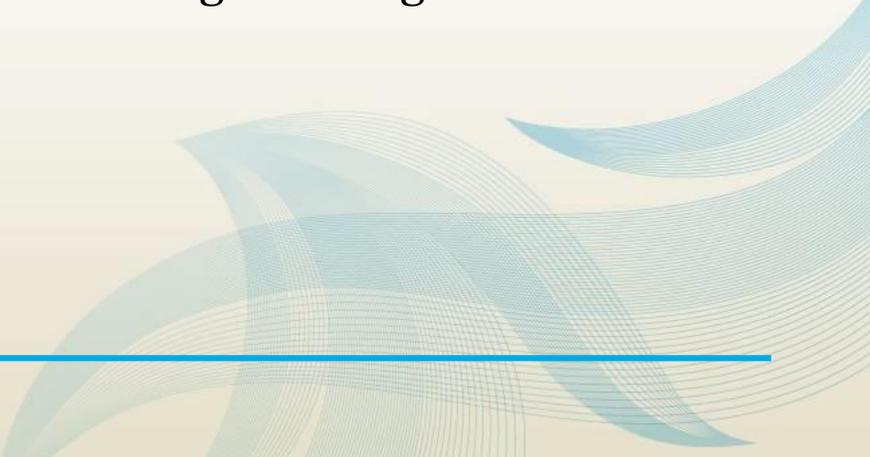
Recent evidence generally supported and/or strengthened 2009 Guideline recommendations

Food, Activity (including reducing sedentary time) and Behaviour strategies – FAB approach for children and young people

Four stage pathway still appropriate – Monitor, Assess, Manage, Maintain



3 Changes:

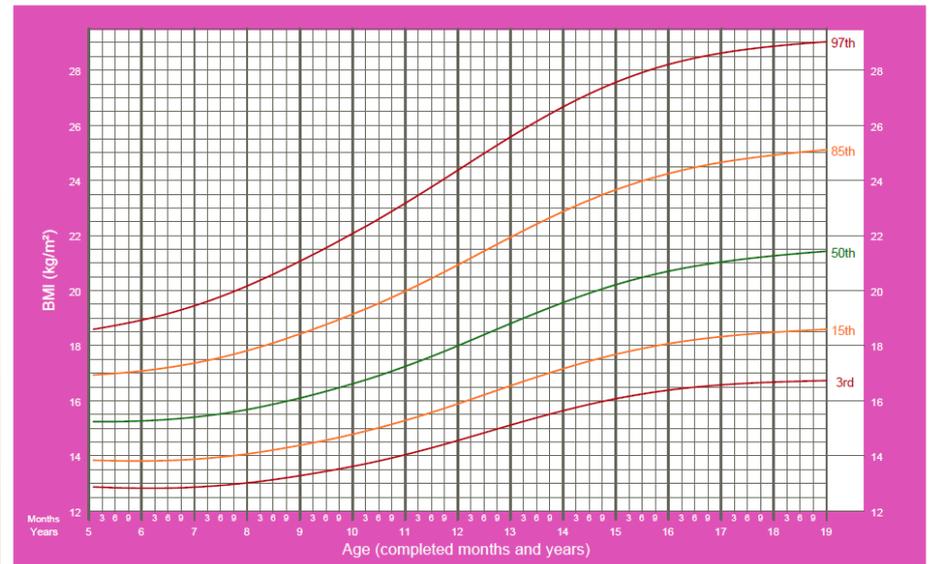
- a shift in emphasis to regular monitoring and early intervention;
 - key recommendation for primary care being to regularly monitor height, weight and growth for all, and to provide brief advice if trending towards excess weight rather than waiting until a person is obese before intervening
 - the introduction of a new growth chart for five to eighteen year olds (under development), and
 - the inclusion of sufficient sleep as an aspect of weight management.
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Update on Growth Charts

The Growth Charts will be based on the WHO growth reference population. Still finalising cut-points.

Any change to the growth charts will impact on rates of overweight and obesity.

BMI-for-age GIRLS 5 to 19 years (percentiles)



Why is sleep important?

Sleep is essential for growth and development

- Inadequate good-quality sleep is associated with:
- Weight
- School performance
- Driver safety
- Emotional and behavioural difficulties
- Risky behaviour
- Dietary intake



Children regularly sleeping less than the recommended amount 2x as likely to be overweight or obese

Sleep problems

Common

- Up to 1/3 of parents of infants and toddlers report their child has a sleep problem that negatively impacts on the family
- 2/3 of adolescents report their sleep needs not met
- Note that sleep apnoea may be caused by obesity

Proposed mechanisms:

- Sleep deprivation impacts both sides of energy balance equation
 - Greater time awake -> more time to eat more, and affects appetite regulation -> greater energy intake
 - Less sleep -> feeling more tired -> less physical activity and decreased energy expenditure
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Interventions to improve sleep

- Evidence linking sleep to obesity is strong,
- BUT - evidence on effective interventions is limited.
- Promoting sleep hygiene (practices) is recommended approach



Sleep tips for young children

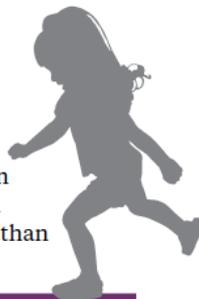
Why is sleep important?

Sleep is important for restoring energy and for growth and development.

There is increasing evidence that not enough, or poor quality, sleep can negatively affect children's behaviour, learning, health, wellbeing and weight.

How much sleep does my child need in 24 hours?

The table below shows the recommended total hours of sleep (including naps) per day for children from birth to 5 years. Some children naturally sleep slightly less or more than the recommended time.



Age	Recommended (hours)
Newborn (0–3 months)	14–17
Infant (4–11 months)	12–15
Toddler (1–2 years)	11–14
Preschool (3–4 years)	10–13
5 year olds	9–11

Adapted from the National Sleep Foundation: How much sleep do we really need?

For more details, go to Sleep Tips for Young Children at health.govt.nz

It is not just the amount of sleep that is important but also the quality of that sleep. The following tips may be helpful.



How can I improve my child's sleep?

- Have a regular bedtime routine. This might include a bath, brushing their teeth, a story then bed. Quiet activities are good before bed. Avoid active games, playing outside and screen use (eg, TV, internet, computer games) in the hour before bedtime.
- Have a regular bedtime and wake up time. It helps your child to understand when it is time to sleep.
- Have a comfortable sleep environment. The place where they sleep should be quiet, warm and dark (though a night light is okay).
- Have no distractions in the place where children sleep, including TV, computer screens and portable devices.
- A meal within 1 to 2 hours of going to sleep is not recommended. However, a light snack may help some children.
- Avoid giving your child food and drinks containing caffeine as this can affect their sleep.
- It is normal for young children to have naps during the day. As they get older, they will need less sleep and fewer naps. If your child has a nap after 4 pm (except for newborns and infants), it may be harder for them to get to sleep at night.
- It is important for children to be active throughout the day. Activity can also help your child to sleep. Time spent in bright sunlight, such as being active outside, can also help children to sleep, but don't forget to be sunsmart! Avoid lots of activity in the hour before bedtime.
- Being unwell can also affect your child's sleep. If your child snores a lot or stops breathing for short periods while asleep, discuss this with your GP.

Sleep

Age group (years)	Recommended hours (rounded down to the nearest hour)	Percentage meeting recommendation (%)
Toddlers (2)	11 to 14	66
Preschoolers (3-4)	10 to 13	84
School-aged children (5-13)	9 to 11	77
Teenagers (14-17)	8 to 10	79
Young adults (18-25)	7 to 9	79
Adults (26-64)	7 to 9	74
Older Adults (65+)	7 to 8	53

Outputs (Children and Young People)

- Practice Essentials (A Summary of the Guidelines):
 - Weight Management in 2-5 year olds
 - A brief summary of the recommended steps
 - Three tip sheets for parents/caregivers and children on Eating, Activity, and Sleep, for each of three age groups: two to five year olds, five to twelve year olds, and young people (13 to 18 year olds)
 - Updated Clinical Weight Management Guidelines for Children and Young People (Dec 2016)
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Weight management IN 2-5 YEAR OLDS

1 MONITOR

Monitor growth.

Regularly measure height and weight to calculate Body Mass Index (BMI). Use New Zealand – World Health Organization age- and sex-specific growth charts.

Overweight

Obese



If trending towards overweight, or a child is above the 91st percentile, provide the family/whānau with brief nutrition and physical activity advice.

Discuss long-term health risks with the family or whānau.

Proceed to stage 2:
Assess



2 ASSESS

Take a full history for BMI above 98th centile.

Consider:

- co-morbidities
- family history of obesity, early cardiovascular disease, or dyslipidaemia
- precipitating events and actions already taken
- usual diet and levels of physical activity and sleep patterns
- current physical and social consequences of body size
- signs of endocrine, genetic or psychological causes
- medications that may contribute to weight gain.

Include in a clinical examination:

- blood pressure with appropriate cuff size
- skin: intertrigo, cellulitis, carbuncles, acanthosis nigricans
- hepatomegaly
- enlarged tonsils
- assessment of short stature/poor linear growth
- abnormal gait, flat feet, lower leg bowing or problems with hips or knees
- dysmorphic features.

Consider further investigations for BMI above 98th centile:

- lipid profile
- HbA1c
- overnight sleep study, using pulse oximetry if history suggests sleep apnoea.



3 MANAGE

Aim to slow weight gain so the child can grow into their weight.

Use the Food, Activity (including sleep) and Behaviour management strategies (FAB) approach to address lifestyle interventions.

- Food/nutritionally balanced diet
- Physical activity and reduce sedentary time
- Sufficient sleep
- Behaviour management strategies.

To support meaningful engagement and improved health outcomes, it is important that a mutually agreed weight management plan takes into account the broader social, environmental and cultural contexts of the child and family/whānau.

Refer to paediatric services if significant co-morbidities are identified or if an endocrine or genetic cause for obesity is suspected.

Agree a plan for review and monitoring.



4 MAINTAIN

Maintain contact and support and continue to monitor the child's height and weight (eg, every 6–12 months) to ensure they are adequately supported.

Reinforce healthy eating, physical activity, behavioural strategies and sleep advice.

Identify and promote local support services. Develop collaborative partnerships with Māori health providers, Pacific health providers, Whānau Ora providers and other community-based organisations as appropriate.



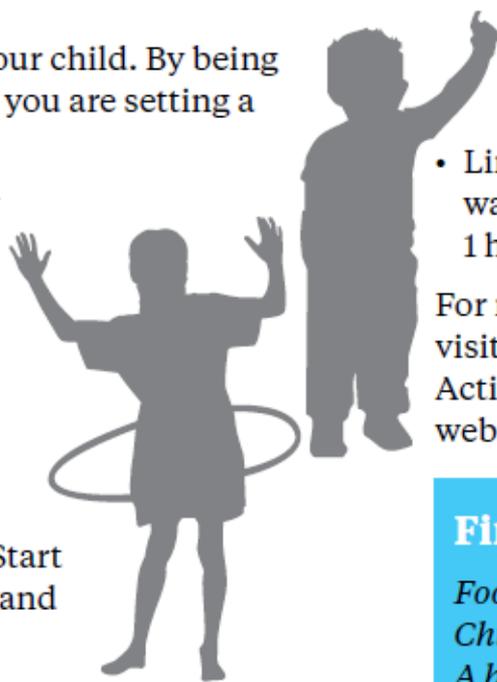
Reassess if progress is not sustained.



Tips to help 2–5 year olds be more active

Being active will help your child achieve and maintain a healthy body weight. Being active has many other health benefits and can be fun for the whole family.

- Walk, run and play with your child. By being physically active yourself, you are setting a good example.
- If your child is not usually active, start with something fun like a trip to the local playground. Walking there adds extra steps into the day.
- Instead of short car trips, try walking, biking or scooting with your child. Start by doing this once a week and add more trips over time.



- Encourage your child to play outside as much as possible.
- Try to do something fun and active as a family each week. Some ideas are walk along the beach, roll down a grass bank, play tag, fly a kite at the park or take a trip to the local swimming pool.
- Limit the amount of time your child spends watching TV or in front of a screen to less than 1 hour a day.

For more low- or no-cost family activity ideas, visit the myfamily.kiwi/activities webpage or Activities for under 5s on our health.govt.nz website.

Find out more from the Ministry

*Food and Nutrition Guidelines for Healthy Children and Young People (Aged 2–18 years):
A background paper*

Useful links

Healthy Conversation Skills Training:

Particularly aimed at conversations with pregnant women and parents/caregivers of young children re nutrition and physical activity

<http://www.healthystartworkforce.auckland.ac.nz/en/our-education-programmes/healthyconversations.html>



Health Promotion Agency

Series of videos with advice on:

Starting the Obesity Conversation (Prof Hayden McRobbie)

Food in Pacific cultures (Mafi Funake-Tahifote)

Building relationships with Maori and whanau (Dr Kiriana Bird)

The role sleep plays in obesity (Assoc Prof Barbara Galland)

Getting children moving more (Jo Collin)

What is healthy eating (Angela Berrill)

<http://nutritionandactivity.govt.nz/talking-about-childhood-obesity>

Adult Weight Management Guidelines

Supporting resources

Summary of the Guidelines

Popular diets review

Sleep tips for adults

Getting started with your weight loss plan

Also: Healthy Weight Gain during Pregnancy

Spotting a good and poor diet

A good diet ...

- aims for reasonable weight loss (less than 1 kg per week)
- includes all major food groups (vegetables and fruit, grains and cereals, low- or reduced-fat dairy products, some protein foods)
- is flexible and provides a realistic amount of food
- fits your lifestyle and is easy to follow long term
- promotes the use of normal, affordable whole foods
- helps you make small changes that are sustainable long term
- includes regular physical activity
- makes you feel satisfied, in control and happy
- results in other benefits, such as lower cholesterol, lower blood pressure, smaller waist circumference, better sleep and improved mood
- allows you all foods either in moderation or as a treat (eg, recommends portion control)

A poor diet ...

- promises rapid or unrealistic weight loss (more than 1 kg per week)
- excludes some key food groups, such as grains and cereals or dairy products, and is at odds with current Ministry of Health healthy eating advice
- is rigid and doesn't provide you with enough energy (less than 800 kcals / 3350 kjoules per day)
- doesn't fit your lifestyle, and is hard to follow long term. Limits your opportunities to share food with friends and family
- promotes the use of a specific company's foods or supplements only (eg, shakes or bars)
- requires you to make major changes that are not sustainable long term
- does not include physical activity. Includes a special supplement or gadget that claims to help you burn fat or lose weight
- makes you feel hungry, irritable, constipated or depressed
- results in disadvantages such as increased cholesterol, poor sleep and concentration, and low moods
- bans certain foods

Sit Less, Move More, Sleep Well

New Physical Activity Guidelines for Children and Young People aged 5-17

A healthy 24-hours for children and young people includes:

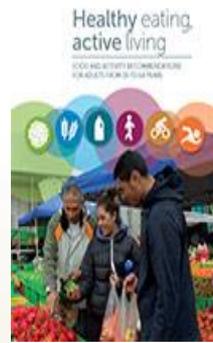
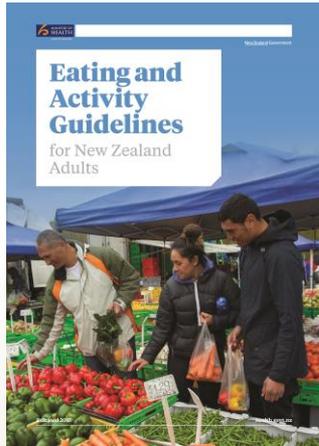
- 9 to 11 hours per night (for those aged 5 to 13 years) and 8 to 10 hours per night (for those aged 14 to 17 years), with consistent bed and wake-up times
 - at least 1 hour per day of moderate to vigorous physical activity - variety
Vigorous and muscle-strengthening physical activities at least 3 days a week
 - no more than 2 hours per day of recreational screen time
 - breaking up sitting time and participating in a variety of light physical activities for several hours.
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Sit Less, Move More, Sleep Well: Physical Activity Guidelines for Under-Fives

Regular active play, limited sitting, and enough good-quality sleep are important for a child's health and development.

Sit Less	Move More	Sleep Well
<ol style="list-style-type: none"> 1. Provide regular activity breaks to limit the amount of time a child spends sitting. 2. Discourage screen time for under-two year olds and limit to less than one hour every day if two years or older – less is best! 3. Limit time in equipment that restricts free movement. 	<ol style="list-style-type: none"> 1. Provide fun activities (at least three hours every day for toddlers and pre-schoolers, spread throughout the day). 2. Include plenty of opportunities for active play. 	<ol style="list-style-type: none"> 1. Babies: 14 to 17 hours 2. Infants: 12 to 15 hours 3. Toddlers: 11 to 14 hours 4. Pre-schoolers: 10 to 13 hours

Eating and activity guidelines



For more information visit:

<http://www.health.govt.nz/our-work/eating-and-activity-guidelines>



MINISTRY OF HEALTH

Eating and Activity Guidelines for New Zealand Adults

Summary of Guidelines Statements and key related information

This resource summarises the key information from the *Eating and Activity Guidelines for New Zealand Adults* (Ministry of Health 2015). It covers what the guidelines recommend, why and gives suggestions on how to put the recommendations into practice.

Making good choices about what and how much you eat and drink and being regularly physically active are important for good health.

Eating Statements

1. Enjoy a variety of nutritious foods every day including:
 - plenty of vegetables and fruit**

Vegetables and fruit provide many beneficial nutrients such as vitamins, minerals, antioxidants and dietary fibre. They protect against conditions like heart disease, stroke and some cancers.

 - Seasonal fresh vegetables and fruit are great choices, but frozen and low-salt or low-sugar canned options are also good.
 - Include vegetables and/or fruit at each meal time and as snacks.
 - grain foods, mostly whole grains and those naturally high in fibre**

Whole grains provide dietary fibre, vitamins and minerals. Eating whole grains is linked with a lower risk of heart disease, type 2 diabetes, weight gain and bowel cancer.

 - Examples of healthy grain foods include whole grain bread, whole grain cereals like oats (porridge), brown rice, wholemeal pasta and noodles, and whole grain concocts.
 - some milk and milk products, mostly low and reduced fat**

Milk and milk products are highly nutritious and provide protein, vitamins and minerals. Choosing low- and reduced-fat varieties provides the benefits of milk products with less saturated fat and energy (kilojoules).

 - Examples include green- or yellow-label milk and low-fat yoghurt.
 - Non-dairy milk alternatives include soy or rice milk with added calcium.

New Zealand Government 10/14/2014 October 2015 1

How We Eat

A new issue based document in the EAG Series

A graded review of the evidence on selected food and eating behaviours related to diet and body size (S Gerritsen and C Wall):

- breastfeeding
 - parental feeding practices and parenting style
 - adult role modelling
 - responsive eating
 - mealtimes
 - food literacy
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Why ~~weight~~ wait?
