

# Healthy Steps to Treating Childhood Obesity

## How to Receive CME Credit

*To earn free CME credit for watching this program, you must complete this test online.*

Go to [www.discoveryhealthCME.com](http://www.discoveryhealthCME.com) and follow the instructions to complete the post-test and evaluation online. You must be registered and signed-in in order to take the test online. Upon successful completion of the test and the evaluation, you will be asked to select your professional category and you will be able to print the appropriate credit certificate right from your computer. You must answer a minimum of 7 out of 10 questions correctly in order to earn CME credit.

## CME Test Questions

- 1) Which statement regarding the epidemiology of childhood obesity is NOT true?
  - a) In 2004, about 18 percent, or 9 million children and adolescents were obese.
  - b) From 1980 to 1994, obesity rates doubled in children, and tripled in adolescents.
  - c) African American and Hispanic children are at a lower risk of becoming obese than non-Hispanic white children.
  - d) In recent years, obesity rates in two to five-year-old children have gone from 7 to 14%.
  - e) Children born to mothers who had gestational diabetes are at higher risk for being overweight.
  
- 2) Please choose the disorder below that is NOT a consequence of childhood obesity:
  - a) High Cholesterol/Dyslipidemia
  - b) Clinical Depression
  - c) Gastroesophageal Reflux
  - d) Fatty Liver Disease
  - e) Type 2 Diabetes

- 3) Recently, an obesity center affiliated with Yale University studying overweight minority children described their progression from impaired glucose tolerance to type 2 diabetes within a two year time period, associated with weight gain. Which is the most accurate statement regarding the prevention of this progression?
- a) Given their increased risk of developing type 2 diabetes and heart disease, overweight minority children should be treated aggressively with glucose and cholesterol lowering medicines.
  - b) Intensive lifestyle programs have a positive impact on risk factors for progression to diabetes, and are usually successful when implemented.
- 4) The American Medical Association, Centers for Disease Control and Prevention and the Maternal Child Health Bureau have re-classified terminology when referring to children and weight. Which of the following is/are true?
- a) Previously classified as at-risk for overweight, children from above the 85<sup>th</sup> to above the 94<sup>th</sup> percentile are now considered overweight.
  - b) Previously considered obese, children above the 98<sup>th</sup> percentile are now considered morbidly obese.
  - c) Previously classified as overweight, children at or above the 95<sup>th</sup> percentile are now considered obese, with a cut point of the 99<sup>th</sup> percentile.
  - d) Previously considered healthy, children below the 70<sup>th</sup> percentile are now considered at risk for eating disorders.
  - e) b and c
  - f) a and c
- 5) In the program, the faculty agrees that Body Mass Index (BMI) should be treated as a vital sign, and concerns should be addressed. Which of the following is NOT a barrier to physicians addressing BMI concerns with their families:
- a) Physician's concern that approaching the sensitive issue of weight management could have a negative impact on the provider/patient relationship.
  - b) Physicians who treat children do not believe that childhood obesity is as significant as other health concerns they address.
  - c) BMI is not consistently calculated in some practices because they do not regularly obtain the required height measurement.
  - d) Families are not always ready to address issues of weight management.
  - e) Time and resource constraints in today's practice environment may not allow physicians to record, plot and discuss BMI.

- 6) Barriers that families face in living a healthier lifestyle to prevent or reverse childhood obesity include:
- The “built environment” limits opportunities for children to incorporate physical activity and healthy eating into their day.
  - Busy schedules make it difficult to shop for, prepare, and consume healthy meals at home as a family.
  - Limited availability of healthy foods to families due to a lack of grocery stores or financial resources to purchase them.
  - Limited family nutrition knowledge.
  - Too much screen time for children.
  - All of the above
- 7) One important intervention to prevent or treat childhood obesity is the return of the family meal. Please choose the benefits of eating together as a family.
- The ability for parents to model healthy eating habits
  - The opportunity to catch up on household issues, including homework, disciplinary matters, and assigning chores
  - The opportunity to bond as a family by sharing a meal and something about their day, including their emotions
  - A chance for parents to assess the nutritional habits of their children
  - All of the above
  - a, c and d
- 8) The third stage of weight management intervention includes:
- Counseling on nutritional practices including the consumption of fruit juice and eliminating televisions in bedrooms
  - Referral to a high-intensity weight management program that meets weekly for 8 – 12 weeks, and includes a structured agenda and definite goal setting
  - Referral to a surgeon who performs gastric bypass surgery on children
  - Referral to a high-intensity weight management program that meets weekly for 8 – 12 weeks, and includes pharmacological intervention
- 9) Which of the following statements is not accurate:
- Adolescents age 12 -18 with a BMI greater than the 95<sup>th</sup> percentile should work to achieve weight loss no greater than 2 pounds per month.
  - Children age 2 – 5 whose BMI is between the 95<sup>th</sup> and 99<sup>th</sup> percentile should work to maintain their weight, and as they grow taller their BMI will improve.
  - Children over the age of 10 whose BMI is greater than the 95<sup>th</sup> percentile can safely lose up to two pounds per week.
  - Children whose BMI is between the 85<sup>th</sup> and 94<sup>th</sup> percentile should work to maintain their weight, and as they grow taller their BMI will improve.
  - Children age 6 - 11 who are considered obese should work to maintain their weight and can safely lose up to 1 pound per month.

- 10) During the prevention stage of weight management, families are counseled on the following:
- a) Reduction of sweetened beverages such as soda, fruit juice and sport drinks
  - b) Decrease in sedentary activities, particularly time spent watching television, on the computer and playing video games
  - c) Eating 4 -5 five servings of fruits and vegetables a day
  - d) Eating a good breakfast
  - e) Serving appropriate portion sizes
  - f) All of the above

## CME Evaluation

### Healthy Steps to Treating Childhood Obesity

1. Overall, how do you rate the concept of CME presented on the Discovery Health Channel?

- Excellent       Good       Fair       Poor

2. Was the topic relevant to your needs and interests?

- Yes       No

3. Was the information presented useful in your practice?

- Yes       No

4. Were the course objectives met?

- Yes       No

5. Did you find the information presented on the program to be fair, balanced, and free of commercial bias?

- Yes       No

If no, please state reasons:

---

---

---

6. Are you interested in participating in future Discovery Health CME programs?

- Not at all       Somewhat       Very       Extremely

7. Please list topics and/or therapeutic categories you would be interested in seeing on future Discovery Health CME programs:

---

---

---

8. Please tell us how you found out about Discovery Health CME.

- |   |   |
|---|---|
| <input type="checkbox"/> Direct Mail Invitation | <input type="checkbox"/> E-Mail Invitation      |
| <input type="checkbox"/> Family Practice News   | <input type="checkbox"/> Pediatrics             |
| <input type="checkbox"/> MD Net Guide           | <input type="checkbox"/> Internet Search Engine |
| <input type="checkbox"/> Television Commercial  |   |