



CASE REPORTS

Christine Wood, M.D.

Co –Chair San Diego County Childhood Obesity Initiative
Co-investigator SDSU Research Foundation
Pediatrician, Author
www.kidseatgreat.com
drwood@kidseatgreat.com



Disclosure Statement

I have no relevant financial relationships to disclose.

Electronic Medical Record Templates

		.L: % BMI: «REQ» ↻ 82
% Wt: 79.42	% Ht: 72.80	
Confirmed address/phone: «REQ» «YES»		
Home Phone:		Date of last visit: 10/23/09
Cell Phone:		
Brought in by: «BIB...»		MA: ↻

.AL: [«DEL»](#)
 Allergies:
 AMOXICILLIN

Current Medications:
 None

Major Problem List:
 None

Subjective

This 3 yr 0 mo old male child presents for well exam.

Interim problems: [«none»](#) [«*»](#)

Childcare: [«DEL»](#) [«childcare...»](#)

Nutrition/Activity:

Milk: [«DEL»](#) [«milktype...»](#) [«milkdrink...»](#)

Juice/soda: [«DEL»](#) [«yes»](#) [«no»](#)

Ounces per day: [«DEL»](#) [«*»](#)

Foods: [«DEL»](#) [«diethabit...»](#)

Media time: [«DEL»](#) [«durahr...»](#)

Elimination:

Toilet trained in day? [«DEL»](#) [«yes»](#) [«no»](#)

Toilet trained at night? [«DEL»](#) [«yes»](#) [«no»](#)

Stools: [«DEL»](#) [«normal»](#) [«stoolfreq...»](#) [«stoolapp...»](#) [«stoolcolo...»](#)

[«ELINK:resistance or refusal * | Pediatric»](#)

Section of a 3-year
 old template
**BMI over 2 years
 and
 Nutrition/Activity
 section on every
 template!**

EMR Anticipatory Guidance

Anticipatory Guidance Discussed

Off bottle: DEL <input checked="" type="checkbox"/>	Burns: DEL <input checked="" type="checkbox"/>
Limit media time: DEL <input checked="" type="checkbox"/>	Passive smoke: DEL <input checked="" type="checkbox"/>
Limit sugar/juice: DEL <input checked="" type="checkbox"/>	Bedtime routine: DEL <input checked="" type="checkbox"/>
Brush teeth: DEL <input checked="" type="checkbox"/>	Distraction/choices: DEL <input checked="" type="checkbox"/>

18 month template example

Assessment/Plan

Anticipatory Guidance on each well template always with some nutrition/activity message reminder to discuss

Case Report #1

- BL is a 6 year, 7 month male seen for a first time nutrition consult with me. Interviewed mother alone.
- Always been “picky eater,” almost no fruits and vegetables. Hungry all the time and snacks often, no parental control on snack times. Eats a lot of food, more than the adults. Loves pasta, meats, crackers, sweets, milk 2%. Sodas few a week, occasional juice.
- Does soccer, baseball, screen time 4-5 hours on some days.
- Some concerns noted in chart for ADD, but not officially diagnosed or treated.
- Mom has hard time setting limits.

Past History

- Birth wt: 4# 15 oz at 36 weeks by c-section for placenta abruption. NICU x 5 day for nasal CPAP.
- GERD as an infant and followed by GI specialists, treated with a medications in the first year of life. Also was a big juice drinker around this time. Last visit with GI at age 3 – they noted he was drinking up to 36 oz of milk a day and was overweight and referred to dietitian.
- Weight gain started around 2 years of age.

Social History/Family History

- Mom slightly overweight, dad thin.
- No Fhx of heart disease, diabetes, maternal grandparents overweight
- Older sister 16 years, always normal weight and very active with sports
- Father travels extensively overseas for extended time. Mom feels like a “single parent” most of the time

Physical Exam

- Ht = 46 in (25%)
- Wt = 78 (>99%)
- BMI = 25.9 (>99%, severe obesity)
- BP = 112/78 (95% for ht percentile)
- PE WNL except for easily distracted child, severely overweight, no signs of acanthosis nigricans

Plan

- Order labs
- Decrease to 1% or skim milk
- Decrease screen time - tokens
- 4 day diet and activity record
- Discussed sports/activities for him
- Revisit in 2-3 weeks with mom alone

Labs

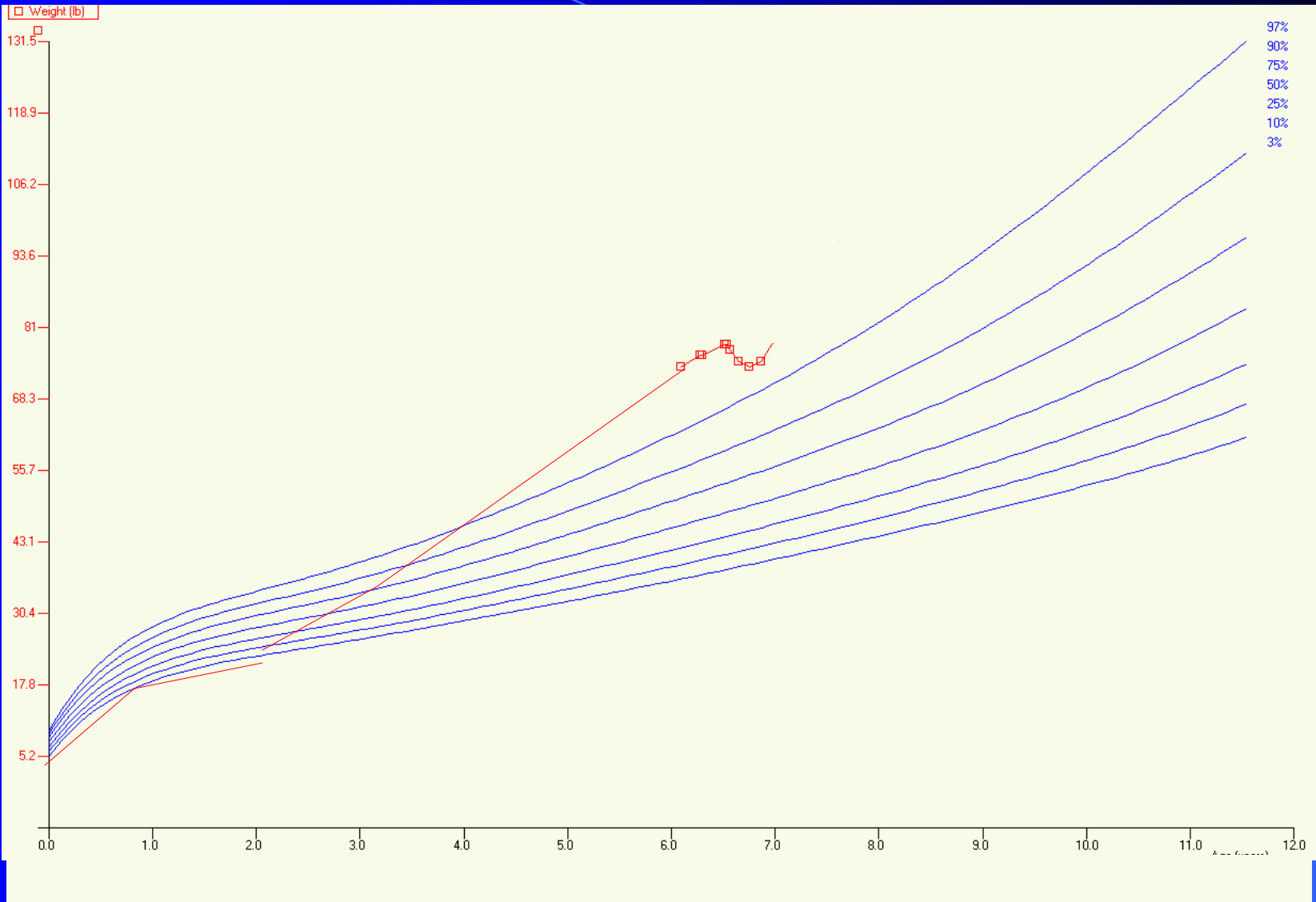
	Initial labs
Triglycerides (<125)	422
Cholesterol (<170)	182
HDL (>45)	34
LDL (<130)	- -
AST	32
ALT	22
Insulin (<17)	25
HbA1C (<6%)	5.1

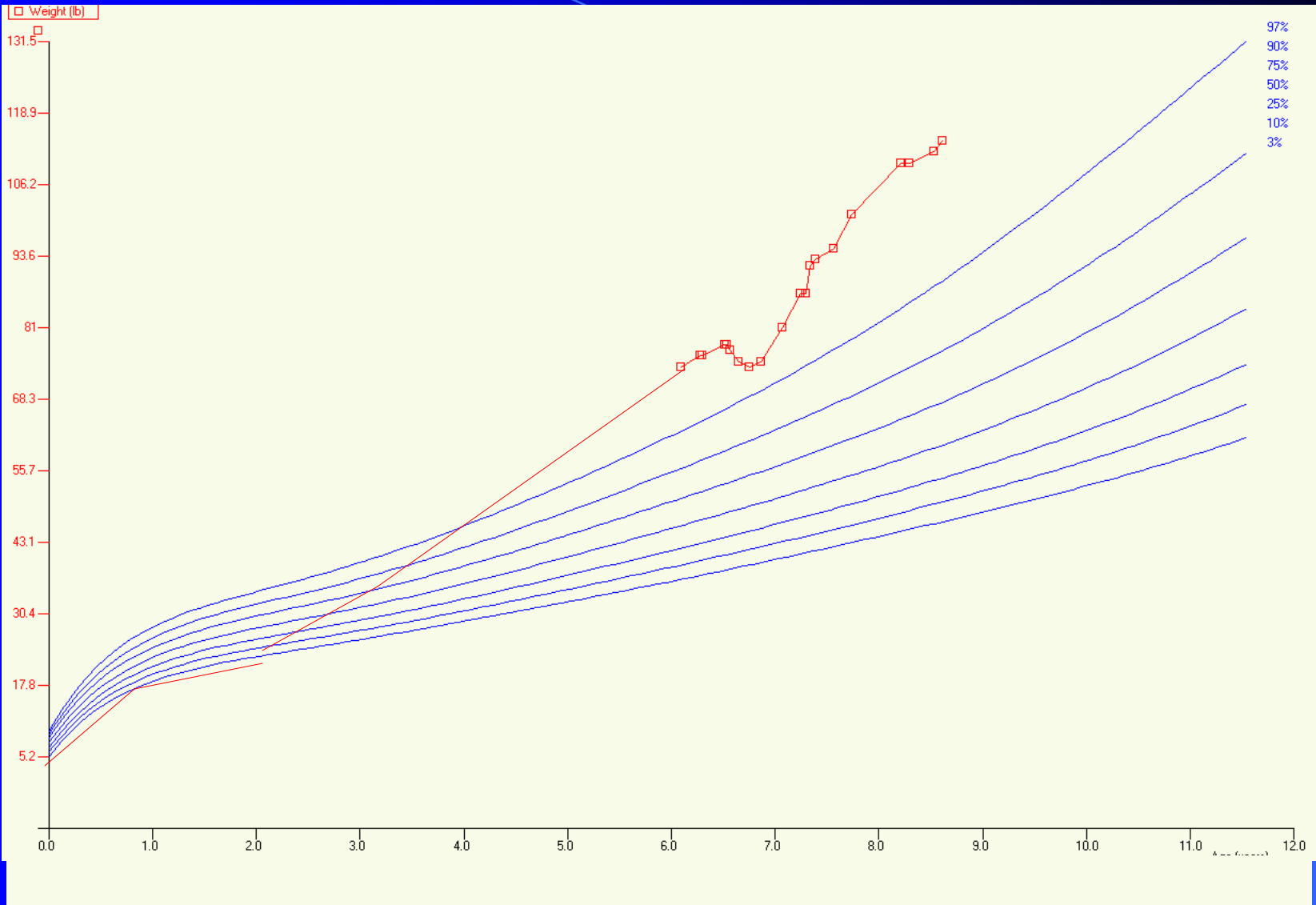
Follow up with mom alone (2 weeks later)

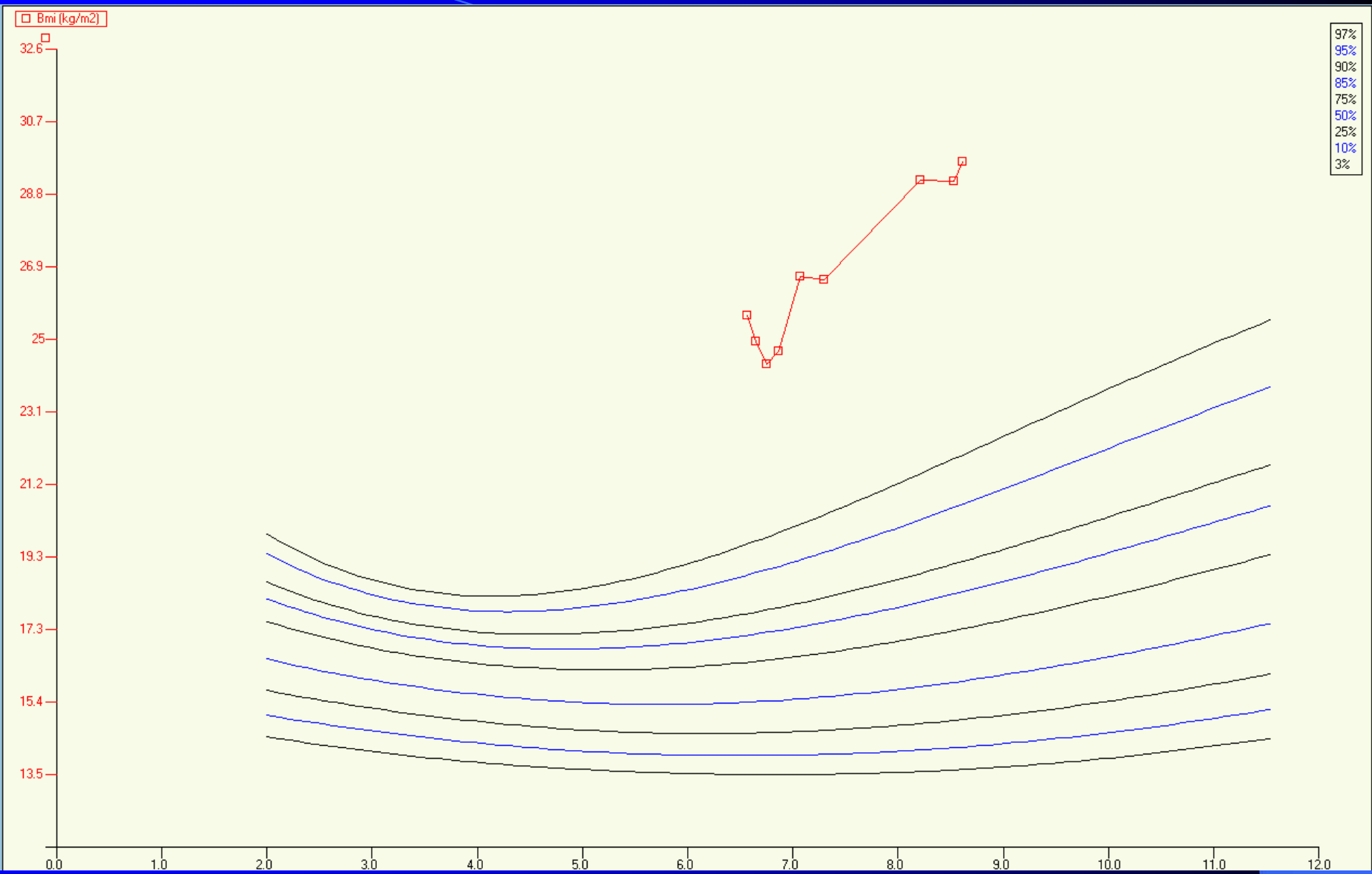
- Has started tennis 1-2 times a week and goes to park most days after school
- Screen time down to 2 hours a day
- Refer to lipid clinic
- Refer to psychologist to deal with parenting issues
- Refer to dietitian for meal planning ideas

Further Plan

- Suggest 100% whole grains, offered ideas on after school snacks (fruit smoothies), ½ of meals and snacks as F and V.
- Work on weaning him off of having his own separate meal
- Work on more family meals
- Follow up in 2-3 weeks with BL to talk to him







Case #2

- GS is a 15 y, 10 m female to discuss her weight. She elects to see me alone.
- Having hard time with her eating, often skips breakfast and sometimes lunch and then eats a big after school meal and dinner. Eats variety, some juice, 8 oz of so of milk, eats at home 70% of time.
- Media time 1 hour a day, limited activity – has gone to gym and run in the past, but not regularly

History

- Discussed stress: 10th grade difficult, has friends and that seems fine, divorce in last year and relates weight started with separation 2 ½ years ago
- Dad is a “health nut.” Former triathlete, pressures her about her weight, talked to her on spring break about her weight.
- Sees a psychologist twice a week, no meds

Discussion with Mom Alone

- Divorce has been difficult on family (2 sibs, one male very underweight, other female normal weight)
- Dad thin and works out every day; mom a little overweight and struggles with her own emotional eating
- Dad is very critical of kids and mom
- Sees her eating pattern as bingeing and feeling guilty about her eating, low self-esteem

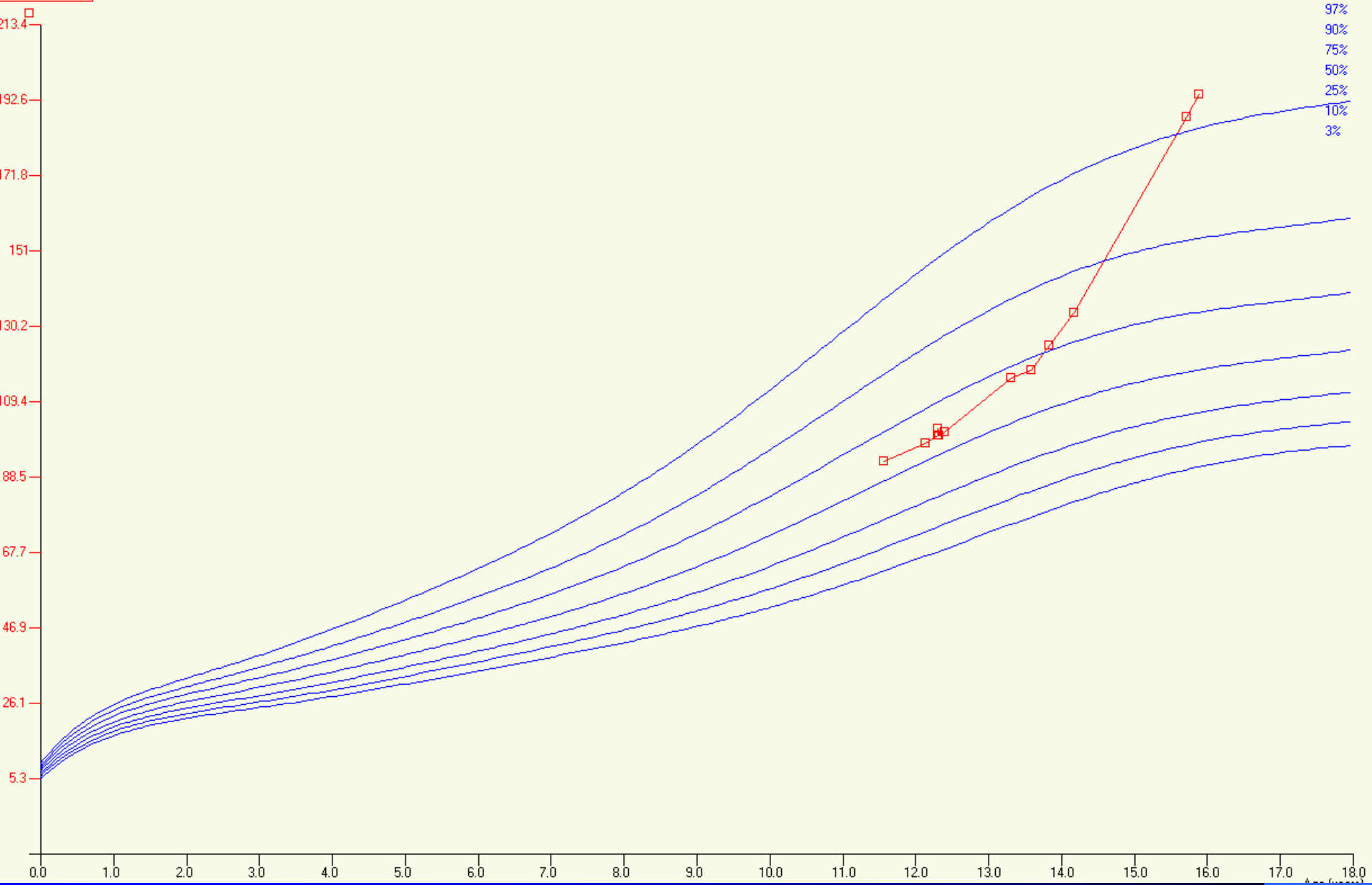
- Has seen a FP doctor before and labs (CBC, chem, lipid, thyroid) from 2 months ago were normal range

Physical Exam

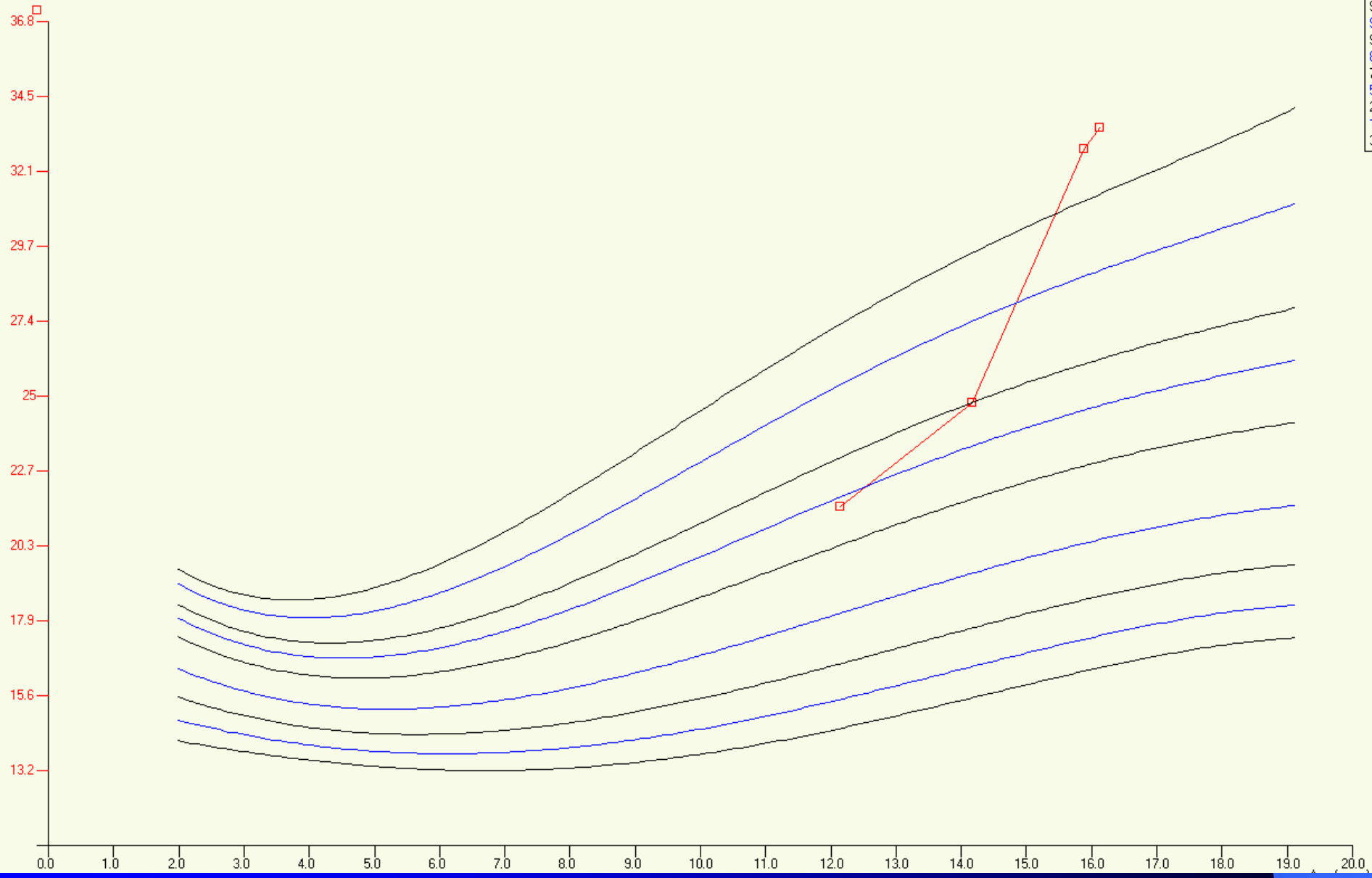
- Ht 5 ft, 4 ½ in (25%)
- Wt 194 pounds (>99%)
- BMI 32.81, >95% (obese)
- BP 113/71 (normal range)
- PE WNL except obesity

*severe obesity for this
age/gender would be BMI>39.1

□ Weight (lb)



□ Bmi (kg/m2)



- 97%
- 95%
- 90%
- 85%
- 75%
- 50%
- 25%
- 10%
- 3%

Plan

- Do not skip meals
- What can she commit for exercise?
- Write down diet record and also how she feels and how hungry or full she is
- I will talk to her psychologist
- Follow up in 2 weeks

Case Report #3

- MC is 3 year, 1 month female for evaluation of her eating habits
- Breastfed x 1 year, even with solids in the 1st year, seemed like she could keep eating
- Fixates on food; always hungry, asks about food; overeats if given unlimited quantities (like at parties); never seems full; eats fast; eats almost all foods and not picky

- Most meals as a family; planned meals and snacks, limits in between snacking; tries not to have “junk food” around; not eating out a lot.
- Gymnastics, My Gym, goes to park
- Limited media time
- No juice, skim milk 2 cups a day

Past History

- Birth weight 7 pounds, 2 ounces
- Healthy child with few illnesses, developmental milestones WNL

Family/Social History

- Intact family, parents both thin and no past weight problems
- + fhx of some parental siblings and grandparents with obesity, distant cousin with type 2 diabetes, cardiovascular disease paternal side

Physical Exam

- Ht 36 in (20%)
- Wt 33.5 # (62%)
- BMI 18.2 (90%, overweight)
- BP 98/65
- PE WNL

Plan

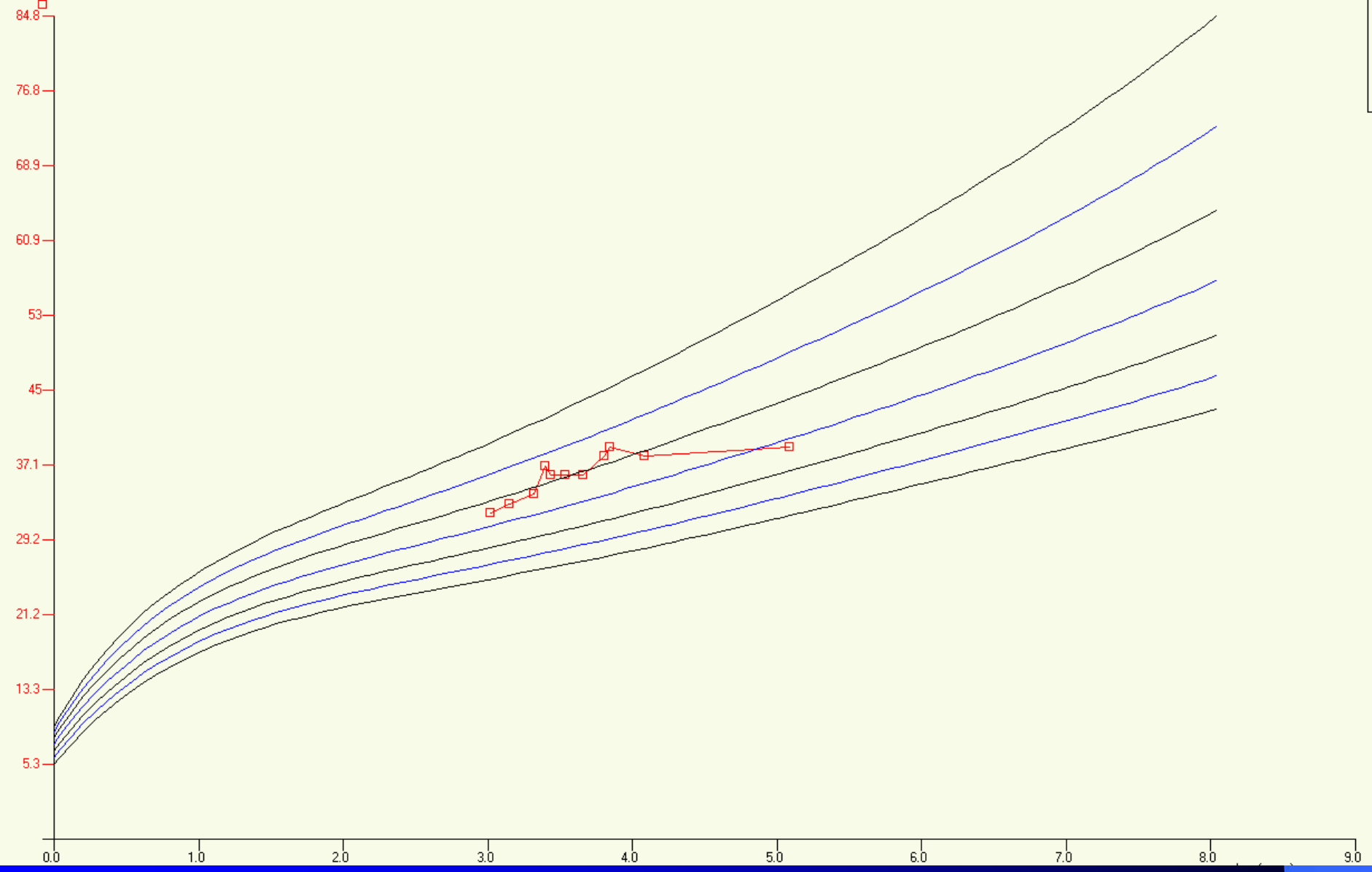
- Discussed food restriction concerns
- Discussed self-regulation, teach hungry/full
- Discussed distraction, redirection
- Have unlimited fruits and vegetables at meals
- Games to slow her eating down
- Wait 5-10 minutes before seconds
- Labs to r/o Prader-Willi

Follow-Up Visits

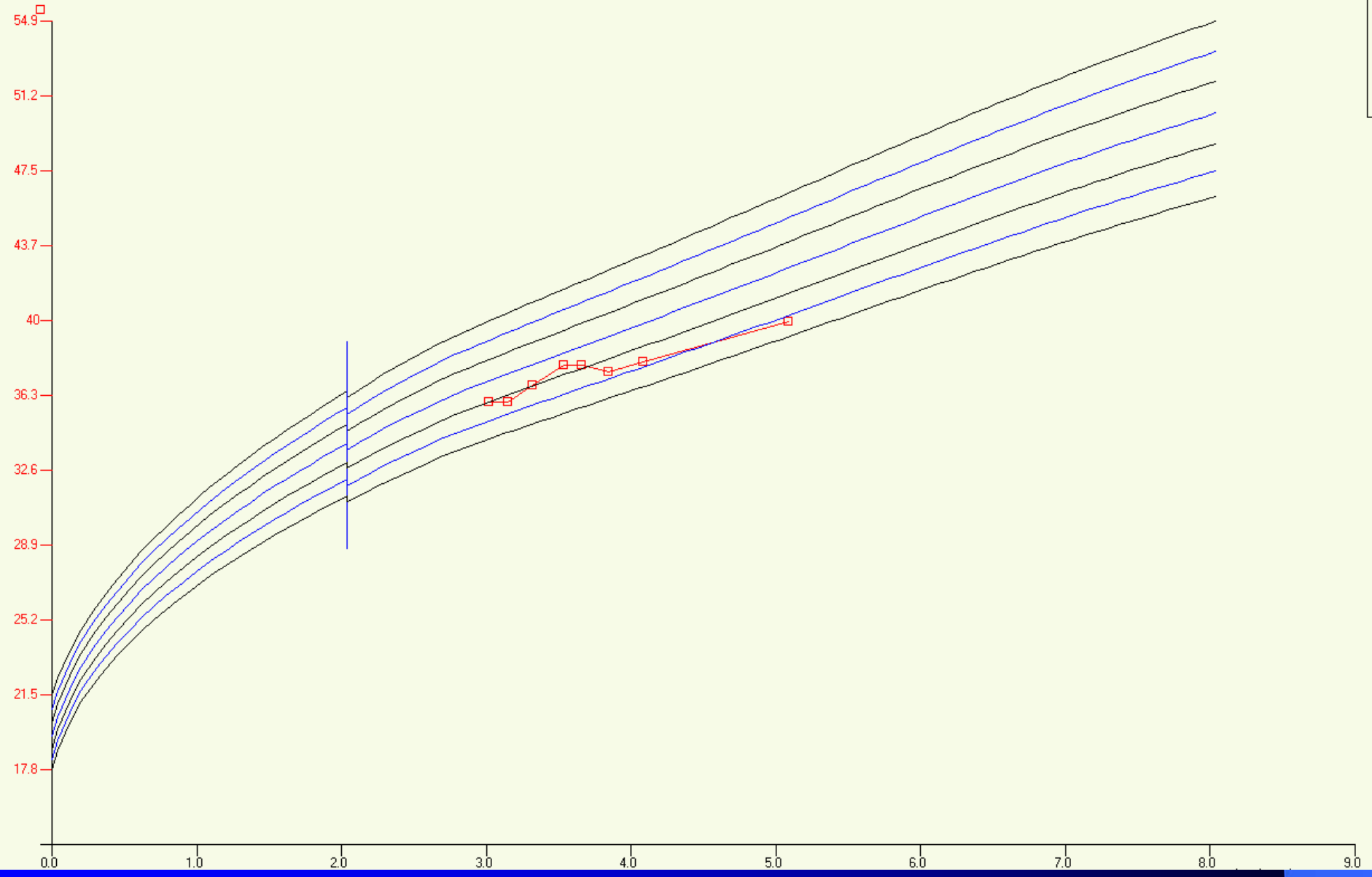
- FISH test negative, cbc, chem, lipid, vitamin D, thyroid WNL
- Mom tried homeopath, Brain Highways
- Refer to feeding specialist
- 9 months later: doing better, more easily distracted away from food, has even said her tummy is “full”
- Discussed self-esteem issues, body image

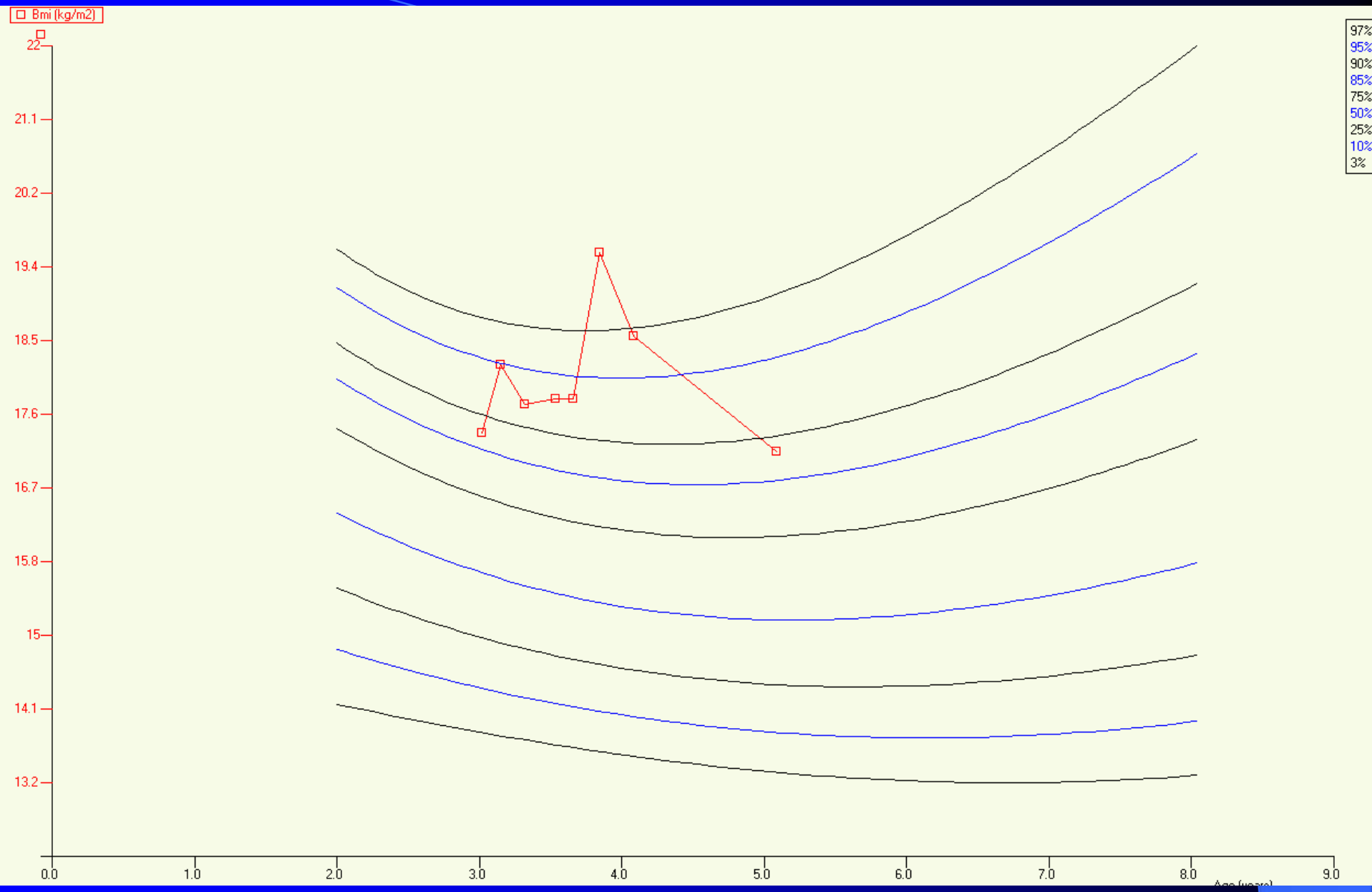
□ Weight (lb)

97%
90%
75%
50%
25%
10%
3%



□ Height (in)



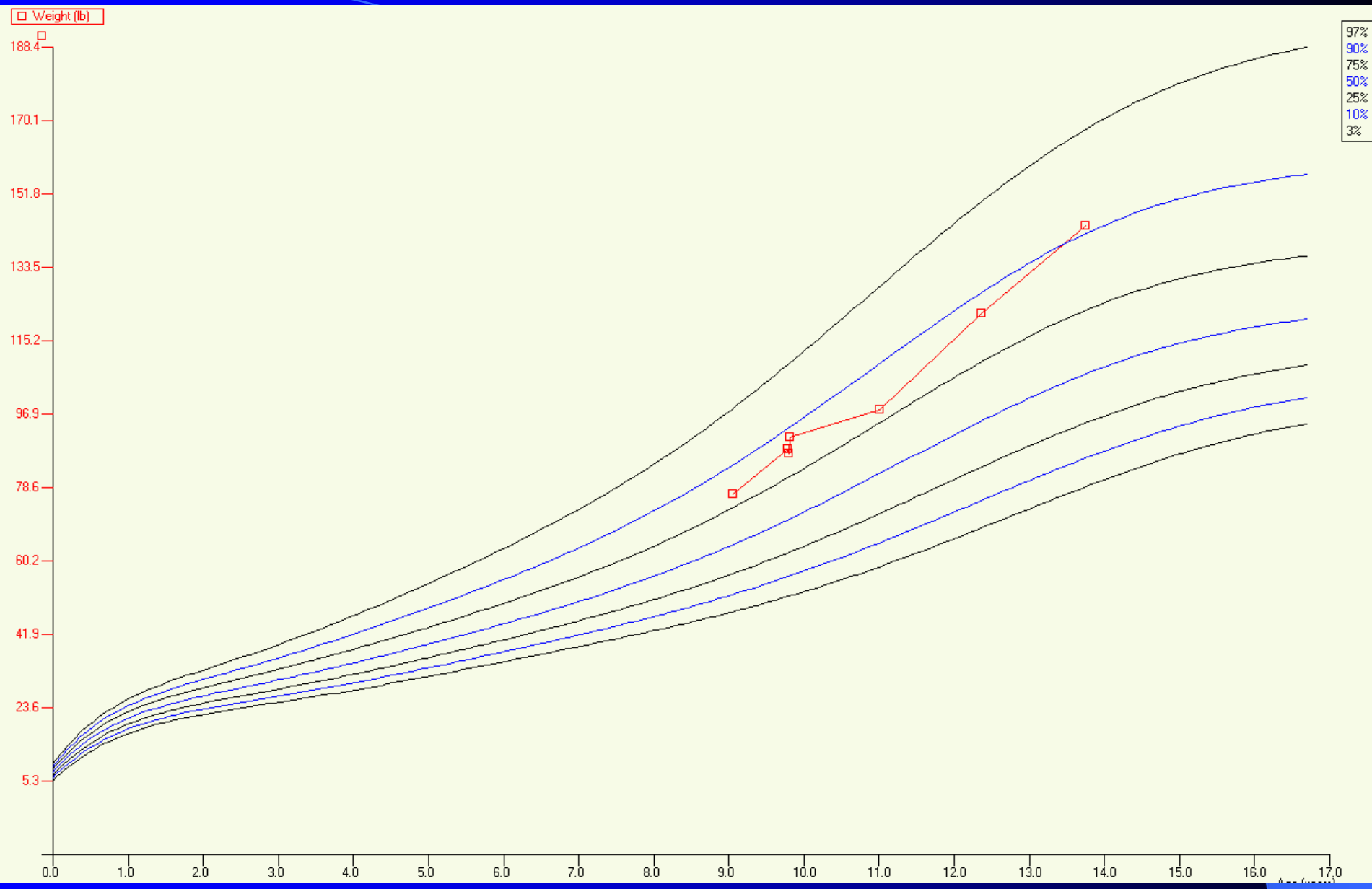


Case #4

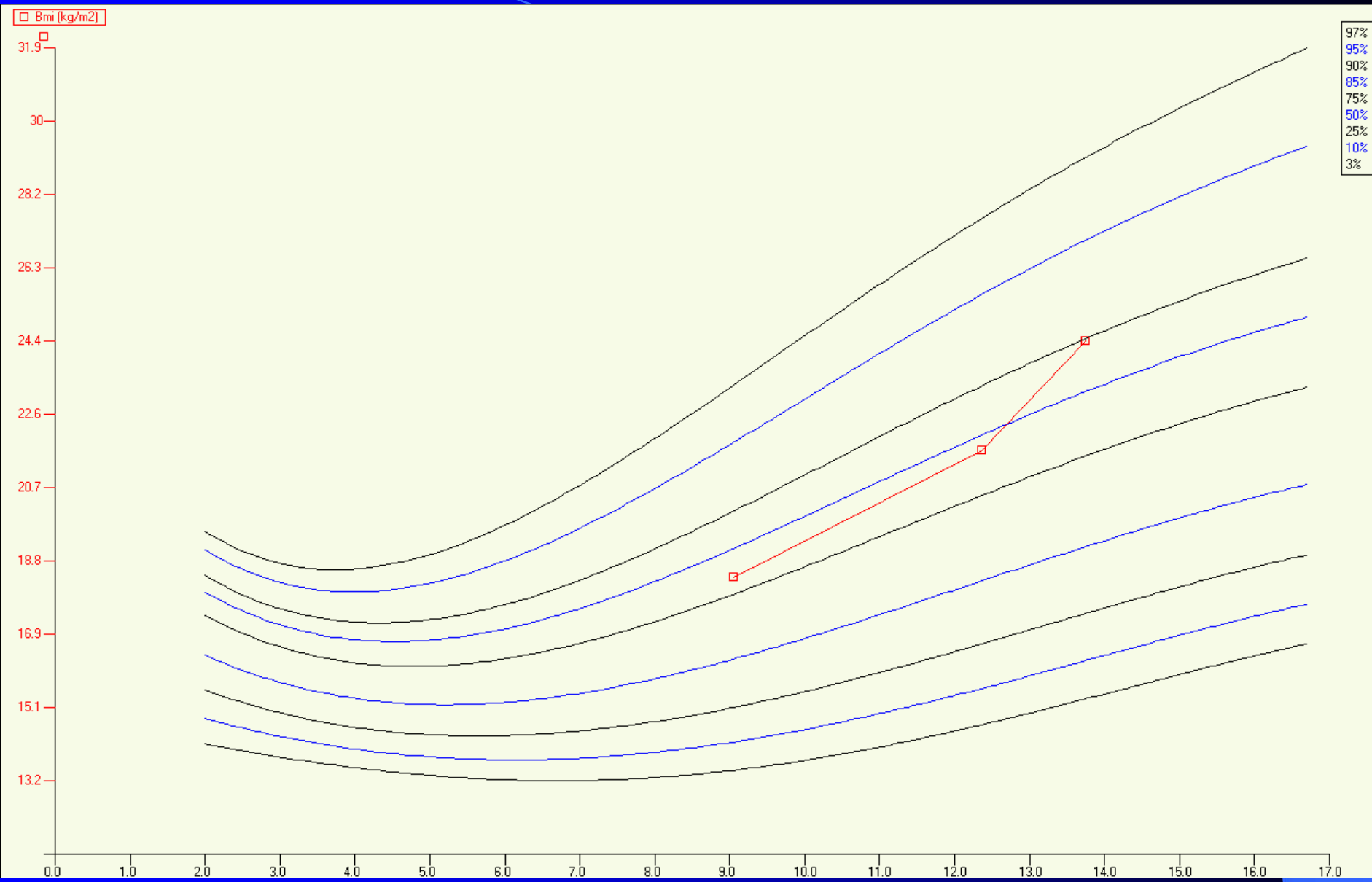
- LB is a 13 year old female in the office for an adolescent well visit
- She is concerned that she has gained 22# in the last year and half and is concerned about her middle section being heavy
- Has a twin sibling male who is thin

Physical Exam

- Ht 5'4" (71%)
- Wt 144 (91%)
- BMI 24.3 = 90% (overweight)
- BP before visit at 131/81 is hypertensive range and after visit was 115/77 in normal range



- 97%
- 90%
- 75%
- 50%
- 25%
- 10%
- 3%



History with mom and patient

- Milk about 16 oz low fat, some cheese on occasion, yogurt almost every day
- OJ with calcium 8 oz a day, no sodas or coffee drinks; does have occasional diet soda
- Packs lunch for school, does not skip meals; eats mostly at home for meals
- Good student, doing well socially at school

Mother alone

- Daughter loves sweets and mom only allows one sweet a day for twins; controls food carefully in the home and only buys “healthy foods” and she has done this for years.
- Mom states that she used to have weight problems and since college, does not eat any “sugar” and is very strict about this for herself.

Mother alone

- Brother does tease her about her weight
- She has good self-esteem, but not very communicative at home, seems happy for the most part, but mom is “very concerned” about her weight gain.
- She controls her portions and does not feel she overeats.

Patient alone

- She wants to lose weight and has tried to limit eating, but seems to overeat at times. She does love sweets and does get with friends
- Does soccer and tennis and has starting going to gym with a friend
- Does have some issues with mom controlling her food like the Halloween candy at the moment

Patient alone

- She does tend to overeat sometimes and sometimes wants to eat things she should not
- Discussed pressure she feels from her mother about eating, especially when it comes to eating sweets

Plan

- Did phone follow up with mother and discussed restrictive eating and mom does admit, that some of the eating issues may be because of her own concerns
- Follow-up in 2 months to attempt to draw labs and follow-up on weight and goals

What's Behind the Case?

- #1: Permissive parenting
- #2: Family stress and parental control issues
- #3: Eating in the absence of hunger
- #4: Restrictive parenting

I think miracles exist in
part as gifts and in
part as clues that
there is something
beyond the flat world
we see.

~ *Peggy Noonan*



San Diego BMI Registry

