Overweight (Children 2-5 Years of Age)

Definition/ cut-off value

≥ 24 months to 5 years of age and ≥ 95th percentile Body Mass Index (BMI)* or ≥ 95th percentile weight-for-stature*

* Based on National Center for Health Statistics/Centers for Disease Control and Prevention (2000) age/sex specific growth charts.
Note: For children 24-36 months of age with a recumbent length, use ≥95th percentile based on the weight-for-length growth grid.

Participant category and priority level

Category	Priority
Children (≥ 24 months of age)	III

Justification

Use of the 95th percentile to define overweight identifies those children with a greater likelihood of being overweight as adolescents and adults, with increased risk of obesity-related disease and mortality. It is recommended that an overweight child (≥95th percentile) undergo an in-depth medical assessment and careful evaluation to identify any underlying syndromes or secondary complications. Overweight can result from excessive energy intake, decreased energy expenditure, or impaired regulation of energy metabolism. In addition, overweight in early childhood may signify problematic feeding practices or evolving family behaviors that, if continued, may contribute to health risks in adulthood related to diet and inactivity.

Overweight children and their families often feel embarrassed and ashamed. Therefore, it is extremely important for WIC staff to treat these families with sensitivity, compassion, and a conviction that overweight is an important chronic medical problem that can be treated. The goal in nutritional counseling provided by WIC is to help the child achieve recommended rates of growth and development by emphasizing food choices of high nutritional quality while avoiding unnecessary or excessive amounts of calorie rich foods and beverages.

Also, the importance of reducing inactivity (for example, decreasing sedentary TV viewing) and increasing age appropriate physical activity should be emphasized for children, with information provided to the parent/caretaker. Suggestions for increasing physical activity could include increased outdoor time as well as increased gross motor play (e.g., play-along videos or cassettes that promote physical activity).

Justification (cont)

In addition to nutrition counseling, the referral services WIC provides can greatly assist families in identifying medical providers and other services (if available) that provide the recommended medical assessments and treatment when necessary.

Clarifications

Current data suggests that there is no increased risk of adult obesity based on BMI or weight-for-length during the first two years of life, independent of parental obesity. Therefore, only children ≥24 months of age are included in this criterion. Please refer to risk #114, "At Risk of Becoming Overweight" to assess factors that place infants and children under 2 years of age at risk of becoming overweight.

References

1. Barlow SE, Dietz WH. Obesity Evaluation and Treatment: Expert Committee Recommendations. PEDIATRICS, 1998, Vol. 102 No. 3.

2. Hamill, PVV, Drizard, TA, et al. Physical Growth: National Center for Health Statistics Percentiles. Am J Clin Nutr. 1979; 32: 607-629.

3. Institute of Medicine: WIC Nutrition Risk Criteria: A Scientific Assessment; 1996; pp. 118-122.

4. Kuczmarski RJ, Ogden CL, Grummer-Strawn LM, et al. CDC growth charts: United States. Advance data from vital and health statistics; no. 314. Hyattsville, Maryland: National Center for Health Statistics. 2000.

5. Whitaker, Robert C., J.A. Wright, M.S. Pepe, K.D. Seidel, W.H. Dietz. Predicting Obesity in Young Adulthood from Childhood and Parental Obesity. NEJM, Vol 337, No 13, September 25, 1997. pgs 869-873.