

Fad Dieting and Weight Loss in Children

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AUTHOR DISCLOSURE Dr Stratbucker has disclosed that he has a family member who provides team and leadership development consultation to companies in the pharmaceutical industry. This commentary does not contain discussion of an unapproved/investigative use of a commercial product or device.

Clinicians working with families to promote and improve the health of children are constantly faced with the challenging diagnosis of obesity. The development of excessive weight gain in a child is typically complex and requires careful assessment for potential areas of improvement, including family function, mental health, sleep, activity, and nutrition. Too often the emphasis in US culture is on weight loss and advice is simplified to “eat less.” This narrow focus and simplistic assumption of the cause and treatment of obesity can be dangerous for children.

The landscape of recommended strategies for adult weight loss is immense. Adults with obesity are bombarded with a vast array of temporary and restrictive eating behaviors, called fad diets. These diets promise quick results but are not associated with long-term improved health outcomes. Children with obesity commonly have at least 1 parent with obesity who may have tried popular dieting fads. Parents or other caregivers may wonder if a fad diet might be worth trying for the child. Some may have a false idea that health and weight control can be achieved through dieting without other healthy choices such as exercise and smoking avoidance. It is important for pediatric clinicians to recognize the harmful potential of fad dieting and how to advise and motivate families to make lifestyle changes that have a better chance at resolving a child's obesity.

Many children with obesity do not need to lose weight to achieve health. Clinicians commonly use the body mass index (BMI) to define weight status, yet several flaws are associated with reliance solely on numerical cutoffs to describe health status. Many younger children with obesity need to slow weight gain during the time of continued height attainment and pubertal development, which allows gradual BMI percentile reduction during childhood over months to years. For adolescents and some youth with severe obesity, weight loss is a desirable goal that could help resolve comorbid conditions and place the child at a lower risk of future health consequences. Before providing any lifestyle advice or negotiating change goals with the family, clinicians must identify and communicate realistic weight outcomes.

Altering diets for health benefit has long been believed by many to affect weight status as well as to improve longevity, increase athletic endurance, provide symptom relief, and improve mental health. Proponents of fad diets tend to isolate a single nutritional component to increase, reduce, or eliminate. According to Webster's dictionary, a fad is defined as a practice followed temporarily with “exaggerated zeal.” Fad diets tend to lack scientific rigor on which to base health claims, their brief benefits may disappear over time, and they lack a philosophical or religious purpose. An example is the elimination of gluten. For patients with celiac disease, avoiding gluten is critical. For others, benefits may be perceived, but additional study is required to determine whether such avoidance truly

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improves health or weight status, promotes excess weight gain, or limits desirable health benefits associated with consumption of gluten.

Low-carbohydrate diets have been proposed for weight loss, but this approach in children could promote prolonged ketosis. Accordingly, patients should be treated within a medical program. Children exposed to a high-protein diet to improve fitness and strength as well as reduce weight are considered to be at risk for detrimental consequences to renal function. More recent evidence suggests a lack of long-term benefit in adults following low-fat diets, which are widely accepted nutritional strategies to promote healthy weight and heart function. A childhood diet higher in fat may have a positive effect on hunger, leading to better weight control, but such an approach requires additional research. Another concern is that dieting reduces motivation to achieve a healthier weight following multiple ineffective attempts. Finally, a possible association between fad dieting and the development of eating disorders is a concern for psychology experts.

Researchers have considered worldwide regional diet preferences to try to determine the differential health outcomes of populations. The Mediterranean diet, which involves high consumption of vegetables and oils, has received recent study. Geographic, philosophical, or religious dietary tendencies are not considered fad diets. Some specialized diets, such as vegetarianism, may be practiced for both intended health benefits and other personal beliefs. The extent to which regional dietary habits or intentional elimination diets provide health or weight control benefits should be studied further.

The evidence base surrounding the safe and effective management of childhood obesity is growing. As strategies are implemented and studied, beneficial health outcomes beyond weight loss or reduced BMI percentile must be included. Improved sleep, mental health, and family functioning often must be achieved before weight status can improve. The benefits of regular activity or exercise on health and weight control are hard to debate.

Sometimes, long-held beliefs about what helps people lose weight and what might be harmful become debunked myths after additional research. For example, rapid weight loss, if achieved with healthy changes and not with a fad diet, has been shown to be as safe as slower weight loss.

The effectiveness of a multicomponent and longitudinal lifestyle counseling approach has been shown to improve weight status in children with obesity. Some programs in US

centers and communities go beyond lifestyle counseling to offer adolescents experimental diets, medications, meal replacements, and bariatric surgery. Several guidelines share a general consensus that primary care clinicians and childhood obesity treatment clinicians (medical providers, dietitians, exercise specialists, social workers, psychologists, and others) must consider the complex nature of the disease. Nutrition advice and change goals should focus not on fad dietary changes but on broader concepts. Evidence informs much of the advice to improve the quality of the food, with inclusion of more vegetables, fruits, and complex grains. Clinicians typically address needed reductions in portion size, elimination of sugary drinks, and increased frequency of family meals at home. The timing of meals is important to consider for families needing to plan and prepare in advance to accommodate busy work and school schedules. Eliminating habits of postdinner snacking and adding daily breakfast are important for some.

Research shows that improving the weight status of a child should involve the entire family. Avoiding stigmatizing, focusing on people first language (child with obesity vs obese child), and encouraging motivational communication are recommended. Using the term “diet” is challenging when talking with parents and children because it is so commonly associated with unsuccessful adult weight loss attempts. Instead, consider using the word “nutrition.” If “diet” is used during assessment or counseling, it should be considered a synonym for the word “nutrition” and refer to the family’s general food and drink choices. The quantity and quality of calories needed to promote appropriate growth and good health varies among children and is influenced by genetic factors, chronic illness, and energy expenditure. Children with obesity are developing into adults, and families need help to address and resolve this complex diagnosis.

COMMENT: Dr Stratbucker presents a very thoughtful and comprehensive approach to addressing issues of overweight and obesity in children and the need to avoid fad diets. His In Brief reminded me that many parents and relatives may extrapolate their own experiences to the children in their families. Concerns about the potential consequence of disordered eating after weight loss are critical to consider. In the past few months at our medical center we have had several cases of adolescents with obesity who have been successful in losing weight and are now struggling with disordered eating. I am more

careful now when encountering patients with successful weight loss to not applaud too loudly and to compliment them on other components of their health. What a complex concept! This In Brief also reinforces the important partnership between primary care clinicians and specialists

in this discipline to assist patients and their families to be successful.

– Janet Serwint, MD
Associate Editor, *In Brief*

ANSWER KEY FOR AUGUST 2016 PEDIATRICS IN REVIEW:

Update on Diarrhea: 1. A; 2. D; 3. A; 4. C; 5. D.

Eating Disorders: 1. A; 2. D; 3. B; 4. E; 5. C.

Inflammatory Bowel Disease: 1. A; 2. D; 3. B; 4. A; 5. C.

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