

Society of Behavioral Medicine Comments on APA Pediatric Obesity Treatment Guidelines

November 1, 2017

The Society of Behavioral Medicine is overall in support of the recommendation of offering family-based multicomponent behavioral interventions to address overweight and obesity among children and adolescents. Below is a summary of questions and recommendations to consider for the final report.

Clarification on terminology

- Please provide additional information on the recommended level and type of engagement from parents/caregivers and children in order for an intervention to be considered “family-based”, and how this might vary by age range. For example, among preschool-age children, parents/caregivers may be the primary target group involved in the intervention, whereas among adolescents, a higher degree of child involvement may be more relevant and necessary. The evidence for including parents in *adolescent* obesity treatment is a bit unclear; it may also be worth noting this point somewhere in the document.
- The recommendation of supporting “family-based interventions with at least 26 contact hours initiated at the earliest possible age” is vague with respect to child age. Depending on the developmental age of the child and the requirements of family-based (see comment above), further specification of the child age range and supporting evidence is needed.

Intervention tailoring

- Please include discussion on the need for tailoring of intervention materials and messages by gender, given gender differences in meeting dietary and physical activity guidelines, particularly in early adolescence and adolescence.

Intervention dose

- In general, we suggest softening the recommendation of supporting interventions of at least 26 hours. This type of quantitative guideline tends to be based on the available evidence and how this evidence has been summarized, which may be a product of the quality (or lack thereof) of the studies that are available. We suggest building in a little more flexibility into the hourly recommendation.
- As a corollary to the point above, please provide an indication of a recommended range and frequency with how contact hours should be best spaced out? For example, is it realistic to expect 3-4 day workshops with families to yield the same effect size and sustained behavior and weight loss as a weekly or monthly program?

Modality of intervention delivery

- Please comment on the possibility of using non-traditional intervention delivery modalities (e.g., technology-based, social media). This may be particularly salient in considering the time and cost burden for families to participate in family-based behavioral obesity interventions, particularly among socioeconomically disadvantaged and rural populations.

Potential for obesity interventions to yield multiple beneficial outcomes

- Though only intervention studies targeting youth populations with overweight and obesity were included in this draft report, it may be helpful to note that studies of childhood obesity prevention programs demonstrate potential in preventing obesity *and* disordered weight control behaviors among youth, particularly early adolescent females (Austin et al., 2012; Austin et al., 2007; Austin et al. 2005; Wang et al. 2011).
- To address concerns that weight management programs may lead to eating disorders among children and adolescents, it may be worth noting that eating disorder prevention trials have found that weight control programs for adolescent girls actually yield *reductions* in eating disorder symptomatology (Stice, Shaw, Burton, Wade, 2006; Stice, Trost, Chase, 2003).