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Health Options

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We must change our thinking to best address child obesity

National statistics indicate the percentage of children who are overweight or obese has more than doubled during the past 30 years, to about 18 percent of youngsters. Certainly, some children are just genetically bigger kids who will grow into their weight and "lean out" with age.

However, excess body fat can have both immediate and long-term impact on personal well-being and health.

The link between body weight and health risks in children is clearly illustrated by the increasing number of overweight children who have developed type 2 diabetes. Previously, type 2 diabetes was called adult-onset diabetes because it was so rarely seen in children or adolescents.

The causes for the increasing incidence of overweight and obese children are multifactorial and more complex than most people realize. Simply blaming fast food, supersized servings, excess sugar, computer games or personal irresponsibility may prevent us from understanding the complexities of the problem and getting at a true solution.

Too frequently simple solutions are sought. Based on J. Edward Russo and Paul J.H. Schoemaker's book, "Decision Traps: The Ten Barriers to Brilliant Decision-Making and How to Overcome Them," we are likely caught in their first two decision traps:

1. Plunging In — in other words, gathering data and researching conclusions before really thinking about the issues involved in childhood obesity;
2. Frame blindness — or setting out to solve the wrong problem.

QUESTION: What are some of the key factors we may be missing as we seek solutions to the weight problem?

ANSWER: While no one disagrees that weight gain is a result of a "caloric imbalance" (too few calories expended for the amount of calories consumed), the reasons for this imbalance are likely more complex than they seem. For example, research indicates that active, lean children consume more calories than overweight or obese children. Consequently, it is possible that we need to determine why some children are too inactive in comparison with their calorie consumption.

Q: Are children getting too much of some nutrients and too little of others?

A: Surprisingly, some children may be consuming too little protein. Research conducted by Dr. Rajavel Elango and published in the American Journal of Clinical Nutrition indicates the current protein recommendation (RDA) for children should be increased by at least a third. Since protein requirements are based on body weight, Elango estimates that present-day protein recommendations commonly underestimate children's protein needs by 60 percent or more.

Q: Is limited protein linked with childhood obesity?

A: Possibly. Even without gross protein malnutrition, animal studies show that the "sweet tooth" increases when the diet is lower in protein. Inadequate protein might be triggering the sweet-foods craving so common in many kids that can lead to excess body fat.

Q: Are there any other nutrient deficiencies commonly seen in overweight children?

A: There have been studies showing a lower iron status in overweight and obese children than in leaner, active children. Other research has shown that obese dieters become iron deficient even when there was seemingly adequate iron in the diet. Since a symptom of iron deficiency is fatigue, the caloric imbalance is perpetuated.

Hard problems are rarely solved by simple solutions. We need to make fewer assumptions and start tackling the real problems behind excess weight gain.

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