



Childhood Obesity Assessment and Treatment Algorithm

AGE 2-5 YEARS		
85-94%ile No Risks	Prevention Counseling	Maintain weight velocity
85-94%ile w/Risks	Initial: Stage 1 Highest: Stage 2	Decrease weight velocity or weight maintenance
95-98%ile	Initial: Stage 1 Highest: Stage 3	Weight maintenance
>=99%ile	Initial: Stage 1 Highest: Stage 3	Gradual weight loss of up to 1 lb/month if BMI is very high

AGE 6-11 YEARS		
85-94%ile No Risks	Prevention Counseling	Maintain weight velocity
85-94%ile w/Risks	Initial: Stage 1 Highest: Stage 2	Decrease weight velocity or weight maintenance
95-98%ile	Initial: Stage 1 Highest: Stage 3	Gradual weight loss of up to 1 lb/month
>=99%ile	Initial: Stage 1-3 Highest: Stage 3	Average Weight loss 2lb/week*

AGE 12-18 YEARS		
85-94%ile No Risks	Prevention Counseling	Maintain weight velocity. After linear growth is complete, maintain weight
85-94%ile w/Risks	Initial: Stage 1 Highest: Stage 3	Decrease weight velocity or weight maintenance
95-98%ile	Initial: Stage 1 Highest: Stage 4	Average Weight loss 2lb/week*
>=99%ile	Initial: Stage 1-3 Highest: Stage 4	Average Weight loss 2lb/week*

*Evaluate excessive weight loss for high-risk behaviors.

Stage	Technique	Provider	Key Components
1	Prevention Plus	Primary Care Office	Individual or group visits with the family occur monthly occur monthly. Healthcare professionals set behavioral goals. If no improvement after 3-6 months, patient moves to next stage.
2	Structured Weight Management	Primary Care with Support	Includes family visits with physician or health professional specifically trained in weight management. Monthly visits can be individual or group.
3	Comprehensive, Multidisciplinary Intervention	Pediatric Weight Management Center	Conducted by a multidisciplinary team with experience in childhood obesity. Frequency is often weekly for 8-12 weeks with follow up.
4	Tertiary Care Intervention	Tertiary Care Center	Interventions include medications, very-low-calorie diets, and weight control surgery. Recommended for select patients only when provided by experienced programs with established clinical or research protocols.

*Adapted from NICHQ Childhood Obesity Action Network Implementation Guidelines

* From the California Medical Association Foundation Child & Adolescent Obesity Provider Toolkit

