

guidance and supervision from families, health care providers, and community recreation staff for appropriate physical activities and consumption of healthier food options.^{700–702}

It is essential to emphasize the numerous benefits of recreational activities for CYSHCN to include improve socialization, fitness level, and motor and movement skills.^{703,704} Additional nutrition, physical activity, and sedentary time recommendations can be found in a recent report from the Healthy Weight Research Network, an interdisciplinary group of clinical investigators and experts providing obesity treatment of children with autism and other intellectual and/or developmental disabilities.⁶⁹⁷

The International Classification of Functioning (ICF), Disability, and Health model and AAP recommendations are appropriate frameworks related to assessing pertinent health conditions and contextual factors affecting CYSHCN to aid in planning to treat obesity, as seen in Fig 5. The ICF framework can be used to organize approaches in the management of childhood obesity.

Children with obesity-related genetic syndromes, behavioral difficulties, developmental disabilities, and hypothalamic

disorders (Table 2) have added obesity risk and may need additional supports in obesity treatment.³¹⁶

Hyperphagia can be particularly challenging to manage in CYSHCN. A combination of specific behavioral techniques within the context of family-based behavioral treatment and the use of pharmacotherapy may be necessary.⁷⁰⁰

Prader Willi syndrome is a complex genetic disorder affecting 1 in 15 000 to 1 in 30 000 people and is associated with obesity and hyperphagia.^{706,707} Specific recommendations for health supervision and multicomponent care can help pediatricians and other PHCPs institute a longitudinal treatment approach to care.

Hypothalamic obesity is a neuroendocrine disorder resulting from damage to the hypothalamus, disrupting the body's energy regulatory system, which requires intensive multicomponent treatment.⁷⁰⁸

ADHD is associated with obesity, and symptoms such as deficits in alertness and attention that are caused by sleep-disordered breathing attributable to obesity can overlap with those of ADHD. Impulsivity in ADHD may contribute to dysregulated eating and weight gain. Effective treatment of ADHD in children with obesity can be

associated with attainment of healthier weight status.⁷⁰⁹

I. Use of Pharmacotherapy

Consensus Recommendation

The CPG authors recommend pediatricians and other PHCPs:

- May offer children ages 8 through 11 years of age with obesity weight loss pharmacotherapy, according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment.

Although IHBLT has the largest body of evidence meeting the evidence review's high-quality evidence for effectiveness criteria, it is important to consider the use of pharmacotherapy for children and adolescents who require an additional treatment option to manage their obesity. In particular, children with more immediate and life-threatening comorbidities, those who are older, and those affected by more severe obesity may require additional therapeutic options. For children younger than 12 years, there is insufficient evidence to provide a KAS for use of pharmacotherapy for the sole indication of obesity. There are, however, specific conditions outlined below for which use of medication may be indicated. Additionally, although the evidence is insufficient at the time of this

KAS 12. Pediatricians and other PHCPs should offer adolescents 12 y and older with obesity (BMI ≥ 95th percentile) weight loss pharmacotherapy, according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment.

Aggregate Evidence Quality		Grade B
Benefits	BMI reduction as an adjunct to lifestyle treatment.	
Risks, harms, costs	Varies by pharmacotherapeutic agent.	
Benefit-harm assessment	Benefit and harm are individualized by patient, must weigh the side effects and potential benefit of the medication and patient-specific factors.	
Intentional vagueness	None.	
Role of patient preference	Significant; must determine appropriate timing and duration of treatment, monitor for side effects.	
Exclusions	Medication-dependent exclusions.	
Strengths	Moderate.	
Key references	710	