Title: Offering a Developmental Perspective to Enhance the Efficacy of Multi-Component Interventions for Pediatric Overweight and Obesity

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To the Editor:

Direct attention to dramatic physical, social and relationship changes across ages 2 to 17 years would supplement the proposed position in the article “Treatment of Pediatric Overweight and Obesity: Position of the Academy of Nutrition and Dietetics Based on an Umbrella Review of Systematic Reviews”. Although it offered RDNs extensive evidence-based research on multi-component interventions and implications for their practice, little attention was given to the developmental contexts (e.g., family, peer, media) patients are living in and the influence this may have on their eating habits and/or effectiveness of interventions. RDNs can have a more substantial positive impact on patients’ health if they also consider these contextual elements while discussing the best treatment approach with their patients.

Caregivers are important in shaping children’s eating habits at every developmental stage. Ideally, caregiver practices foster appetite regulation, food acceptance, and healthy food choices. Infants benefit from responsive feeding practices supporting child self-regulation as well as repeated exposure and social modeling practices promoting the acceptance of novel, particularly nutrient-dense, foods. School-age children who are provided structure and limit setting (e.g., caregiver sets time to eat, child self-serves and decides what/how much to eat) learn healthy eating habits. Adolescents value autonomy and spend increasing time with peers. Caregivers can involve adolescents with food prep/cooking, prioritize shared family meals, and model healthy choices when eating out. These steps help build healthy decision making skills as teens make more food choices away from home. RDNs who provide age- or stage-appropriate support to caregivers will have greater positive impact on patients’ health trajectories. RDNs can also play key roles helping caregivers use supportive communication and practices about weight...
to help children who may be distressed about their weight and related weight-based victimization.

The peer context poses potential challenges to children and adolescents with overweight or obesity. Peer approval and perceived social norms (e.g., unhealthy eating habits) are significant predictors of adolescents’ eating behaviors. Consequently, adolescents with overweight or obesity may find it impracticable to follow healthy weight management strategies in the presence of peers due to fears they won’t fit in. Children and adolescents will be more likely to follow treatment plans if they feel understood personally and developmentally by the RDN. In turn, they will feel comfortable implementing nutrition interventions in the peer context.

Media, social media, and other online sources are most influential to children and adolescents resulting in greater exposures to unrepresentative body portrayals, platforms that exacerbate the potential for cyberbullying, and targeted, pervasive unhealthy food advertisements. Tik Tok trends like ‘Nacho tables’ and ‘What I eat in a day’ can drastically influence eating habits and body image, and override RDN’s recommendations for patients with overweight or obesity.

In summary, treatment of overweight and obesity would be more comprehensive, relevant, and efficacious to children and adolescents if intervention plans were tailored to their developmental stages and contexts.

References:


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