

Childhood Overweight & Obesity



For use alongside the [Healthy Weight Toolkit](#)

Assess BMI centile/ growth chart if concerned that child is overweight (i.e. [RCPCH BMI Chart](#))

≥2 years assess if BMI centile ≥91st/98th centile

≥91st centile (overweight), ≥98th centile (obese)

<2 years assess on growth chart
If weight is >2 centiles above height OR if weight increasing > 3 centile lines

Consider organic cause (rare)

- Short stature, poor growth velocity, dysmorphic features, intellectual impairment, developmental delay, congenital abnormalities
- Features of hypothyroidism
- [See 'Referrals' in Toolkit](#)

Initial assessment ([See 'Raising the Issue' in Toolkit](#)):

- Age of onset, presenting symptoms, current eating and exercise patterns, views and beliefs, previous attempts to lose weight
- Psychosocial factors
- Other medical problems/medications
- Family history (obesity/cardiovascular disease/T2DM/OSA)
- Readiness and confidence to make changes

[HV review](#)

If ≥2 years [see 'Services' in Toolkit](#), consider:

- [HV review](#) if < 5 years
- [Tier 2 service](#)
- [You Move](#)
- Local health coach, if available
- [Safeguarding](#)

[See also 'Resources for Families' in Toolkit](#)

If BMI ≥ 98th centile, consider assessing for co-morbidities:

- Features of OSA, PCOS, T2DM, IIH, concerns about mobility or emotional wellbeing
- Hypertension ([>95th centile for height on 2 repeated manual checks](#))
- Examination: features of dyslipidaemia, acanthosis nigricans, acne, hirsutism
- Consider: TFT, U&E, LFT, HbA1c, ± nutritional bloods (FBC, iron studies, vitamins D + B12 + folate)
- AND, if ≥11 yrs: fasting glucose, lipid profile

If 2-15 years + co-morbidities [see 'Referrals' in Toolkit](#), consider:

- [Community dietetics](#)
- General Paediatrics
- Paediatric Endocrinology
- [CAMHS](#)

Ensure follow-up until BMI centile ± co-morbidities are improving

[Consider: are there safeguarding concerns?](#)