

Many children with special needs are at risk for weight problems, and these carry their own set of challenges for parents, health professionals, and the child. There are often many resources available for helping the child with special needs who is underweight. What about the other end of the spectrum? This handout will discuss why this population is also at risk for being overweight/obese and some suggestions to combat the issue.

### **Why are children with special needs at risk for being overweight?**

Pediatric obesity is becoming a national epidemic in all children. It is now estimated that one in five children and adolescents are classified as overweight or obese. Many factors can be blamed for this. We live in a “supersize” society where portion sizes, fast food and high calorie snacks are in abundance. This, coupled with a society that is less active and spends more time watching T.V., using computers or playing video games than playing outside, have resulted in America’s youth becoming larger than ever before.

The child with special needs may be at even a greater risk for the following reasons....

- ✓ Many disabilities may pre-dispose the child to not reach their full growth potential.
- ✓ Limited mobility or inability to walk
- ✓ Low muscle tone (muscle will often use up more calories than fat, even at when we are resting)
- ✓ The child may not be able to communicate they are full=risk for overfeeding
- ✓ Food may be used as a reward and/or parents, without meaning to overfeed, see food as one interactive activity the parent and child can do together

### **How can I tell if my child is overweight?**

This can sometimes be difficult to determine in the special needs population. Obtaining accurate heights and weights can be challenging, as contractures, braces, not being able to stand, etc ,can affect measurement’s accuracy. Children with certain disabilities may not have as much muscle tone, which will alter their body composition and affect where an “ideal” weight would fall on the growth chart. Greater than 20% of one’s “ideal weight” is considered obese. Health professionals and families need to work together to determine what this ideal range is so nutrition needs can be determined. A future Telability handout will discuss more about evaluating nutrition goals for children with special needs and looking at some of the growth charts available for this population.

### **How can I help my child reach and maintain a healthy weight?**

- ✓ For younger children, a goal of maintaining a current weight, while their height continues to increase is the best bet. This will help the child become more proportional over time. For children who plot >95<sup>th</sup>% on the growth chart for their weight, a moderate drop in total calories can help facilitate a slow, steady weight loss (1-1 ½ pounds per month) until a healthier weight is reached.

- ✓ Strict, weight reducing diets are not suggested for children-they reduce other essential nutrients and often do not reflect healthy eating patterns.
- ✓ Unused calories (energy) are stored as fat. When one takes in more calories than needed, weight gain occurs. A nutritionist can look at what your child eats and drinks and determine if too many calories are being consumed. For many children (esp. those who cannot “burn” extra calories through extra exercise), 100 extra calories per day will equal a *10 pound weight gain over a year!!*

### GOALS

**Serve a variety of foods:** A variety of healthy foods will only ensure all of your child’s essential nutrients are provided. A food guide pyramid specific for children is available from your local nutritionist that provides specific portion sizes for a child versus an adult. A general rule of thumb for children six and under is 2/3 of an adult portion size (which is usually listed on a food label), or 1 Tbsp of each food group per year of life (ex a 4 year old would need 4 Tbsp of a food from each food group) is an appropriate portion size. Watching portion size is often the key to success in weight management. Having the entire family make healthy changes to their diet versus only the child will help your child from feeling isolated.

**Choose healthy snacks:** Most children like to snack and 1-2 snacks per day, in addition to 3 meals is perfectly acceptable, providing the snacks are healthy options. The wrong snack choices will add excess calories and make achieving a healthy weight difficult to do. Fresh fruits (with texture modified according to your child’s chewing ability), low fat yogurt, animal crackers, nonfat milk pudding and ½ cup of unsweetened cereal are all good options. Avoid frequent intake of cookies, cakes, juices, chips etc.

**Provide non-food rewards:** Prevent an emotional reliance on food (for both parent and child), by using things like stickers, stars and positive reinforcement instead of food when a child accomplishes a certain goal or behavior.

**Exercise:** This is essential for achieving a lifelong healthy weight. Developmentally appropriate activities should be encouraged at least 3 days per week. Children with limited mobility, tone or other motor impairments will need their exercise individualized by a physical therapist.

*It is much easier to prevent childhood obesity than treat it, so adapting a healthy lifestyle at a young age is key!!*

For more information on this topic, contact your local pediatric nutritionist or the author of this handout, Sharon Wallace, RD, CSP, CNSD at [sharonwallace@nc.rr.com](mailto:sharonwallace@nc.rr.com)  
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