

April 8, 2003**HIGHLIGHTS:**

This week's edition of the *Journal of the American Medical Association* (JAMA) includes several articles on Type 2 diabetes and obesity. David Geller, M.D., Ph. D., a pediatric endocrinologist at Cedars-Sinai Medical Center, is available for interviews on this topic. "Childhood obesity is the primary cause of a dramatic increase in type 2 diabetes in America's kids today," says Dr. Geller. "Untreated, this can result in a lifetime of physical and psychological problems. Parents need to get their kids to eat less and move more and they can set an example by doing so themselves," he adds.

RAPIDLY RISING NUMBERS OF OBESE, UNFIT CHILDREN RESULTING IN PRECIPITIOUS JUMP IN TYPE 2 DIABETES IN THE YOUNG

LOS ANGELES CA (April 8, 2003) – Baby fat may be cuddly to new parents but pediatricians are increasingly warning families about serious medical problems resulting from baby fat that never goes away. Type 2 diabetes is on the increase in overweight and obese children in America. According to Cedars-Sinai Medical Center pediatric endocrinologist David Geller, M.D., Ph.D., "Childhood obesity is the primary reason we are seeing such a huge increase in type 2 diabetes in kids today. Clearly there is an inexorable increase in body girth and body mass in our children which needs to be taken seriously in order to avoid a lifetime of physical and psychological problems."

How serious is the problem of overweight children? According to the *New England Journal of Medicine*, childhood obesity has reached epidemic proportions with the number of overweight children more than doubling in the last three decades. In California the numbers are even more frightening: more than 25% of the state's public school children are currently overweight and nearly 40% are unfit according to a study by the California Center for Public Health Advocacy.

Many medical experts agree on the underlying reason for the growing obesity problem among America's children today, namely the exponential rise in media-related, sedentary activities such as watching television and video tapes/DVDs, surfing the Internet and playing video games. Consider these facts:

- Almost half of all families with children between age two and 17 have all four media staples in the home including one or more televisions, a VCR, video game equipment and a computer. (*The Annenberg Public Policy Center, 2000*)

(more)

- The average American child spends nearly three hours each day watching television and an average of six and one-half hours with various media combined. (*Nielson Media Research data, 1999*)
- By the time the average child of today reaches 70, he or she will have spent the equivalent of seven to 10 years watching television. (*American Academy of Pediatrics, 2001*)
- The average American child spends 900 hours in school each year and 1,023 hours watching television. (*Real Vision, 2001*)

For parents of overweight children, Dr. Geller offers this advice. “Along with the medical community, parents must be hyper-vigilant about weight issues now to avoid a diagnosis of type 2 diabetes or other serious health problems in the future. Pay attention early-on to children who have a sharp height/weight mismatch on the growth chart in the pediatrician’s office and who could already be at a pre-diabetic level.”

He also says the time to intervene is well before the onset of puberty, by age 8 or 9 in boys and year or so earlier in girls. Children really need the help of the adults around them to combat this problem because they do not yet have the ability to begin and follow through on a weight management program on their own. It is essential to make such efforts as early as possible in the child’s life because an overweight child at 16 has a 75% chance of becoming an obese adult. In addition, Dr. Geller says the number-one motivator of young children is a natural desire to listen to and follow parental advice in order to please one’s parents and that tapping into that desire in teens is much more difficult.

One thing parents should not do is make themselves the “food police,” nor should they single out foods deemed inappropriate for overweight children. “If parents want to help an overweight child, the best thing they can do is make improving the health and quality of life for the entire family a number one priority,” he explains. Dr. Geller says that means improving the family diet to include more fresh fruits and vegetables, less processed sugar and fat and shutting off the television, video games and computer for a while. Exercising as a family can be fun and beneficial for every member, young and old. “In short, parents need to get their kids to eat less and move more and they can set an example by doing so themselves,” he says.

Sometimes however, the best efforts of a family and the medical community are not enough and an overweight child begins to experience unusual symptoms such as frequent urination, vision problems, rashes or sleeplessness. Dr. Geller says parents should pay close attention to these symptoms and have the child’s health quickly evaluated since these can be indicators of type 2 diabetes.

“Once a child is diagnosed, parents usually want to know if it can be fixed with a pill to make it go away,” he notes. “While there are some medications that can help, diet and exercise are by far the most important and effective treatment options.”

Cedars-Sinai Medical Center is one of the largest nonprofit academic medical centers in the Western United States. For the fifth straight two-year period, it has been named Southern California's gold standard in health care in an independent survey. Cedars-Sinai is internationally renowned for its diagnostic and treatment capabilities and its broad spectrum of programs and services, as well as breakthrough in biomedical research and superlative medical education. Named one of the 100 "Most Wired" hospitals in health care in 2001, the Medical Center ranks among the top 10 non-university hospitals in the nation for its research activities.