



Incorporating Anti-Obesity Medications into Pediatric Practice - MARCELLA HOUSER, MD, ABOM, FAAP - AUG 20, 2022

WE ARE 3RD FOR PEDIATRIC OBESITY

WEIGHT-STIGMA

OBES

PATIENTS WITH OBESITY

IT AFFECTS EVERY PART OF THE BODY



"BMI ABOVE 95TH"

- CLASS 1 $\geq 95^{\text{TH}}$
- CLASS 2 $\geq 120\%$ OF 95TH
- CLASS 3 $\geq 140\%$

QUALIFIES FOR MEDICATION

- 1 I.D. CLASS
- 2 REVIEW TRE
- 3 I.D. PHENOTYPE
- 4 SHARED DECISION-MAKING
- 5 TRIAL FOR 3MTH
- 6 BMI STABILIZATION
- 7 STOP IF GOAL NOT MET

- SATIATION - FEEL SATISFIED
- HUNGRY BRAIN - DON'T FEEL FULL
- HUNGRY GUT - BACK IN 1 HR
- SLOW BURN - NOTHING WORKS
- EMOTIONAL - STRESS EAT

MEDICATION JUST ONE ASPECT

★ GOAL

- SLOW DOWN WEIGHT GAIN!
- NOT 'LOSE WEIGHT'



LISDEXAMFETAMINE

- ADHD OR BINGING
- COVERED IF ADHD
- BINGING NEEDS THERAPY, TOO

LIRAGLUTIDE

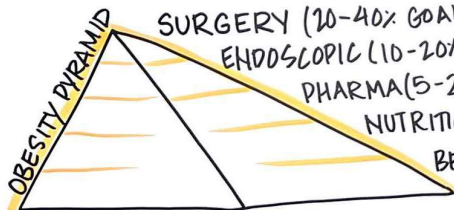
- 12 YRS AND UP
- CAN'T GIVE WITH FAMILY HISTORY MTC & MENZ

PHENTERMINE

- GREATER THAN 16
- MONITOR FOR MOOD
- NOT COVERED

METFORMIN

- CHECK AT LEAST 1 MTH (OR MORE)
- COVERED FOR PREDIABETES HgbA1c



5% MAKES A DIFFERENCE