

# Championing Best Health: A Primary Care Series on Pediatric Obesity

## When Care Gets Stuck: Strategies for Overcoming Roadblocks

Dr. Stasia Hadjiyannakis & Dr. Laurie Clark

### Key Messages:

- **Take a weight neutral approach to pharmacotherapy and bariatric surgery.**
  - Focus on health rather than weight – the goal of weight management is to improve overall health, function, and quality of life (e.g., mobility, physical ability), not appearance.
  - Medications or surgery primarily address the mechanical and metabolic complications of excess weight that can make lifestyle changes difficult.
  - **ASK:** *Will medication or surgery help improve their quality of life? Is the body weight/size interfering with activities of daily living?*
  - If the goal is to improve self-esteem or confidence, this should be supported through mental health and behavioral strategies, as physical changes alone may not achieve these outcomes.
  - Mental health improvements (i.e. self-esteem, self-confidence) are not guaranteed with bariatric surgery or medication – lasting change requires internal psychological support and personal growth

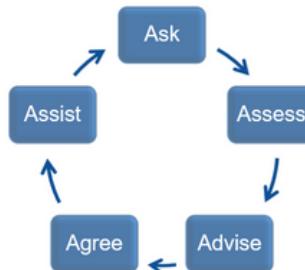
### • When talking about dieting and body image

- Provide education on why most diets are not effective long-term – restrictive plans are often unsustainable, leading to weight regain once the diet stops. Restrictive dieting can also leave us more vulnerable to emotional, secretive, and binge eating.
- Encourage mindful eating by helping individuals tune into their body's natural hunger and fullness cues, and build a positive, balanced relationship with food.
- Explore the underlying reasons for dieting behaviors (e.g., body image concerns, low self-esteem, experiences of teasing or bullying) and, when appropriate, advocate for mental health or body image support.
- Address weight bias and weight-related talk within the home, ensuring that family members – including parents and siblings – promote a supportive, nonjudgmental environment.

### • Addressing Weight Bias/Preoccupation in Parents

- Begin with empathy – assume that parents' comments come from a place of care and a desire to support their child's health and well-being.
- **ASK:** *“What do you want most for your child?”* – help reframe the conversation to focus on overall health, confidence, and quality of life rather than weight alone.
- **ASK:** *“What messages did you receive about health and weight growing up? What do you wish your parents had done or said differently?”* – this invites reflection and helps guide a more supportive approach with their own child.
- Educate on the impact of weight shaming – explain that negative or critical comments about weight can be harmful and often have the opposite effect of what's intended, while encouragement and acceptance promote healthier behaviors.

### The 5A's of Pediatric Obesity Management



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### Key Messages:

- **Helping parents make the switch**
  - Create a safe and supportive home environment – if a child is eating in secret or privately, avoid drawing attention to it. The home should be:
    - Free of comments about food choices, weight, or appearance
    - Free of weight-based teasing or bullying, from both family members and peers
  - Encourage parents to offer specific, genuine praise – focus on realistic, fact-based compliments that highlight effort, strengths, or positive behaviors (e.g., “You worked really hard on that project” rather than general comments about appearance).
- **Weight Management and ASD/Neurodivergence**
  - Support emotional regulation – difficulties with emotional regulation can make boundary-setting challenging for parents; providing tools and supports in this area can be highly beneficial.
  - Acknowledge competing priorities – engage parents in conversations about balancing routines and change. Many have worked hard to establish stability, and even small changes can feel overwhelming, especially when supporting a child with ASD.
  - Prioritize quality of life – consider the broader impact of interventions. For example, discontinuing a medication that improves social engagement may not enhance overall well-being.
  - Introduce change gradually – small, slow adjustments are often more sustainable and less distressing for both the child and family.
  - Recognize that change can be stressful – validate this experience and provide reassurance and support throughout transitions.
  - Monitor medication management – ensure ongoing evaluation of benefits and side effects in collaboration with families and healthcare providers.
  - Advocate for parents – support them in navigating systems, accessing resources, and having their perspectives heard in care planning.

### Resources

- Canadian Pediatric Society. **The dangers of dieting in adolescence.** 2025 Available at: <https://cps.ca/en/documents/position/dieting-in-adolescence>
- **Pediatric Centre for Weight and Health** - PCWH is a family-based, intensive intervention lasting up to two years. This multidisciplinary approach to care may include support by various healthcare providers including pediatric specialists, a registered nurse, psychologist, dietitian, exercise specialist and a social worker, who collaborate with the family to create a coordinated and individualized, family-centered plan of care.
- **Introduction to Pediatric Obesity** - A free introductory course developed by Obesity Canada, explores prevalence, causes, management, and treatment approaches. Participants will also learn about weight bias, stigma, and strategies to create supportive environments for children and adolescents.
- **Meant2Prevent** - A resource hub for families and healthcare professionals - find trusted youth-focused resources to promote healthy living and lifestyle habits.



Consider using **MyL3Plan**, a free online tool developed by the Office of Lifelong Learning (L3) that can be used to meet and support the 3 activities/action plans required by the PPIP-CPSA and earn up to 36 Mainpro+ certified credits.

[Learn more here!](#)