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I. Introduction

This resource was created by [Medical Students for Size Inclusivity \(MSSI\)](#), a group of medical students from around the world who are working to **reduce weight bias** in medicine. The goal of this consent guide is to **give parents more information** for when a doctor recommends weight loss treatment for their child.

Why is my pediatrician recommending weight loss for my child?

Medicine today is often practiced through a “**weight-centered**” view. This means many people believe that a higher weight causes poor health. Because of this, some major pediatric groups, like the **American Academy of Pediatrics (AAP)**, have published guidelines that suggest weight loss for children to lower the risk of problems like diabetes, high blood pressure, and high cholesterol. **While MSSI does not agree that weight and health are directly linked**, we think it’s important to explain why most doctors are trained to think this way.

It can feel scary and stressful when a doctor is worried about your child’s health. **Our goal is to work with you to protect your child’s safety and well-being.** We want to help you better understand weight loss treatments for kids so you can make the most informed choices. Knowing what other options exist is also an important part of informed consent, so this guide includes **science-based alternatives for improving your child’s health that do not require weight loss.**

In the past, **BMI** and other weight measures were believed to show how healthy someone was. But new research shows that:

1. Most weight loss attempts do not work long-term.¹
2. Losing and regaining weight (called **weight cycling**) is associated with many of the negative health problems that have previously been linked to higher BMI.²
3. Losing weight does not always mean better health, and some studies even show that people with BMIs above the “normal” range may live longer.³
4. Healthy habits like good nutrition, movement, and sleep improve health no matter what your weight is.⁴

MSSI does not believe that weight or BMI are accurate measures of health, or that weight loss itself makes people healthier, but we do respect **individual choices** and the process of shared decision-

making. Weight discrimination is a serious problem in our society that causes real physical and emotional harm to people in larger bodies. Please take care of yourself as you read and think through this guide.

We want you to have the knowledge and tools to make choices that protect your child's **health, safety, and happiness**. This guide does not include everything about pediatric health, but we will link in additional resources for you throughout this guide.

II. Offered Interventions

Intensive Lifestyle Management

Intensive lifestyle management means making changes to both diet (usually by **eating fewer calories**) and **increasing physical activity**. However, what these programs entail can vary based on who is defining them, which makes it hard to consistently interpret the research on how these programs affect a child's health.

One large review looked at many studies on dieting and exercise in kids. It found that these programs can help metabolic health, which means they may improve things like cholesterol, blood sugar, and blood pressure.⁵ However, these improvements **likely come from being active and eating nutritious foods, not from calorie restriction or weight loss itself**.

The review also reported a “significant” drop in BMI with lifestyle programs, but the average drop was only **about one point** on the BMI scale. This small change may not have much significance in the overall picture of a child's health, and even small weight changes like this are often hard to maintain over time. This is because the body responds to eating fewer calories and more exercise by **slowing down how fast it uses energy**.

When looking at these programs, it's also important to understand their risks and challenges. Intense dieting and exercise can raise a child's risk of developing an **eating disorder**, which can cause serious health problems such as **stunted growth, bone loss, heart issues, electrolyte imbalances, and fertility problems** later in life.⁶

Research shows that these programs also only lead to noticeable weight loss when they include **at least 26 hours of face-to-face sessions** with both parent and child.⁷ This makes them hard for many families to complete, since they often require parents to miss work and children to miss school. Tying all this information together, many families cannot access these intensive programs, and even when they do, the effects usually do not last long-term.

With that said, regular **physical activity** and **balanced, enjoyable nutrition** are still shown to help improve metabolic health, **regardless of weight change**. Focusing on **positive health behaviors**, as we will discuss later in this guide, can support your child's health without the risks that come from focusing on weight loss.

Benefits and Drawbacks of Intensive Lifestyle Programs

Benefits

Increased Physical Activity
Increased nutritious and fiber-rich foods

- Lower cholesterol
- Lower blood pressure
- Lower blood sugar

Drawbacks

Caloric Restriction
Focus on weight loss

- Risk of disordered eating and eating disorders
- Growth stunting
- Bone loss
- Electrolyte imbalances
- Challenges with fertility
- Extensive time off work and school required

Medications

Perhaps your child's pediatrician talked to you about weight loss medications:

Current medical guidelines suggest that pediatricians can offer these medicines to children above a certain **age and BMI**. This may be why your child's doctor brought it up during a visit.⁷

Right now, there are **four medications** approved for weight loss in children (listed in the table below). Among these, **GLP-1 medications**, such as **Wegovy** and **Zepbound**, have shown the most weight loss.⁸ In studies, these medicines led to an average weight loss of about 40 pounds in children with BMIs above the 85th percentile.

However, it's important to understand what these results really mean. Most studies on these medications **only follow patients for a little over one year**.⁹ In adults, research shows that when people stop taking these medications, they often **regain the weight they lost**.¹⁰ This pattern of losing and regaining weight, called **weight cycling**, has been linked to several health risks.¹¹

If someone does continue to take these medications long-term, there are also **unknown risks**. Because the studies are short, we don't yet know the effects of using them for many years. Even during the study period, many participants experienced **side effects**, most commonly **stomach upset**. More serious effects could include **permanent impacts on growth and development** during a child's critical growing years.

There is **no research showing how much weight loss is safe for a growing child** without affecting their development. We also don't yet know whether using these medications widely could increase or worsen **disordered eating behaviors**. For these reasons, doctors must use great caution when prescribing weight loss medications for children.

It's also important to know that **trying to lose weight on purpose** can expose children to **weight stigma**—negative attitudes or unfair treatment based on body size. Experiencing this stigma can increase risk of **binge eating, social isolation, less engagement in physical activity, and more weight gain** over time.¹²

What are the medications considered for pediatric weight loss?

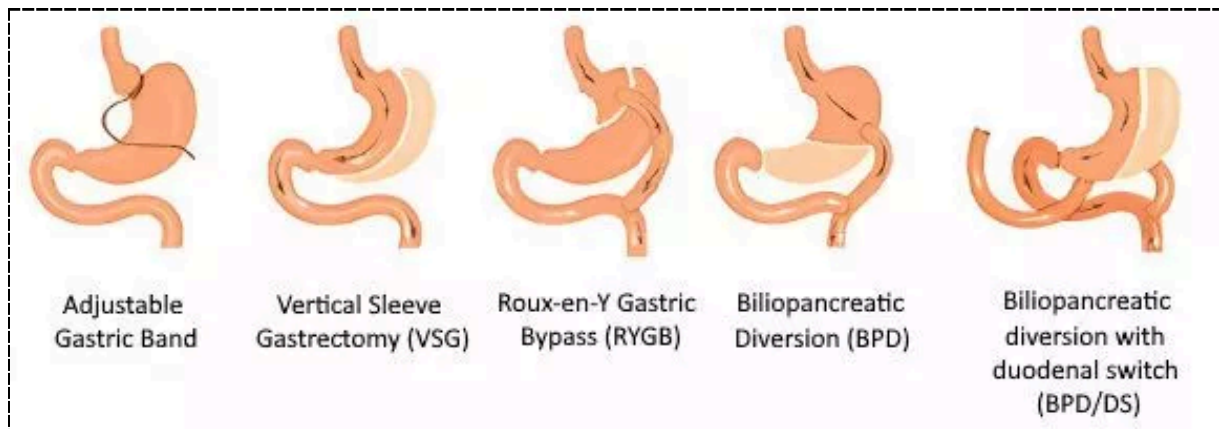
Medication	Indication	Mechanism	Side Effects	Research on Effectiveness for Weight Loss	Adverse Effects on Children
GLP-1s <i>(such as Wegovy and Zepbound, also known generically as semaglutide and tirzepatide, respectively)</i>	12+ for obesity, 10+ for Type 2 Diabetes	Encourages body to secrete its own insulin stores, decreases appetite, increases satiety	GI upset, namely nausea, constipation, diarrhea, vomiting, and serious effects such as pancreatitis	Effective at lowering blood sugar, lipids, and weight in children (40 lbs in those with BMIs in the 85 th percentile or greater)	Increased risk of disordered eating and certain thyroid cancers No data on safe quantities of dieting/weight loss that does not impact a child's development and growth
Metformin	Only approved for Type 2 Diabetes in children	Decreases body's own sugar production, increases body's sensitivity to insulin	As the dose increases, greater risk and more severe GI upset Rare, but serious side effect of lactic acidosis	No research indicating sustained and effective weight loss in children	Increased risk of disordered eating No data on safe quantities of dieting/weight loss that does not impact a child's development and growth
Orlistat	12+ for obesity	Blocks absorption of fat in the intestines	Significant GI upset, namely fatty diarrhea	Can cause modest weight loss in children (a quarter of participants have a >5% reduction in BMI) ¹³	Generally not well tolerated by both children and adults, and thus is not prescribed regularly by pediatricians
Phentermine	16+ for obesity, only a short-term course	Increases the activity of the body, effectively increasing the rate at which the body burns calories	Elevated blood pressure, dizziness, headache, tremor, dry mouth, GI upset	Can enhance weight loss in adolescents (4.1% reduction in BMI at 6 months) ¹⁴	Effects on blood pressure and heart rate can make this medication difficult to tolerate, and thus is not recommended long-term

Topiramate	Epilepsy and migraines in children	Suppresses appetite through unclear mechanism	Cognitive slowing, dangerous for fetuses so requires birth control for adolescents	Little research on effectiveness, what is available shows little to no effect on weight	Currently not much research on this and not a first line medication for obesity treatment <i>*Phentermine-Topiramate combo associated with depression, dizziness, joint pain, and suicidal impulses/attempts¹⁵</i>
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Surgery

Perhaps your child's pediatrician talked to you about weight loss surgery:

There are **five main types** of bariatric (weight loss) surgery. The two most common in the United States are **sleeve gastrectomy** and **Roux-en-Y gastric bypass (RYGB)**. For children and teens, sleeve gastrectomy is used more often because RYGB has a higher risk of complications.



The American Academy of Pediatrics (AAP) currently states that “pediatricians should offer referral for adolescents 13 and older with severe obesity for evaluation for metabolic and bariatric surgery to local or regional comprehensive multidisciplinary pediatric metabolic and bariatric surgery centers.”²

However, the studies used to create this guideline have **important limitations**. Most research on bariatric surgery in children follows patients for only **two to five years** after surgery. This means we don't know what happens **long-term** as these children grow into adulthood. Some studies show that kids began **regaining weight within two years** of surgery.¹⁶ Because we don't have data beyond five years, we don't know how common weight regain is later on.

In adults, studies show that weight regain often happens **within ten years** after surgery.¹⁷ For children, who have many more years ahead, it may be concerning to recommend a treatment that hasn't been well studied beyond a few years after surgery.

There are also several **risks and complications** that can happen after bariatric surgery. These include **nutritional deficiencies**, **complications that require more surgeries**, and a condition called **dumping syndrome**, where food moves too quickly through the stomach and intestines.

Studies show that up to **72% of children** who have this surgery develop **nutrient deficiencies**.¹⁶ This happens because removing part of the stomach makes it harder to absorb important vitamins and minerals, such as **iron, vitamin B12, vitamin D, and calcium**. For this reason, children who have bariatric surgery must take **vitamin supplements for life** and have regular lab monitoring.

In addition, about **25% of children** who undergo these surgeries later need **another abdominal surgery** because of complications. These can include **bowel blockage (ileus), internal hernias, scar tissue (adhesions), or gallbladder removal**.^{16,18}

III. Alternative Options to Weight Loss for Children

It's natural to feel concerned about your child's health and well-being. Feelings of **fear or helplessness** are common when you're told your child's health might be at risk. There are many reasons why a child or teen might want to lose weight, such as **social pressure** or **weight stigma**. However, a doctor's recommendation for weight loss based only on BMI, weight, or one single measure can **add extra pressure and may not always be the best way to improve health**.

As a parent or guardian, you may feel responsible to protect your child from the **physical and emotional side effects** that can come from early dieting or exercising just to be "smaller." Because there isn't strong evidence that weight loss is **safe or lasting** for kids, we want parents to feel informed and supported in exploring **healthier alternatives** to improve their child's well-being.

Sometimes, the best alternative to weight loss medications or surgery is to make no changes at all. **Weight alone does not determine health**. Other markers like energy, mood, nutrition, and lab values are often more accurate and helpful. As mentioned earlier, weight-focused approaches such as dieting, intense exercise, medications, or surgery usually **do not lead to long-term results** for most people.

If your child's healthcare provider is not open to moving away from **weight-centered care**, you may want to look for a more **supportive and inclusive environment**.

Suggestions for Finding Size-Inclusive Providers:

- When searching for a provider, use search terms "**size-inclusive**", "**weight-neutral**", "**weight-inclusive**", or "**Health At Every Size (HAES)-aligned**"
- You can also use these size-inclusive provider directories to find someone in your area:
 - [ASDAH HAES-aligned healthcare professionals](#)
 - [Weight Neutral Provider Excel](#)
- When visiting a new office, look for signs that it is size inclusive such as:
 - blood pressure cuffs in a **range of sizes**
 - comfortable and **inclusive seating** in the waiting area and exam rooms
 - the option to **decline being weighed** or opt out of **weight-related discussions**

Below, we present some other more sustainable ways to improve health, which do not focus on altering body weight, shape, or size:

Movement

Increasing movement even by a small amount can help improve well-being, manage disease, and lower the risk of early death.¹⁹ For families, this might include activities at a **local recreation center or gym**, or fun daily movements such as **dancing, walking the dog, cleaning a room, or going for walks together**. Even **short breaks from sitting** to move around can make a difference.

Nutritious Dietary Choices

Focusing on **adding healthy foods** to your child's diet is more helpful than following strict or restrictive diets. Here are a few ideas:

- Offer a wide **variety** of foods every day, including **vegetables, fruits, beans or lentils, and whole grains**. Even if your child says no, continue to make these foods available along with other foods they enjoy.
- **Provide enough food** to meet your child's energy needs. Talk to your child's doctor or a registered dietitian about how much nutrition, vitamins, and minerals your child needs each day.
- **Help your child listen to their body's hunger and fullness cues**. Believe them when they say they are hungry or full.
- **Work with a size-inclusive and culturally sensitive dietitian**. They can help you make food choices that support your child's health, fit your family's needs, and are easy to include in daily life.

Mental Health Care

Weight stigma (feeling judged or treated unfairly because of body size) can seriously affect mental health. It is linked to **higher rates of depression, anxiety, body dissatisfaction, and eating disorder symptoms**, and **lower self-esteem**. These effects happen even when weight itself is not a factor, meaning it is the **experience of stigma**, not weight, that harms mental well-being.^{[20,21](#)}

While research in children and teens is still growing, we know that **mental health habits start early**. Parents can help by being mindful of how **conversations about weight** may affect a child's self-esteem or lead to negative self-talk.

To promote mental health care, parents might consider the following:

- **Mental Health Services**
 - Individual counseling / virtual counseling services
 - Group therapy sessions
 - Support groups
- **Free/Low-Cost Mental Health Practices**
 - Journal prompts
 - Gratitude and Mindfulness practices
 - Guided meditations on apps like Insight Timer or on YouTube
 - Developing strong social ties
 - Recreational activities

*One of the strongest predictors of a child's mental health and tendency toward negative self-talk is **how their parents speak about their own bodies**. Regardless of size or shape, be mindful of the language you use about your body in front of your child.*

Stress Relief

Children and teens are learning how to identify both **emotional and physical stressors** in their lives. They are also developing habits to manage these stressors. Because eating habits and body image can be linked to stress, it's important to help your child **identify what causes their stress** and explore **healthy coping behaviors**.

When stress becomes **chronic (long-term)**, habits are harder to change. Practicing stress relief regularly can make a big difference.

Here are some evidence-based tools you can use together:

- Mindfulness
- Grounding techniques
- Shared meals
- Shared laughter and play

These tools and other resources for stress relief are discussed in more detail by Dr. Wendy Schofer via her site “Family in Focus” (www.WendySchoferMD.com).

🌐 Stress, Emotions, and Eating: A Weight-Inclusive Guide for Families

Sleep Hygiene

Good-quality sleep is another proven way to improve health. Children and teens usually need **8 to 11 hours of sleep** each night, depending on their age. Making sleep a **family priority** supports both your health and your child's.²²

Here are some ways to encourage healthy sleep habits:

- Keeping a **consistent bedtime** and wake time
- Getting **daylight exposure** during the daytime
- Ensuring a **dark, quiet, and cool** sleep environment
- Including “**wind down time**” before bed
- Limiting screen time for **30 minutes before sleep**
- Sticking to a **consistent bedtime routine**, which could include stretching, baths/showers, reading, or journaling



IV. Red Flags & What to Avoid when Discussing Weight with Teens and Kids:

Sometimes, when doctors talk to kids and teens about their weight, there may be warning signs that the advice is less helpful and can even be harmful. Below, we summarize **“red flags”** to look out for in language and actions that may put your child at risk of disordered eating, mental health struggles, and a lifelong cycle of trying to lose weight.

Blame or shame	Talk that makes the child feel like something is inherently wrong with them, or that they are at fault for changes in their weight.
Only about the scale	Focusing on pounds instead of healthy habits.
Adult rules for kids	Using strict diet goals that ignore growth needs.
Real life situations being ignored	Not asking about stress, school, bullying/teasing, food insecurity, or family routines.
Risky food rules	Advice that encourages skipping meals or fear of eating, including calorie counting and restrictive diets.
Same plan for everyone	No adjustments for the child’s unique needs.
Parents left out	Caregivers aren’t part of the plan.
No mental health check	Skips screening for depression, anxiety, or eating disorders.

Questions to ask yourself and your child’s doctor:

What changes in my child’s health are you hoping for?

Are there alternatives to weight loss that we can consider to manage any health concerns?

What factors are most important for my child’s health and happiness?

How can we learn about and apply weight-neutral approaches to health?



Additional Resources

- [Ragen Chastain's](#) discussion of the issues with AAP's guidelines
- [Fat Talk: Parenting in the Age of Diet Culture](#), book by Virginia Sole-Smith
- [How to Raise an Intuitive Eater: Raising the Next Generation with Food and Body Confidence](#), book by Aimee Severson and Sumner Brooks



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