Size Inclusive Pediatric Medicine

A Brief Overview By Medical Students for Size Inclusivity

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“In the past two years, have I seen any kids develop type 2 diabetes or hypertension? No, but I have seen a lot of kids hospitalized for eating disorders and they often tell me a conversation with a pediatrician planted seeds.”

- Dr. Beth Nathan

Sole-Smith V. Doctors are rethinking how they talk to kids about weight. Time. April 18, 2023. Accessed October 5, 2025. https://time.com/6262724/fat-talk-doctors-kids-weight-excerpt/.

Learning Objectives

Recognize manifestations of weight stigma in pediatric healthcare

Explore the harms of weight-normative medicine for pediatric patients

Critically examine the 2023 AAP guidelines

Explore alternative ways to provide evidence-based pediatric care

definitions

Weight Discrimination: unjust and overt forms of weight-based prejudice and unfair treatment of individuals in larger bodies. In children, this may take the form of weight-based teasing, a particular form of intentional physical, psychological, or social harassment (Nagata et al. 2025).

Weight Bias Internalization: when a person attributes negative beliefs about their weight to themselves, causing a belief in weight-based stereotypes, results in lower self-esteem in children (Braddock et al. 2023).

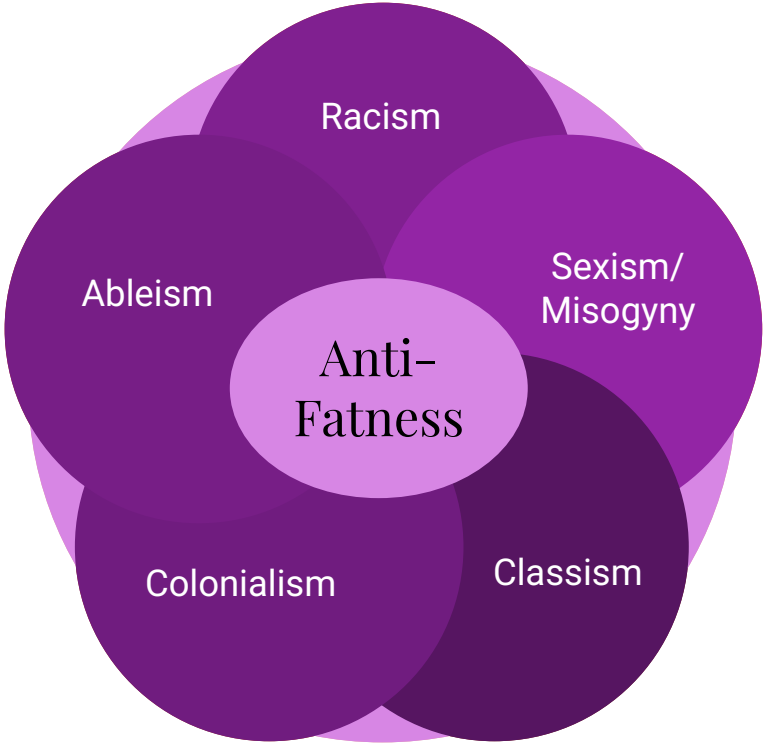
Weight-Normative (Weight-Centered) Care: emphasis on weight and weight loss when defining health and well-being (Tylka et al. 2014).

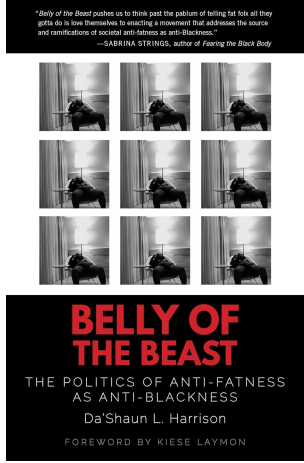
Weight Inclusive Care: emphasis on viewing health and well-being as multifaceted while directing efforts toward improving health access and reducing weight stigma (Tylka et al. 2014).

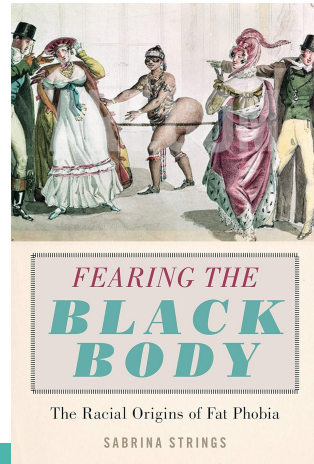
Anti-Fatness Across Systems of Oppression

[Intersectionality]

Fat stigma rarely stands alone. It is gendered, racialized, and classed all at once, tied to demands for discipline and self-control

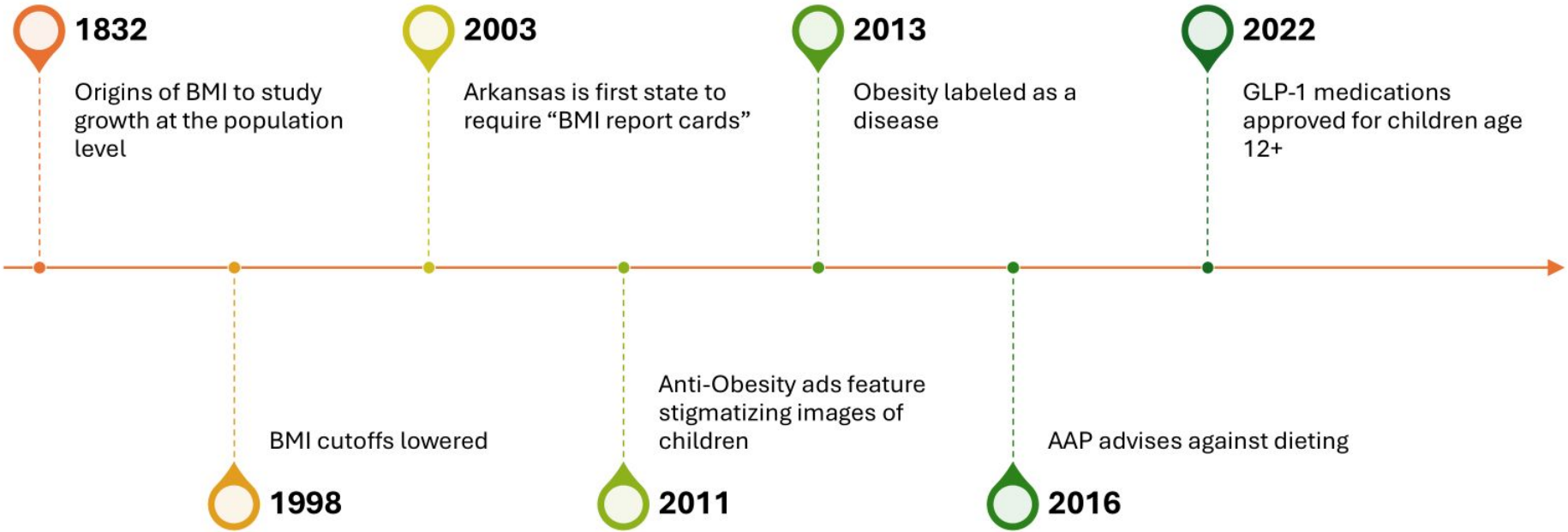






The State of Weight-Centered Care in Pediatrics

Timeline *Evolving Focus on Weight in Pediatrics*



The State of Pediatric Weight Bias and Discrimination

- Nearly **half of all youth** have experienced weight-based bullying and/or discrimination (Puhl et al. 2020).
- Several states distribute **BMI report cards**, which humiliate children, perpetuate weight stigma, and simultaneously have not been shown to decrease obesity rates. (Poole et al., 2023; Madsen et al., 2021)
- **78% of children** seeking weight loss treatment experienced weight based victimization (Puhl et al. 2013).
- A majority of pediatric healthcare providers surveyed demonstrated **significant implicit and explicit weight bias,** but also agreed to the statement that weight bias in healthcare is an issue that needs to be addressed (Turner et al. 2024).
- In a recent Dutch study, **63% of pediatricians felt frustrated** with children with obesity, and **30% of pediatricians** said they would **rather treat a non-obese patient** than a similar patient with obesity (Van der Voorn et al. 2023).
- **Exposure to weight stigma** is associated with disordered eating, less physical activity, worse quality of life and worsened mental health and academic performance (Wagner et al. 2024; Puhl et al. 2017).

Harms of Weight-Centered Medicine

Our Conversations With Kids Matter

In a study investigating weight bias in the pediatric inpatient environment, **71% of providers** exhibited moderate or strong implicit weight bias (Halvorsen 2019).

Berge et al found that adolescents whose parents engaged in **"healthful eating" conversations** were significantly less likely to diet or engage in unhealthy weight control behaviors (UWCB) compared to adolescents whose parents engaged in conversation about **weight/size (Berge 2013)**.

IMPACTS: Harms of weight-centered care and weight bias

Conversations with doctors and parents that make kids feel ashamed about their bodies	→	**Reduced sense of trust or support in clinical settings, reduced engagement with healthcare (Hunger et al. 2020)**
Calorie deficits at the time of adolescence and puberty	→	**Disruption of hunger-fullness hormone signaling, malnutrition, growth stunting (Saunders & Smith 2010)**
Shame and punishment surrounding exercise	→	**Decreased physical activity (Pont et al. 2017)**
Counseling in the primary care office setting that advises kids to restrict their calories	→	**Dieting, disordered eating behavior, and potentially life threatening eating disorders (Golden et al. 2016; Nagata et al. 2025)**

Lived experience: Weight Stigma in Adolescents With Obesity From Low-Income Backgrounds: Qualitative Perspectives From Adolescents and Caregivers (Darling et al. 2025)

"One teen (female, 15 years, Hispanic/Latina) reported that their pediatrician said, '*That I need to stop being lazy. If I don't work on it, then it's not going to be good for my future…Trying to be helpful but also being critical about it,* ***but it doesn't connect with me. It connects in a harsh way*** *– you gotta figure this out or your future's not gonna be good.'"*

"Caregivers, in particular, reported that primary care providers often led them to feel blamed and shamed for their child's weight status. One mother (teen of 13 years, non-Hispanic Black) stated, *'You know,* ***I always leave there [her pediatrician's office] feeling ashamed.*** *I always left there a little like I failed my child. Like, what kind of mom would let her child get like this? I felt like it was all on me.* ***It made me feel very, very, very bad.*** *Like I'm failing as a mother.'"*

Examining the 2023 American Academy of Pediatrics Clinical Practice Guidelines for Childhood Obesity

2023 AAP Guidelines

Treatment	Age	BMI Category
Intensive health behavior and lifestyle treatment (IHBLT)	6+ years Limited evidence for children age 2-5 years	Overweight and obese
Pharmacotherapy	12+ years For age under 12 years there is insufficient evidence for pharmacotherapy for sole indication of obesity	Obesity (>95%)
Metabolic and Bariatric Surgery	13+	Severe Obesity (>120%)

Hampl SE, Hassink SG, Skinner AC, et al. Clinical practice guideline for the evaluation and treatment of children and adolescents with obesity. *Pediatrics.* 2023;151(2): e2022060640. Doi. 10.1542/peds.2022-060640.

Harms of the 2023 AAP guidelines

- Poor evidence quality
  - Exclusion of kids with mental health conditions, chronic diseases, activity limitations
  - High attrition rates = attrition bias
  - Short or no follow up
    - Only 45% of studies had follow up, **only 20% examined outcomes beyond 12 months**
    - **77% of studies with medium to long term follow-up (>12 months) showed no sustained benefit**
  - Few trials examined harms or unintended consequences
  - Studies did not examine economics of interventions including access, availability, payment and sustainability
  - Massively heterogeneous treatment effects with little explanation of why — Past trauma, poverty, food insecurity, readiness for change?
- BMI is a poor health metric, especially in kids
  - **BMI does not account for pubertal status** — BMI overestimates adiposity in maturing children (Sorensen and Juul, 2015) and adjusting for pubertal status drastically reduces the prevalence of overweight and obesity (Bomberg et al., 2021).
  - **BMI is a poor measure of body composition in children** — it is a weak to moderate predictor of for body fat percentage and absolute fat mass.

…harms continued

- Even if BMI reduction was a reasonable goal, the cited studies do not support the efficacy of the recommended interventions
- Pharmaceuticals are not well studied in children - **GLP1s were largely excluded in the reviewed studies** but nonetheless the guidelines support use of these medications in kids 12+.
  - 2024 USPSTF recommendations indicate **inadequate evidence for pharmacotherapy,** including limited studies lasting longer than **2 months** and no evidence on harms of long term medication use (USPSTF 2024).
- Lack of feasibility of IHBLT — not an equity-driven recommendation
  - 26+ hours per week is unrealistic for most families with young children
  - Especially considering the prevalence of high BMI is higher among Hispanic/Latino, Native American/Alaska Native, and non-Hispanic Black children and adolescents and **children from lower-income families** (USPSTF 2024).
- Interrupting physiology of growth and development
  - High variability between individuals' metabolic needs and nutrient extraction (Miles-Chan and Harper, 2023)
  - **Growth in childhood requires a lot of energy and has long-lasting effects**
  - Implications for stature, pubertal development, bone density, brain morphology, cancer risk, etc. (Neale et al., 2020; Marion et al., 2020)
  - Brain's metabolic requirements peak in childhood; ~43% of daily energy needs (Kuzawa et al., 2014)

The Collaborative of Eating Disorder Organizations (CEDO), 2023

“The statements made throughout these guidelines are problematic at best, and at worst, put American children and adolescents at serious risk for developing eating disorders, disordered eating, and other mental and physical health issues.”

Weight-Inclusive Care: An Alternative Evidence-Based Approach

Recommendations for Weight-Inclusive Pediatric Care

- Focus on **health promoting behaviors**, not weight
- Don't be too rigid— **ADD** health-promoting behaviors rather than encouraging restriction
- Include patients in their care— **validate** them!
- Consider and address sources of bias
- **Screen for eating disorders** before discussing weight, food, or physical activity
- Normalize and **celebrate diverse bodies**
  - Discuss natural changes as we age and grow
  - Acknowledge the many factors that contribute to body composition
- Acknowledge the **power of your words**
  - **Decentralize weight** in conversations with patients AND guardians
  - **Avoid words like "normal/abnormal"** and "healthy/unhealthy", which reinforce societal norms that tie weight to health and contribute to the "othering" of larger bodies
  - **Avoid attaching morality** to body size and foods
- Approach to weighing in clinic
  - Blind weigh-ins when weight should be measured
  - **Weigh with consent**
  - Think critically about when you need to weigh patients (and when you don't!)

“Right now, there is so much focus [in the research] on trying to prevent children from being large rather than accepting that some of them will be”

- Dr. Lesley Williams

Sole-Smith V. Doctors are rethinking how they talk to kids about weight. Time. April 18, 2023. Accessed October 5, 2025. https://time.com/6262724/fat-talk-doctors-kids-weight-excerpt/.

Panel Discussion

@sizeinclusivemedicine

M.S.S.I
Medical Students for Size Inclusivity

ASSOCIATION FOR AWSIM
WEIGHT & SIZE INCLUSIVE MEDICINE

Size Inclusive Pediatric Medicine: *A physician panel to discuss weight-inclusive pediatric healthcare*


GERALDINE MALANA, DO, MA, MPH


CORTNEY CRESPO, MD,MMEDED


WENDY SCHOFER, MD, FAAP, DIPABLM, PCC, TIPC, NBC-HWC


TAKA YAMAGUCHI, MD

A session hosted by MSSI and AWSIM on the harms of weight-centric pediatric care and the benefits of weight-inclusive approaches, featuring a research overview and a physician panel.

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- Prefer to be anonymous? Use the QR code or this link to submit a question to our google form: https://forms.gle/35xiVBt1pg2Ueu4i8

What is one takeaway point or change that you might make to your practice based on today's discussion?

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Join by Web

PollEv.com/emilybouzan110

Join by QR code

Scan with your camera app

New Resource!! MSSI Peds4Parents

Oct. 2025 | Version 1.0

***MSSI Student Contributors*: Jackie Liu, Marisa Langton, Allyssa Tomlin, Sydney Klumb**

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.

Medical Students for Size Inclusivity. (2025, Oct.) *Weight management for pediatric populations: an informed consent resource*. https://sizeinclusivemedicine.org/peds4parents/

Wrap Up

- Thank you for joining us!!
- Continue the conversation: panelists/presenters will linger for continuing discussion or questions.
- Reach out at any time to MSSI (sizeinclusivemedicine@gmail.com) or AWSIM (info@awsim.org) with further questions, comments, or opportunities for collaboration.
- Not a member? Join MSSI and/or AWSIM: https://weightinclusivemedicine.org/register/

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