

**Care Network Town Hall Follow-up Questions – October 10, 2023**  
**Clinical Practice Guidelines for Care of Youth with Obesity – Alaina Vidmar, MD**

**Question:** I find one of the biggest challenges in my patient population is talking about that they are obese. How do you talk about that they are obese to begin with? Parents are often defensive and fearful of upsetting the patients with the discussions.

*Answer:* When I speak to families, I start by asking permission to discuss this topic and sharing with them that this is not their fault but how they are made. This is biology and genetic combined with environment and not a lack of self-discipline. I then move on to highlight that our goal is not a number on a scale or a size of the body but health over time. We want to prevent life limiting complications and we do that by using whatever tools we have available, which may be thinking about food as medicine, movement as medicine, obesity medicines or surgery.

**Question:** At what point do you decide that it's time to start meds, in addition to diet and exercise?

*Answer:* The current guidelines recommend comprehensive treatment that is severity based and not staged which means it is appropriate to offer medication on visit one for a child with class II or three obesity in conjunction with lifestyle modification as there is no evidence to suggest that waiting is appropriate.

**Question:** What do you consider insulin resistance? Acanthosis?

*Answer:* Insulin resistance can be via acanthosis or biochemical evidence such as elevated fasting blood glucose or hemoglobinA1c.

**Question:** If the oral agents are working, how long do we give them or what's the endpoint? Do you taper the dose when you are going to stop the medication?

*Answer:* If any agent is working well I treat until we achieve a BMI of 85 percentile or lower then I recommend a six month break off the agent. You do have to taper off Topiramate then I see how the patient feels and what the weight trajectory looks like to determine need for more long-term maintenance treatment or not. Very patient dependent the response.

**Question:** What does ending treatment look like for the gpl1 agonist?

*Answer:* Very similar to the above response. No taper needed for GLP-1.