

THIS MONTH: PEDIATRIC CARE



Raising the next generation

What does ‘healthy’ mean for today’s kids and teens?

By Roberta Baker
Union Leader Staff

For kids and teenagers, what does it mean to be “healthy”?

It’s a loaded question as research findings, our habits and our living environments keep shifting and evolving.

According to medical experts, including in southern and central New Hampshire, chronic illness in children is rising, including rates of diabetes and cancer, along with mental illnesses such as anxiety, depression and eating disorders, which have long-term health ramifications.

The problems that bring children to pediatricians are becoming more complex, doctors say.

It can be confusing, if not overwhelming, for parents. Pediatric health practitioners — including doctors, nurses, therapists, dietitians, and occupational, speech and physical therapists — serve as watchdogs, gatekeepers, translators, consultants and fixers in a world fraught with conflicting advice from social media and changing ideas of what is “normal.”

“Partnering with parents is so important for all things that affect children. It’s a hard world to navigate,” said Dr. Eileen Murray, a pediatrician at Elliot Pediatrics at Bedford.



Dr. Erik Shessler plays the patient with his daughter at Dartmouth Hitchcock Manchester.

PROVIDED BY DARTMOUTH HEALTH; TOP PHOTO BY METRO

“Your PCP is really the best place for us to monitor, prevent and manage concerns about sleep, healthy eating, moving your body and staying active, mental and emotional health, and developmental concerns including autism,” said Dr. Erik Shessler, a Dartmouth Hitchcock pediatrician in Manchester and Bedford, who was recently named

Pediatrician of the Year by the New Hampshire chapter of the American Academy of Pediatrics.

“Identifying things early improves outcomes,” Shessler said. “Your primary care provider is well equipped to do that. Picky eating, temper tantrums, sleep problems. We can reinforce things that parents are doing at home to pre-

vent things from becoming a problem.”

Well child visits

Well child visits are when parents can voice their concerns and ask questions about their child. It’s not just about their youngster’s height, weight, physical ability, hearing and eyesight.

“Pay attention when

you fill out that paperwork if there are concerns or questions arise,” including anything related to behavior or development, said Dr. Stephanie Schofield, a pediatrician at Concord Hospital Pediatrics-Belmont.

“If you haven’t been around a lot of other kids you may not notice that they’re not doing what other kids are usually

doing” at their age and stage.

“If you’re seeing things over and over again,” including repetitive, comforting movements or habits such as spinning in circles or twisting their hair, “that’s something to bring to the doctor’s attention.”

Evaluations for developmental disabilities and other disabilities start early and continue in school, Schofield said. The first screening for autism occurs at 18 months and again at 24 months, or later, as part of well child checks.

Play time

“In general, humans are social creatures,” said Shessler. “We thrive on interactions.”

Regardless of whether your child is in day care or at home with a parent or caregiver, “seeking out those experiences are important. Independent experiences are important. Playing at the library or park, swimming lessons, tumbling, gymnastics.”

Group activities and playing with other children “allow kids to explore socially, physically and emotionally.” When family schedules and budgets allow it, “summer camp is an opportunity for kids to stay active and be independent away from immediate caregivers.” It fosters social

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Healthy eating starts early, and prepares a child for lifetime wellness

By Roberta Baker
Union Leader Staff

Madelyn Parmentier, a children’s dietitian at Dartmouth Health, tackles a menu of food- and feeding-related issues in newborns through 20-year-olds.

Her goal?

Establish a healthy relationship with food early on, catch food phobias and nutritional deficiencies before they become entrenched, and plant the seed of good habits and choices that promote health and longevity.

The Union Leader spoke with Parmentier in a videoconference on June 5.

Children can be picky. How can parents set the stage for a healthy relationship with food?

It’s important to have “a neutral mindset around foods. Try not to prioritize or put a hierarchy on certain foods and try not to categorize foods as good and bad,” she said.

“We want to keep everything positive, focusing on mindful eating and being aware of your



METRO

Including kids in meal and snack preparation can encourage a more positive attitude toward healthy eating.

children’s hunger and fullness cues.” Focus on regular meal and snacktime routines and make sure kids are accustomed to eating only within those time frames, which can help establish those hunger and fullness cues.

“Involve children in cooking

and family meals. Talk about those foods in positive ways” and keep food preparation a fun and positive experience. Bring kids to the grocery store and have them help with groceries at

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It’s not just about the diet: Childhood obesity is a complex medical issue

By Roberta Baker
Union Leader Staff

When pediatric health experts name the most worrisome medical conditions plaguing young people today, obesity often tops the list.

According to global statistics from the World Health Organization, more than 390 million children and adolescents aged 5–19 years were overweight in 2022, including 160 million with obesity.

Between 1999 and 2023, in the United States, obesity in children aged 2 to 19 increased from 13.9% to 21.1% and severe obesity rose from 3.6% to 7%, the Centers for Disease Control reported last year. Since 1990, adolescent obesity has more than doubled. In the U.S., roughly 1 in 5 children have obesity.

Obesity is defined as having a body mass index (BMI) above the 95th percentile for age and

sex. Overweight, in medical terms, means a BMI between the 85th and 95th percentiles.

“Childhood obesity is clearly a rising concern for all of us,” said Dr. Erik Shessler, a Dartmouth Hitchcock pediatrician in Manchester and Bedford, and a past president of the New Hampshire Chapter of the American Academy of Pediatrics.

“We’re definitely seeing an increase and all the data supports what people are seeing,” said Dr. Eileen Murray, a pediatrician at Elliot Pediatrics at Bedford. “We do know this is going to have lifelong effects.”

Rates of childhood obesity have been increasing for many years, said Dr. Lila Monahan, a pediatrician at Southern New Hampshire Health and Main Street Pediatrics in Nashua, “with some recent flattening, and a worrisome trend

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Cyberbullying can cause PTSD symptoms in kids, study finds

By Erin Blakemore
Special to The Washington Post

Cyberbullying in any form can cause symptoms of post-traumatic stress disorder and should be considered an “adverse childhood experience,” a recent analysis finds. Writing in BMC Public Health, researchers drew from a nationally representative sample of 13-to-17-year-olds in the United States, homing in on the 53.9 percent of the group that reported having been cyberbullied in the past. More than half of that group said someone had posted mean or hurtful comments online, spread rumors online, or intentionally excluded them

from a group text or chat within the previous 30 days. Boys who experienced these forms of cyberbullying “scored significantly lower than girls on the trauma scale,” and younger students reported more trauma than their older counterparts. The more often a student was bullied online, the more trauma they reported, but the type of cyberbullying was not linked to trauma severity. “We were surprised to find that no single type of cyberbullying caused more harm than others; all carried a similar risk of traumatic outcomes,” Sameer Hinduja, a professor in Florida Atlantic University’s School of Criminology and Criminal Justice and the

paper’s lead author, said in a news release. This means we can’t afford to dismiss or trivialize certain behaviors as ‘less serious’ — being left out or targeted by rumors can be just as detrimental as more overt attacks.” Because of the link between cyberbullying and symptoms of PTSD, the researchers write, schools must provide trauma-sensitive care and skill-building to help students develop good coping mechanisms. Schools should help students, including by developing crisis intervention plans, to help kids deal with cyberbullying. “It seems vital to avoid prioritizing or trivializing any particular type (of cyberbullying) over another,” they conclude.

Healthy

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independence and is “a great way to expand your world.”

Child health and development gurus have long extolled the power of play. “Keeping kids moving and active and using their imaginations is certainly key,” Shessler said.

“I love it when kids get bored. That’s when they get creative, use their imaginations and can do wonderful things,” said Schofield at Concord Hospital Pediatrics. “Technology can be wonderful,” in doses, “but the screen can become a babysitter.”

When children spend a bulk of their time on electronics, that means “less socialization and learning from others how to interact. If you’re going to watch TV shows together, interact,” Schofield said. Talk. Ask questions. Be silly. Go off on tangents.

Nutrition and sleep are important, but so is down time, said Murray. “There’s value to down time, fun time. The things that make us happy.”

Meal time

Food. Too much, too little. Only this. None of that. Eating disorders, such as anorexia, bulimia, binge eating and compulsive eating, saw “a big increase after COVID lockdowns,” said Murray.

ARFID — avoidant/restrictive food intake disorder — is also rising, according to pediatricians who treat young children through teens.

Picky eating used to be dismissed by parents as a phase that their kids will outgrow, but now it’s understood as a chronic problem that can simmer for years, breeding broader and long-term health implications.

ARFID includes food phobias and avoiding certain foods or entire

“Partnering with parents is so important for all things that affect children. It’s a hard world to navigate.”

DR. EILEEN MURRAY
Elliot Pediatrics, Bedford

food groups, colors or textures, or eating only certain foods such as bread, cereal and pasta.

“What children choose to eat now matters,” Murray said. “Practically speaking, it’s a hard concept to grasp, even for adults. Our diets have changed over time, with the abundance of supermarket choices and grab-and-go meals.”

“It’s best to read labels carefully, and when there are multiple products to choose from, pick the ones with ingredients you recognize as real and healthy, and have the least amount of added sugar,” she said. “A good rule of thumb is to consider those with the shortest ingredient list, and the fewest chemical names.”

“As early as possible, engage in good and health habits, not just for the child, but as a family,” Murray said. Unhealthy eating patterns can put a child at risk for ailments that may not be visible now, she added.

If you’re concerned about your child’s weight, talk to your doctor. It’s a touchy subject and your tips, offers of help or any comments on bodies or weight can backfire.

“If their weight is going up too quickly or down too quickly, that points

to something abnormal going on. You need to talk to your child’s doctor about it,” said Concord Hospital’s Schofield, a specialist in pediatric obesity and eating disorders.

Vaccine hesitancy

It’s a problem for children’s health and public health. It ballooned after COVID, and it’s affecting family habits and the wellbeing of young people, according to doctors.

“Overall vaccine hesitancy is worrisome for all us pediatricians,” said Schofield.

Measles has spiked internationally and “because of people traveling it will probably spread more,” she said. Fewer kids have been getting vaccinated for the flu, a trend that sparked during the pandemic.

This year saw “a huge increase in flu cases and hospitalizations — the worst I’ve even seen for children. It seemed to be a very virulent strain” of influenza strains A and B.

Some areas of the country experienced large outbreaks of pertussis or whooping cough, she added. A “bright spot” in respiratory disease was a lot less RSV this year, which was attributed to successful vaccination for moms and babies, which reduced hospitalization for RSV by 80% to 90%, Schofield said.

“Vaccine hesitancy rapidly took off since COVID,” Murray said. “I urge families to be open and talk about it.”

No Flavors this week

The monthly NHMedical section takes the place of this week’s Flavors section. Flavors, with Our Gourmet, returns next week.

Courses for New Parents and Grandparents


CPR for New & Expecting Parents classes cover Child/Infant CPR AED, using barrier devices, and how to relieve choking. This course focuses on the needs of new parents, grandparents, and babysitters and does not earn a certification card.

Grandparents: Getting Started is the newest course from Safe Sitter. Safety and childcare guidelines are continually improving and this program covers the new current recommendations for caring for your grandchildren. Course includes choking prevention, how to treat choking and Child and Infant CPR.

Pediatric First Aid CPR AED certification courses cover Adult, Child & Infant CPR AED, relief of choking, Pediatric First Aid including treatment of injuries, illnesses and environmental emergencies.




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Pediatric falls send millions to the ER each year

Mayo Clinic News Network

Falls are the No. 1 cause of nonfatal injuries among children up to 14 years old in the U.S., according to the National Institutes of Health.

Many of these pediatric falls happen at home or on the playground.

Tom Halada, a Mayo Clinic registered nurse and pediatric trauma coordinator, says some of these injuries can be prevented.

Each year, more than 2 million children are seen in the emergency department in the U.S. because of fall-related injuries.

“The injuries can vary widely, and it’s somewhat dependent on the age range for the patient,” says Halada.

Infants and toddlers often get hurt tumbling off beds and changing tables. Windows and stairs can also lead to unintentional bumps and bruises.

“One way to prevent falls around the home would be to make sure that you have properly installed safety gates for your stairs and guards for the window,” explains Halada.

Bigger kids sometimes end up at the hospital because of injuries related to biking, roller-skating and other recreational activities.

“Participation in any activity, you would want to make sure that the child is wearing correct and properly sized protective equipment, such as helmet, knee pads, elbow guards, wrist guards,” says Halada.

Vigilant adult supervision can help reduce falls and accidents in children.

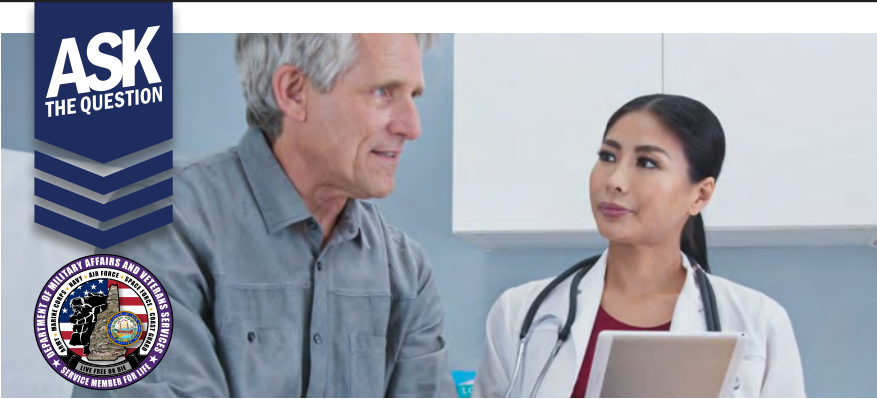


DREAMSTIME/TNS

Falls are the No. 1 cause of nonfatal injuries among children up to 14 years old in the U.S., according to the National Institutes of Health.

Preventing pediatric falls

- Move furniture away from windows to prevent climbing.
- Strap babies in high chairs, swings and strollers.
- Never leave a child alone in a shopping cart.
- Keep windows locked and closed when not in use.
- Create safe play areas.
- Childproof the home.
- Always supervise young children.



The Right Referral Starts with the Right Question

Have You or a Family Member Ever Served in the Military?

In 2013, Lt. Col. Stephanie Riley of the NH Air National Guard was working in an emergency department, where she often saw patients experiencing headaches, dizziness, and hearing loss. Many were misdiagnosed with migraines, when actually they were Veterans suffering from Traumatic Brain Injury (TBI). One day, Lt. Col. Riley encountered a Veteran who had visited three healthcare facilities without being asked about their military service. By the time they reached out, it was too late—the Veteran took their own life.

This tragic experience led Lt. Col. Riley to advocate for a simple practice: asking about military service at intake. Sadly, Lt. Col. Riley passed away in December 2014, but her spirit and message would lead to the creation of NH’s Ask the Question initiative, now marking its 10th anniversary in 2025.

Ask the Question encourages service providers across all sectors—healthcare, housing, employment, mental health, social services, education, and others to ask one vital question: “Have you or a family member ever served in the military?”

Every day, Veterans, Service Members and military families go to work, school, medical appointments, and otherwise enjoy life in NH. Yet not all Veterans self-identify, for different reasons, which can delay or prevent them from obtaining needed services.

Why this matters: nearly 90,000 Veterans live in NH, yet not all receive or are qualified to receive care at the U.S. Department of Veterans Affairs (VA). Asking the Question enables providers of all kinds to more effectively identify, screen, refer, and connect Veterans to targeted care, resources, and earned benefits – which can ultimately lead to improved outcomes, reduced costs, and averted crises, while honoring military members and families for their service and sacrifice.

Over the last decade, Ask the Question has been adopted by thousands of providers in NH. The initiative has inspired efforts across the country, and has been recognized as a “best practice” by the VA and the U.S. Substance Abuse and Mental Health Service Administration.

To learn how you can Ask the Question and what to do when the answer is “yes,” go to www.AskTheQuestion.NH.gov for free training information or call (603) 227-1403.

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Pediatrics

Eating

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home, with food preparation.

“All that type of stuff is great. Family routines can help establish positive relationships with food, even growing your own food at home, if possible, or going to your local farmers’ market.”

“Switching things up and keeping things interesting for kids is really important. Kind of like entertaining them with the food instead of pressuring them to eat it and pressuring them to like it. Keeping everything pretty low-pressure around mealtimes, especially if it’s a new food for them, can be helpful.”

Talk about the characteristics of food and ask probing questions instead of asking them to just take another bite. Ask them to think about what it might taste like or feel like. Ask questions that “encourage them to interact with the food in a way they might feel comfortable,” she said.

What does healthy eating look like in practice?

In general, she said, opt for whole foods with natural ingredients. Try to eliminate or cut back on processed foods, prepared frozen meals and foods with added sugar or sodium, Parmentier said.

Why should kids cut way back on or avoid processed foods?

Processed foods are frequently high in sodium and added sugar, which children don’t need, she said.

Ultra-processed foods include soda, candy, all typical snack foods like cookies, crackers, chips — foods that are in packages. In general, “Those foods have a lot of additives” and have little nutritional value. “They may have parts of whole foods, but they’re so stripped of the nutrients of whole food that they don’t pose any major benefits.”



PROVIDED BY DARTMOUTH-HEALTH

At Dartmouth Health, this basket of plastic fruits, vegetables and more is used to demonstrate the types of whole foods that are part of a healthy diet for children.

Highly processed foods include chicken nuggets, bacon, breads and buns that aren’t whole grain, sweetened and flavored yogurts, chocolate and strawberry flavored milk, coffee creamer, pastries, baked goods, ice cream and frozen desserts, chocolate, and energy and sports drinks (which may also be high in caffeine, with adult levels that aren’t safe for kids).

Fruit juices without added sugar are highly processed, she said, but they’re a source of valuable Vitamin C for children who don’t have access to fresh fruit.

Sodium is another thing to keep track of in processed food. “It’s definitely OK to have sodium and we need sodium in our diet. But if a child is eating a whole lot of processed foods, it may

be too much.” As a rule of thumb, avoid foods where the milligrams of sodium are a higher number than the calorie content in a serving size: “If something is 100 calories in that serving, but there’s like 300 milligrams of sodium in that serving, that’s a bit high.”

The most important thing to avoid is added sugar, Parmentier said. That’s critical, especially for the youngest children with developing teeth.

Food labels, with percentages based on a 2,000 calorie per day adult diet, list carbohydrates, total sugars and added sugars. When it comes to added sugar, “the lower the better and closer to zero if possible.”

Four grams of added sugar equal one teaspoon of sugar. So if a product has 15

grams of sugar, “that’s a lot of teaspoons of sugar they’ve added into that food.”

Better to buy plain yogurt and add fruit or maple syrup to sweeten it lightly, or buy no-added-sugar yogurts, Parmentier said.

Milk is high in lactose, a form of sugar, but it has no added sugar.

On food labels, Parmentier said, serving percentages that are over 20% in any nutrient, vitamin or mineral are generally too high for children.

Why is it important not to talk about body weight and body shape, including your own?

“It’s really important to have positive body image. Try not to have negative self-talk in front of children.”

The danger is that the child might hear it and

apply it to themselves.

“The child might, if they have the same or similar body shape (or physical feature), automatically assume that is something that’s wrong with them, something that needs to be fixed,” Parmentier said. “So we really want to focus on not doing that in front of children and at least or try not to talk about your body in a negative way in front of children.”

What are signs that children might not be getting the nutrition they need to be healthy?

“Rapid changes in growth. If there’s rapid weight loss or rapid weight gain, and it’s associated with dietary changes.

“Rapid weight loss might be associated with a significant decrease in calories,

which will ultimately decrease the amount of vitamins and minerals that the child might be eating.

“Rapid weight gain might be due to overeating if nothing else, nothing medically, is going on with the child.”

Laboratory tests may detect nutrient deficiencies.

In general, physical exams and nutrition-focused exams can pick up signs of a problem.

“Iron deficiency is pretty common in children and that might be seen in pale skin, lower energy, hair thinning” and fingernails that begin to cup or curve up like spoons.

“They definitely change shape if a child is very iron deficient.”

What is ARFID and why should parents be concerned?

ARFID, or avoidant/restrictive food intake disorder, is a relatively new eating disorder diagnosis, Parmentier said.

“I think it’s very underdiagnosed, so a lot of patients go undiagnosed” and they can continue through and beyond childhood with ARFID.

“It kind of presents just like typical picky eating and can get brushed off just as picky eating. It can go undiagnosed into teenage years and even into adulthood.

“It’s very restrictive eating in childhood, being very avoidant of certain foods” because of changes with the food, certain colors, textures and the way it feels in their mouth.

Trauma such as vomiting or trouble swallowing can trigger ARFID. It’s becoming more known and diagnosed, Parmentier said, but diagnosis is only the first step.

“It does need a lot of support from a dietitian, their pediatrician, a psychologist,” with an interdisciplinary team that includes feeding therapy.

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Pediatrics

What pediatricians recommend to raise resilient children

By Nerissa Bauer, MD, MPH, FAAP
American Academy of Pediatrics

Life can be complicated and unpredictable. And while there is no such thing as a “perfect parent,” there are strategies that can help your child become better able to deal with difficult circumstances as they arise.

Known in the pediatric community as “adverse childhood experiences,” traumatic circumstances like death, divorce and poverty cause children stress, which over time, can become toxic, impacting a child’s health now, and potentially in the future.

In fact, adults who’ve experienced one or more adverse experiences as a child or who are exposed to ongoing chronic social inequities over time are at higher risk of depression, cancer, heart disease, diabetes and other health conditions during their lifetime.

On the other hand, safe, stable and nurturing relationships can act as a powerful, protective buffer against the biological harms of toxic stress on children and are key to building resilience.

When children feel connected and supported in the early years, they are more likely to become healthy, competent and educated citizens later in life.

One of the most important ways to strengthen a child’s resilience is to spark moments of connection. This may be through shared book reading, for example, or participating in family routines and community traditions.

Relational health is key to combating adversity and



One of the most important ways to strengthen a child’s resilience is to spark moments of connection.

promoting skills like collaboration, connection and communication that are essential to help children develop resilience and thrive.

After troubling events, the AAP says to remember the 3 Rs: reassure, return to routine and regulate:

1. Reassure.

Remind your child that they are safe and loved, using words and touch and by creating safe spaces in the home.

2. Return to routine.

Try to maintain regular daily routines and be sure to explain any changes in the schedule ahead of time. This can promote a sense of safety and normalcy for your child and let them know what to expect.

3. Regulate.

Help your child learn “self-regulation” skills to calm themselves and manage their emotions and behaviors. This may include belly breathing, stretching or taking breaks.

Turn to your pediatrician when parenthood gets

challenging. Pediatricians are trained to not only monitor your child’s physical growth, but also their social-emotional health. They can help your family build a support system — whether a child is relatively healthy, has ongoing developmental or behavioral concerns, or if your family is going through hard times.

Pediatricians also want to know how parents and household members are doing and if they feel supported.

At appointments, your pediatrician may invite you to share stories about your family life and the daily stresses and struggles of parenting, as well as ask about your own childhood experiences and current living circumstances. So, bring your questions and concerns.

The American Academy of Pediatrics provides tips and guidance on improving relational health, and helping children build resilience and cope with trauma.

To learn more, visit [healthychildren.org](https://www.healthychildren.org).



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Obesity

From Page B6

of severe levels with few resources to take care of these kids. It's hard for nurse practitioners, pediatricians and physician assistants to provide the intensity of care needed. It's complex."

Monahan also is affiliated with Southern New Hampshire Pediatric Healthy Weight and Wellness, which opened in January. "We come from a place of kindness and try to address the stigma and bias that children and families have experienced."

Understanding obesity

Obesity can be loaded with social stigma, but it's foremost a medical illness. Research shows that childhood obesity can trigger problems including heart and blood sugar disorders, vitamin D deficiency, elevated cholesterol, high blood pressure, fatty liver disease, anxiety and depression.

"The hard thing is these things aren't immediately obvious to kids and parents," said Murray. "It's a chronic disease not just because of the chronic implications, but because of how our body responds to it."

"Our bodies aren't designed to lose weight easily." Rather, they are designed to conserve weight and calories as a way to ward off starvation.

Convergence of factors

The good news is that obesity and overweight are now understood as a convergence of factors including genetics, hormones, diet, exercise and feedback mechanisms in the brain.

"We're understanding how hunger and fullness is regulated or not so regulated in people with obesity," said Dr. Stephanie Schofield, a pediatrician and obesity medicine specialist at Concord Hospital Pediatricians in Belmont. "Once the excess weight is there," hunger and fullness "become more dysregulated."



Dr. Lila Monahan, a pediatrician with Southern New Hampshire Health, holds a stuffed animal in an exam room in Nashua.

Certain genetic conditions can cause excess hunger. Much of the processed food in the U.S. is loaded with calories but little nutrition. Most of us, including children, lead sedentary lives. "We sit more, walk less and drive more."

But it's not just a matter of diet and exercise. "It's more of a physiology problem. There are many genetic issues we don't understand. Once excess weight is there, the body fights hard against taking it off," Schofield said.

In normal conditions, the human body secretes leptin, a hormone that regulates appetite and signals fullness. "In an obesity environment, it's almost as if leptin doesn't work anymore," Schofield said.

Some medications cause excess hunger and weight

gain, including those for asthma, including oral steroid treatments. Frequent antibiotics can upset a child's gut biome, the intestinal bacteria balance, which can make it hard to lose weight.

"There are so many things beyond parents' and kids' control," the Concord Hospital pediatrician said. "Diet and exercise change may not tip the scale, but it will certainly improve health."

Empathetic approach

Monahan's Pediatric Healthy Weight and Wellness office next to Southern New Hampshire Medical Center includes smiling stuffed toys for young patients to hold: Squishy the Sloth, and a lineup of small, friendly looking vegetables inspired by the children's TV series "Veggie Tales."

"We try to make it a safe space," Monahan said. Treatment begins with a

broad and complex interview, followed by setting goals for nutrition, physical activity, reduced screen time, decreased sedentary time and improved sleep, among others. Obesity can piggyback with other medical conditions, such as sleep apnea, which Monahan believes is underdiagnosed in children.

The game plan, known as Intensive Healthy Behavioral Lifestyle Treatment, is driven by a child's individual goals and priorities, with the child as a partner.

"Obesity is a complex disease involving genetic propensity and the interaction of hormones, inflammatory markers and signaling" from the gut to the brain and back again," said Monahan.

"Think of your body as a system with all kinds of feedback signals, and they're not just working the way they should for health. Obesity and overweight

are diseases, no different than allergies, asthma and diabetes are diseases."

Treatment often involves changing patterns of thought and action. There are tie-ins with mental health.

"There has always been so much stigma and bias in terms of attitudes and behavior," said Monahan.

Children with obesity are frequently bullied at school. Research shows that kids with attention deficit hyperactivity disorder (ADHD) are more likely to have obesity and vice-versa. Many children with obesity also have anxiety and depression.

Parents as partners

"Parents are doing the best they can with the tools they have," said Monahan. "Some parents are just at a loss and asking, 'What do I do?'" Treatment includes setting limits at home. That likely includes cutting

screen time, hosting more family events and meals together, and changes in grocery shopping for everyone, such as not buying soda. Reading labels becomes a weapon in the war.

"I often say to families, 'It's not your fault that the food industry has made all these highly palatable and highly addictive foods to put in your environment.' When you have ultra-processed foods and drinks you're more likely to want more of them," she said.

Reading food labels is a first line of defense. Choose products with zero or low added sugar, said Monahan. "If you don't have time to read all the ingredients, if you don't know what the ingredient words are, more likely that's an ultra-processed product."

Managing relapses

"Obesity in most cases is a chronic relapsing disease that doesn't get cured" but can be managed, and in young patients, its progression can be stopped, she said.

"For everyone, it's reducing sedentary time," Monahan said. "We address being as physically active as possible. It's not just our screen time" on phones and computers.

"You used to get up to cook a meal and change a channel. Now you have a clicker and Door Dash."

Aim for regular, moderate physical activity, Schofield said. Research has shown that 30 to 40 minutes of moderate physical activity reduced blood sugar levels the next day, Schofield said.

Monahan said she is hopeful, and parents and patients should be, too.

"Before even five or six years ago, it was so hard for patients with overweight and obesity. Now we have so much knowledge. There's a lot of hope around this now."

THANK YOU, N.H. SENATE FINANCE COMMITTEE, FOR SUPPORTING SENIOR CARE!



Over the past five years, average wage costs for nursing homes have gone up over 34%, with costs for food and medical supplies rising similarly. Medicaid reimbursement hasn't kept pace, and now fear exists over Medicaid cuts in Washington, DC.

Here, however, the N.H. Senate Finance Committee stepped up in bipartisan fashion to stop state cuts and help nursing homes receive more timely Medicaid payments. Thanks to Chairman Jim Gray, Vice Chairman Daniel Innis, and Senators Regina Birdsell, Sharon Carson, Tim Lang, Howard Pearl, Cindy Rosenwald and David Watters.

For more information, see savenhseniors.com

HELP in Concord is needed so facilities can meet rising costs and recruit, and retain, staff to serve the most vulnerable Granite Staters

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