





# Our Kids and Obesity

FACING A DANGEROUS TREND

By Paula Moyer

It seems so natural. Your child has hemophilia, and he's had bleeding episodes after being injured in athletic activities. So you get anxious and try to protect him from injuries by restricting his activities. And then it happens: your child becomes more and more sedentary, and the pounds creep up. Because you see him every day, you don't really notice it until his doctor's visit. Then the doctor waves the child's height-weight chart in front of you and says there's a problem.

There's no getting around it. Weight problems are epidemic among teens and adults in the US, and heading that way among children. Children with bleeding disorders may be even more vulnerable.

## OVERWEIGHT AND OBESITY

To understand the trends in weight and their implications for people with bleeding disorders, it is important to understand the distinction between “overweight” and “obese.” Whether a person is normal, overweight or obese depends on the relationship of weight to height. The formula for determining this is called the body mass index (BMI). In adults, a BMI of less than 20 is underweight; 20 to 25 is normal; 25 to 29 is overweight; and 30 and over is obese.

The BMI is used differently for children, with consideration given to the child’s age and gender. A good calculator tool to figure out your child’s BMI can be found on the Kids Health Web site at [www.kidshealth.org/parents](http://www.kidshealth.org/parents).

A recent report from the Universal Data Collection Program (UDC) showed that people with hemophilia and von Willebrand disease (VWD) between the ages of 13 and 19 are almost twice as likely to be overweight than children the same age in the general population. The UDC is within the Centers for Disease Control and Prevention (CDC), and the CDC’s Division of Hereditary Blood Disorders published the report. Sara Critchley, RN, MS, a spokesperson, for the Division, discussed its key findings.

“Among people 13 to 19 years old, 18.2% of those with hemophilia are overweight, compared to 11.5% in the general population,” Critchley says. In that age group, 17.5% of those with VWD are overweight. She notes that ongoing studies are trying to determine the cause for the higher weight in teens with bleeding disorders.

Excess weight is bad news for anyone, but for a patient with

hemophilia, it has specific implications for the quality of life, Critchley notes. One study showed that in patients with hemophilia aged two to 19 years old, “regardless of disease severity, their range of motion was limited as BMI increased,” she says. “Therefore, for patients with hemophilia, excess weight is related to impairment of joint function.” Also, because clotting factor dosage is based on weight, being overweight adds to the cost of care.

Additionally, patients with bleeding disorders are vulnerable to the same weight-related illnesses as other people, such as diabetes and heart disease. Adding more chronic conditions to the mix makes things even more complicated for patients with bleeding disorders, according to Critchley. Maintaining a healthy weight can only add to quality of life on several levels.

“There’s no reason to think that people with bleeding disorders can’t live healthy lives,” she says. “Along with preventing the general health problems associated with being overweight, a healthy weight is important for protecting joints.”

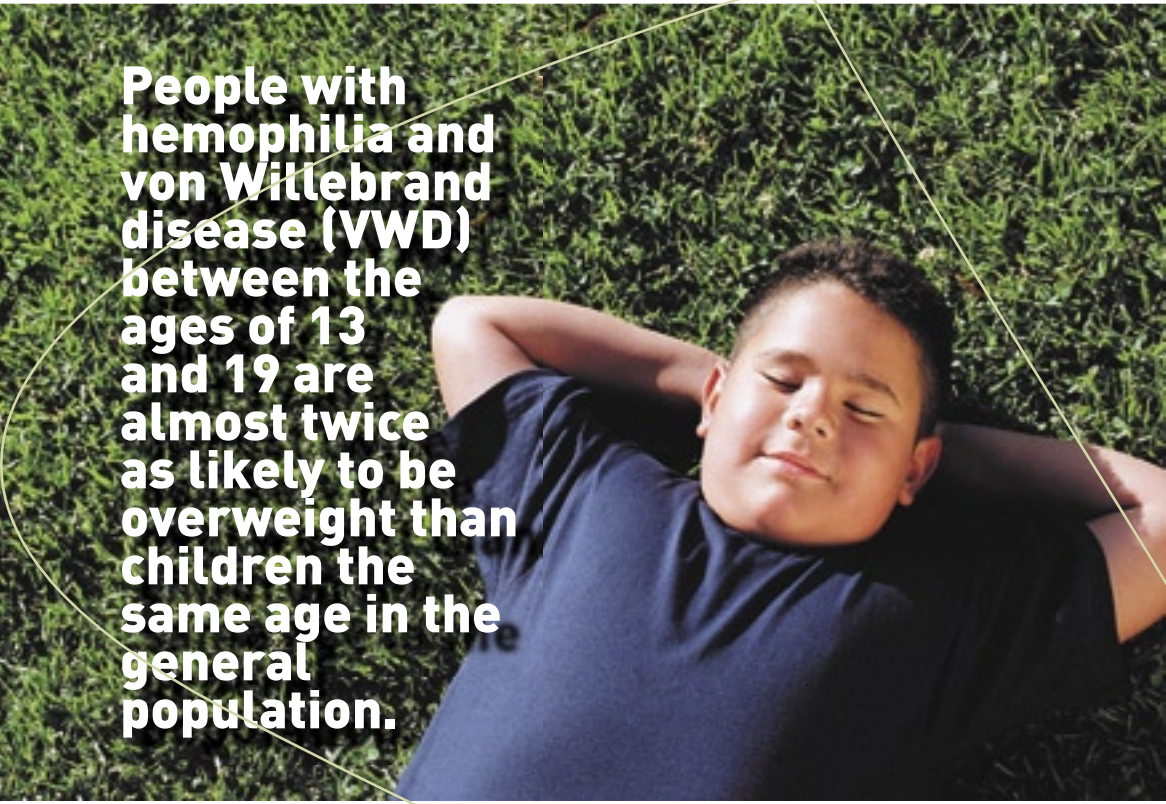
## THE DANGER OF OVERPROTECTION

Ironically, sometimes a parent’s instinct to protect a child from injury can set the stage for a sedentary lifestyle and excess weight. Then, in turn, the increased burden on the joints increases the risk of joint injury, says Susan Zappa, RN, CPN. Zappa is the vice chair of the National Hemophilia Foundation’s (NHF) Nurses Working Group and the bleeding disorders nurse coordinator at Cook Children’s Medical Center in Fort Worth, Texas.

“For us, it’s hard to know which came first, the chicken or the egg,” she says. “Is the child overweight because of restricted activity? Even kids with severe disease who are on continuous clotting factors are not told to avoid activities.”

Whether with hemophilia or VWD, “the disease process itself has nothing that would make a child be overweight,” she says. “However, a lot of parents become very cautious when they see that a certain activity caused a bleed and will restrict the child even though the doctor isn’t restricting.”

Zappa adds that she is sympathetic from her volunteer work at a summer camp for children with hemophilia. Even though she knows that physical activity is beneficial and can strengthen joints and prevent injury, “when I see an injury at camp, I want to prevent it from happening again.”



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## AN HOUR A DAY

Children should be involved in active physical play for at least one hour each day, Zappa says. One way to encourage physical activity is for parents to make activity a family affair. "Bring your child with you when you jog or walk," she says. "You may have to change the type of exercise to something the child can do with you. The payoff of improved fitness, though, should offset that inconvenience."

"Improved muscle strength increases joint protection," Zappa says. "I can't think of one example where a patient with hemophilia developed a long-term injury due to participation in physical activity."

She adds, though, that collision sports should be avoided, such as tackle football, ice hockey and boxing. "If the sport involves someone trying to hurt you, it's not appropriate for a patient with hemophilia." Low-impact activities, such as walking and swimming, are best.

Also, changing a child's diet is easier if the whole family changes. "You can't expect the child to eat a chicken salad at Burger King while everyone else gets burgers," Zappa says. She adds that one advantage to dietary changes is the amount of control that parents have over children's access to food. "Food is bought by the parent and prepared by the parent." Childhood is the time to use that leverage to your advantage, she says.

## A PARENT'S PERSPECTIVE

Even if the parent is encouraging physical activity, the child's physical education teacher or coach may need to be nudged away from overprotection, says Michelle Litchfield. She is the mother of three, and two of her boys have mild hemophilia. Litchfield's 10-year-old, Hayden, struggles with weight issues and her 5-year-old, Tommy, is slender. Neither requires preventive clotting factors.

"When the coach can't see the aching joints or the bruising, they think the kid's resistance is due to laziness and puts them on the sidelines, rather than encouraging an alternative activity," she says. "Not only are they aching and bruising and being dismissed, they aren't getting exercise." Litchfield encourages other parents to talk to the coach or teacher about the specific issues regarding hemophilia and sports, and to use the literature from NHF.

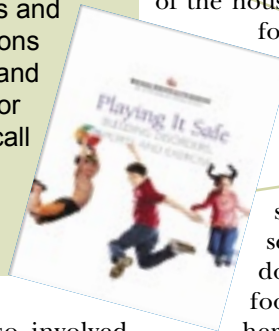
"Even if a child is thin when younger, start the healthy habits sooner rather than later," she advises. "Hayden was a picky eater, and we went with it, because he didn't have a weight problem when he was younger. He was artistic and computer-graphic oriented, and we thought that was great. However, as he got older he got more sedentary. We should have balanced that with activities."

She also noted that school lunches can be high in fat and contribute to the problem. "Hayden gained 12 pounds from kindergarten to the end of first grade," she says.

The good news is that parents can develop effective strategies to deal with a weight problem. "I've been packing lunches

## PICK THE RIGHT SPORT!

NHF has published a new booklet called "Playing It Safe: Bleeding Disorders, Sports and Exercise" that gives recommendations to help children, teens and adults make decisions about what sports and exercise are right for them. For a copy, call the NHF Resource Center at (800) 42-HANDI.



for Hayden," she says. "I try to pack carrot sticks, bananas, low-fat yogurt and lean turkey breasts." Her tip is to use low-fat versions of items that are standard lunch bag items. This will minimize the child feeling different from other kids at school, she says.

Litchfield encourages other parents to read labels when shopping, and to keep foods that are high in fat and empty calories out of the house. When you don't buy fattening foods, children are not tempted to eat sweets for emotional comfort, she says. She recalls that Hayden would feel depressed when recovering from an injury and seeing his friends playing outside and would then comfort himself with food. The temptation to do this is less when unhealthy snack foods aren't in the house. She has

her son in low-impact exercises and physical therapy to improve the muscle strength around his problem joints, the ankles. This has helped to interrupt a vicious cycle that involved injury, resting of the joint and then re-injury when Hayden resumed physical activity. "Now he's exercising on his own and bicycling five miles a day," she says. She exercises with Hayden and "keeps the focus on health, not appearance."

## "DO THE 5"

The focus on encouraging people with bleeding disorders and their families to lead healthier lifestyles has intensified over the last several years. Eating better and being more physically active are important in maintaining a normal weight and helping to reduce the risk of additional chronic diseases, such as diabetes and heart disease.

With that goal in mind, NHF developed the "Do the 5" campaign that encourages an active approach to the management of bleeding disorders to prevent complications and minimize the limitations on a person's life. The components of the "Do the 5" campaign are:

1. Get an annual comprehensive checkup at a hemophilia treatment center.
2. Get vaccinated—Hepatitis A and B are preventable.
3. Treat bleeds early and adequately.
4. Exercise and maintain a healthy weight to protect joints.
5. Get tested regularly for blood-borne infections.

Critchley and Zappa both stress that adding healthy nutritional choices to the "Do the 5" strategy will help people with hemophilia lead better lifestyles. The food choices recommended include fresh fruits and vegetables, whole grains, lean meats and low-fat dairy products and minimal use of fats and sweets.

"The bottom line is that your joints should last a lifetime," says Zappa. "This is important for everyone, but particularly for people with bleeding disorders. To do this, you need to maintain a normal weight." ●