**M6 Discussion – Initial Post – Case 2**

The prevalence of obesity in children has increased in the last decades, with over 100 million children under the age of five years being overweight worldwide (Aggarwal & Jain, 2018). Obesity in children can be linked to individual behaviors, such as unhealthy dietary habits, lack of physical activity, and increased television viewing time (Aggarwal & Jain, 2018). In addition, obesity in children can also be related to micro-environmental influences, such as family habits and a lack of healthy lunch options in schools (Aggarwal & Jain, 2018). The effect of obesity in childhood can implicate continuing obesity after adulthood, increased risk for diseases, such as type 2 diabetes, cardiovascular disease, chronic kidney disease, and cancer, and increased mortality and premature death. For this reason, the prevention of childhood obesity is an international public health priority, given the significant impact of obesity on acute and chronic diseases, general health, development, and well‐being. We will discuss some educational interventions for a nurse practitioner (NP) to give to school-age patients in the following lines.

First, the NP should focus on prevention interventions instead of treating obesity in childhood, including a multidisciplinary approach. The professional should provide diet information (avoiding eating calorie-dense food, increasing consumption of fruit and vegetables), physical activity (encourage to exercise at least twenty minutes of vigorous activity at least five days a week), and psychological health (healthy coping mechanisms when stressed and setting goals) (Lee & Yoon, 2018). Another advocacy that an NP should do is being involved in developing policies to prevent obesity.

Second, an NP should help school-age patients manage obesity, which could be a difficult treatment considering children and adolescents' relative intellectual and psychological immaturity. In addition, children are more susceptible to environmental factors, such as portion size or advertising. For these reasons, approaches to childhood obesity may require intensive and long-term treatment (Lee & Yoon, 2018).

**Discuss appropriate interventions for adolescents suspected of having an eating disorder. Describe how they would initiate conversations with adolescents about this issue**

According to the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5), eating disorders are defined as a group of illnesses marked by severe disturbances in eating behaviors (Limbers et al., 2018). Some examples of eating disorders are anorexia nervosa, bulimia nervosa, and binge eating disorder, and the main character is the use of inappropriate weight control techniques (Limbers et al., 2018). It is important to establish a trustful relationship when talking to adolescent patients, so they can feel safe talking about eating disorders. When family therapy is contraindicated, cognitive behavior therapy (CBT) is recommended. The CBT is a new option for treatment, designed to treat the eating disorder as part of the patient and encourages the teenager to take control. Patients are encouraged to participate in the process of change activities and to consider the treatment a priority (Grave et al., 2019).

**Describe the physical changes of adolescents that include natural processes of biology and genetics**

Adolescence is characterized by biological growth and hormone changes, with the development spans from 10-24 years old and is complete once there is an epiphyseal fusion of long bones (Best & Ban, 2021). During puberty, there is an increase in the gonadotrophin hormone (GnRH) release, which controls the mechanism of regulating sexual maturation and fertility. In addition, this stage is characterized by physical changes, such as females starting their menstrual cycle and breast development, descent, and enlargement of testes in males (Best & Ban, 2021). Another consideration is the neurological development during puberty. It is known that during adolescence, the pre-frontal cortex of the brain is remodeled, part of the brain responsible for decision-making, young person's ability to plan and consider the consequences of their actions, and controlling impulses (Best & Ban, 2021).

**Discuss the prevalence of violence among adolescents. Identify ways that health care practitioners can help prevent and educate adolescents about these issues**

Violence among teenagers is a problem, especially in low-income and middle-income countries (Han et al., 2019). Studies show that one in four US high school students are involved in a severe violent altercation each year, 1 in 6 reports carrying a weapon at least once per month, and approximately 150 000 adolescents aged 12 to 17 years receive medical treatment annually as a result of nonfatal injuries caused by interpersonal violence (Salas-Wright et al., 2017). Around 2016 the CDC’s Division of Violence Prevention funded five Youth Violence Prevention Centers, community-level violence prevention programs that generate research ideas, stimulate novel partnerships, identify research gaps, and build the evidence base of effective prevention strategies that reduce inequities and make communities safer for all (D’Inverno & Bartholow, 2021).

**References**

Aggarwal, B., & Jain, V. (2018). Obesity in children: Definition, etiology, and approach. Indian J Pediatr, 85,463–471. [https://doi.org/10.1007/s12098-017-2531-x (Links to an external site.)](https://doi.org/10.1007/s12098-017-2531-x)

Best, O., & Ban, S. (2021). Adolescence: Physical changes and neurological development. British Journal of Nursing, 30(5). [https://doi.org/10.12968/bjon.2021.30.5.272 (Links to an external site.)](https://doi.org/10.12968/bjon.2021.30.5.272)

D’Inverno, A. S., & Bartholow, B. N. (2021). Engaging communities in youth violence prevention: Introduction and contents. American Journal of Public Health, 111(S1), S10–S16.

Grave, R. D., Eckhardt, S., Calugi, S., & Le Grange, D. (2019). A conceptual comparison of family-based treatment and enhanced cognitive behavior therapy in the treatment of adolescents with eating disorders. J Eat Disord 7, 42. [https://doi.org/10.1186/s40337-019-0275-x (Links to an external site.)](https://doi.org/10.1186/s40337-019-0275-x)

Han, L., You, D., Gao, X., Duan, S., Hu, G., Wang, H., Liu, S., & Zeng, F. (2019). Unintentional injuries and violence among adolescents aged 12–15 years in 68 low-income and middle-income countries: A secondary analysis of data from the Global School-Based Student Health Survey. The Lancet Child & Adolescent Health, 3(9), 616-626. [https://doi.org/10.1016/S2352-4642(19)30195-6 (Links to an external site.)](https://doi.org/10.1016/S2352-4642%2819%2930195-6)

Lee, E. Y., & Yoon, K. H. (2018). Epidemic obesity in children and adolescents: Risk factors and prevention. Front Med, 12,658–666. [https://doi.org/10.1007/s11684-018-0640-1 (Links to an external site.)](https://doi.org/10.1007/s11684-018-0640-1)

Limbers, C. A., Cohen, L. A., & Gray, B. A. (2018). Eating disorders in adolescent and young adult males: Prevalence, diagnosis, and treatment strategies. Adolescent Health, Medicine and Therapeutics, 9, 111–116. [https://doi.org/10.2147/AHMT.S147480 (Links to an external site.)](https://doi.org/10.2147/AHMT.S147480)

Salas-Wright, C. P., Nelson, E. J., Vaughn, M. G., Reingle Gonzalez, J. M., & Córdova, D. (2017). Trends in fighting and violence among adolescents in the United States, 2002-2014. American Journal of Public Health, 107(6), 977–982. [https://doi.org/10.2105/AJPH.2017.303743 (Links to an external site.)](https://doi.org/10.2105/AJPH.2017.303743)

Edited by [Fonseca, Larissa](https://stu.instructure.com/courses/27780/users/19939)on Apr 17 at 9:57am