

## Developmental Pediatrics

**Title:** THE IMPACT OF WEIGHT CONCERNS BY A MEMBER OF THE CARE TEAM IN PATIENTS WITH SPINA BIFIDA (SB)

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**Background:** In our population of children with SB, obesity defined as 120% of Ideal Body Weight for Age (IBWA) reaches a prevalence of 50%. Children with SB have lower total energy expenditure; therefore, dietary changes may be the only option to modify weight concerns in children. Children with SB are cared for by a multidisciplinary team at Children's Rehabilitation Services Spina Bifida Clinic (CRSSBC). Each visit a dietitian provides nutritional assessment.

**Method:** Chart review of patients involved in CRS. Age, gender, and weight were identified at the each visit. Any weight concern and weight management intervention noted in the medical record were recorded.

**Results:** Consent requests were sent to 66 patients of the CRSSBC. Twenty-two (30%) consented to the chart review. Twenty charts were complete for analysis. The patients were assessed in the CRSSBC for an average of  $8 \pm 6$  years. The number of visits averaged  $8 \pm 5.0$ . Weight concerns were raised for 19 (95%) patients. Nutritional interventions were provided to all patients. The mean weight was  $107 \pm 31\%$  IBWA at the first visit and increased to  $111 \pm 40\%$  IBWA at the last visit. In 11 (55%) patients with weight gain, mean weight for age went from  $100 \pm 26\%$  to  $129 \pm 39\%$  IBWA. Seven (35%) patients either remained or became obese despite nutritional intervention. Four (20%) originally obese patients had negative weight accretion and 2 (10%) became malnourished. Three (15%) patients became obese.

**Conclusion:** A majority of children with SB showed weight accretions larger than expected for able-bodied children. Although nutritional interventions were performed almost universally, most patients remained obese and some developed obesity. More specific and focused intervention needs to be developed to prevent obesity in children with SB as regular dietary advice is ineffective.