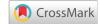


Opinion





# Integrated adolescent medicine care path for pediatric patients diagnosed with comorbid obesitydepression

Volume 9 Issue 6 - 2017

Robelyn Garcia

Arizona State University, USA

Correspondence: Robelyn Garcia, Arizona State University, Scottsdale, AZ 85260, USA, Tel 6028459802; Email Dr.RobelynGarcia@asu.edu

Received: November 21, 2016 | Published: December 7, 2017

Keywords: Obesity, comorbid depression, psychologist, teachback method, nutritionist

Abbreviations: PCP: Primary Care Physician; DBH-BHC: Doctor of Behavioral Health - Behavioral Health Consultant; PHQ-A: Patient Health Questionnaire for Adolescents

### **Opinion**

A pediatric patient is diagnosed with Comorbid Depression and Obesity by Primary Care Physician (PCP) and handed off to the Doctor of Behavioral Health - Behavioral Health Consultant (DBH-BHC). Initial behavioral health consult will include Motivational Interviewing and Teach-Back Method.1 The doctor of behavioral health, pediatrician, nutritionist, and physical therapist then work together to provide effective treatment for the depressed and clinically obese adolescent patient and family.2 Possible outside referral to include child psychologist, depending on treatment adherence and patient progress.3 The following 3 SMART Goals and Objectives will be followed to move the patient's BMI, out of the obesity range, to below the 95th percentile and lower the patient's depression at least one level as measured by Patient Health Questionnaire for Adolescents (PHQ-A).

# Patient-centered smart physical activity (pa) goal; completed by adolescent

The patient obese pediatric complete minutes Cardio PA days M: After 2 weeks the pediatric patient will lower their presence and severity of obesity as assessed by the BMI child measurement from obese category to overweight category. A: After the referral from Pediatrician and during the BHC Intervention Interview, the adolescent patient and parent will fill out the consent form, personal information patient form, and attainable SMART goals PA treatment adherence contract. R: Patient rates this as a 7 on scale of 1-10 of like lihood they will complete.T: Patient will complete PA Program for 2 weeks; will review in 2 weeks with BHC.

## Patient-centered smart pa weight training goal; completed with physical therapist

S: The obese pediatric patient will complete weight training PA with PT 2 days M: After 8 weeks the pediatric patient will lower their presence and severity of depression as assessed by the PHQ-A by at least one category. BHC recommendations will follow. BHC During the Interview, the patient

PT adherence R: During the 8-week PA Program BHC weekly will monitor patient T: Patient will complete PA Program for 8 weeks. Will review every 2 weeks with BHC.

# Family-centered smart diet goal; to be signed by parent, child and nutritionist.5

S: For breakfast parent replace child's with pastry one banana. M: First, parent will remove the pastry from the house. A: will Parent buy bananas the they will ready child the he for in morning. R: Patient Parent rate this likelihood as 1 - 10they will complete. on T: Every day for a month and then evaluated by the BHC and nutritionist for new goal.6

#### **Acknowledgments**

None

#### **Conflicts of Interest**

Author declares that there are no conflicts of interest.





Int | Complement Alt Med. 2017;9(6):842-843.

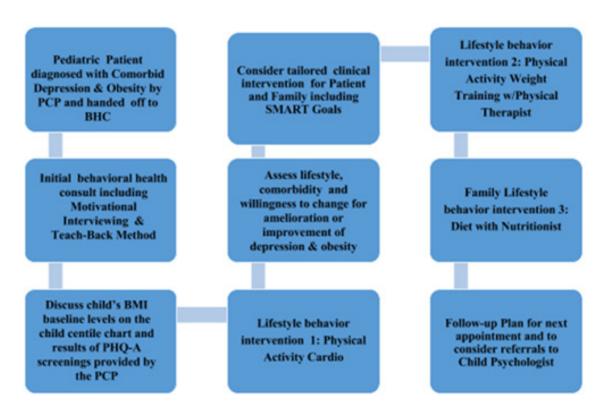


Figure I Adolescent Care Path.

#### References

- 1. UnityPoint Health Always Use Teach Back! Institute for Healthcare 2017.
- Garcia R, Benavidez D. Transtheoretical model key constructs applied to the intervention & treatment of weight cycling & yoyo dieting cognitive affective bases of health for weight management. *Int J Complement Alt* Me. 2016;3(3):00071.
- Barlow SE, AAP Expert Committee Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report. *Pediatrics*. 2007;120(4):S164-S192.
- 4. Centers for Disease Control and Prevention (CDC) Increasing Physical Education and Physical Activity: *A Framework for Schools*. 2017.
- 5. GBS Corporate Training SMART objectives [Video file] 2013.
- Styne DM, Arslanian SA, Connor EL, et al. Pediatric Obesity-Assessment, Treatment, and Prevention: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. 2017;102(3):709

  –757.