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Children in danger

More youngsters overweight, at risk for diabetes

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As children's waistlines grow in the United States, so does a nationwide epidemic of diabetes.

"We're definitely seeing more type 2 diabetes — the one associated with obesity — in children than we did 10 years ago," said Dr. Karen E. Wang, a pediatrician with Children's Health Center, a Reading Hospital-based practice.

Type 2 diabetes is connected to obesity and inactivity, whereas type 1 diabetes is an insulin-dependent condition not connected to weight gain and exercise.

About 7 percent of Berks residents have some kind of diabetes, according to the Centers for Disease Control and Prevention.

That rate has held relatively steady in recent years, but it's increasing nationwide.

It will continue to increase at an alarming rate unless significant changes are made to Americans' lifestyles.

In just 10 years, more than half of all Americans could have diabetes or pre-diabetes, according to a study by the UnitedHealth Center for Health Reform & Modernization, Minnetonka, Minn.

The result would be diabetes and pre-diabetes accounting for 10 percent of all health-care spending by then, the study said.

As part of an effort to combat the disease, doctors are diagnosing more children with pre-diabetes, a condition once known as impaired glucose tolerance or impaired fasting glucose.

The American Diabetes Association is encouraging use of the new name as a clearer way of explaining what it means to have higher-than normal blood glucose levels: that you are likely to develop diabetes.

"A diagnosis of pre-diabetes was not common in pediatrics not long ago," Wang said. "It still isn't clearly defined. Different doctors have different criteria for diagnosis, but we're hoping the diagnosis might motivate them to change their lifestyles more than they might be if we just tell kids they are overweight."

The diagnosis is important because people with pre-diabetes can prevent or delay the onset of type 2 diabetes by reducing weight 5 to 10 percent and engaging in modest physical activity for 30 minutes a day, according to the American Diabetes Association.

"Unfortunately, most kids today don't get enough exercise," Wang said. "They simply don't move their bodies enough."

The reasons are many, she said.

Many city parents feel it isn't safe for children to be on playgrounds alone, she said.

And parents work long hours and can't always supervise them, she said.

"It can also be expensive to join a gym or put kids in organized sports," she said. "School recesses and gym programs have been cut back as they try to jam in more curriculum."

That's too bad, because children need their physical health to be mentally fit, she said.

"Another problem is families don't eat meals together," Wang said. "Families don't always have time to cook healthy meals. They are rushed, and they eat out more."

"It's also in combination with parents playing into kids' desires to go to McDonald's three times a week. They eat more high-sugar, high-salt foods, and that increases the risk of diabetes."

Children who eat dinner with their families a few times a week are less likely to develop pre-diabetes, Wang said.

"Parents must set an example for their family," Wang said. "They must eat right. They should exercise."

"Rake leaves as a family. Take walks as a family. Ride bikes rather than go to the movies."

"Eat more fruits and veggies. Get kids involved in cooking dinner and be part of grocery shopping."

"It is surprising to me how many parents don't realize if there's a family history of type 2 diabetes that it puts them and their children at risk."

"Some know they have a history but don't realize diet and exercise play a big role in those diagnoses."



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Colleen A. Sauls, family advocate at the Children's Health Center, left, and Dr. Karen E. Wang with information in their office about good eating habits.