GUIDELINE

Overweight and obesity in adolescents

<table>
<thead>
<tr>
<th>Scope (Staff):</th>
<th>School Health</th>
</tr>
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<tbody>
<tr>
<td>Scope (Area):</td>
<td>CACH, WACHS</td>
</tr>
</tbody>
</table>

This document should be read in conjunction with this DISCLAIMER

Background

Adolescent overweight and obesity is a significant health issue in Australia. Recent research indicates that 5-6% of young Australians are obese and a further 21-25% are overweight. It is estimated that up to 80% of overweight and obese children and adolescents will remain so as adults, and are likely to experience associated chronic diseases.

Overweight and obesity are linked to multiple environmental, behavioural, genetic and societal risk factors which result in among others, unhealthy eating habits and lack of physical activity. Adolescents themselves report that the abundance and easy access to fatty/unhealthy foods at school, at home and in the community is the major contributing factor to weight issues in this age group. Other risk factors for overweight and obesity in adolescents are detailed in Appendix A.

Overweight and obesity in children and adolescents are associated with many short and long-term health and social problems such as anxiety, school avoidance, sadness, body dissatisfaction, social isolation and depression; polyuria, polydipsia, type 2 diabetes; headaches; sleep problems/daytime sleepiness, abdominal pain; and hip or knee pain. Typically, adolescents view the short-term psychosocial consequences of overweight and obesity (i.e. teasing and bullying, social exclusion, inability to participate in activities) to be of greater importance than the long-term physical consequences (i.e. adult obesity and chronic diseases). See Appendix C for more information about co morbidities in obese children and adolescents.

Overweight and obesity are often linked to a range of weight-related problems including; loss of control over eating, anorexia nervosa, bulimia nervosa, anorexia/bulimia behaviour, binge eating disorder and unhealthy dieting practices, which have a number of shared risk factors:

- Personal factors such as low self-esteem;
- Socio-environmental factors such as the media promotion of fast-food and high energy foods and healthy family eating environment; and,
- Behavioural factors such as, regular consumption of high-fat foods.
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For more information about risk and protective factors for the above mentioned issues and disorders, see Appendix B.

Adolescents may not report specific physical health problems related to overweight and obesity, but commonly deal with their weight problems in unhelpful or ineffective ways. Individuals may deny that a weight problem exists or attempt to lose weight using unhealthy dieting regimes. Community Health Nurses in schools are well situated to raise awareness, identify issues and support adolescents with specific positive behaviour change. There are three key roles for Community Health Nurses working with young people with overweight and obesity:

1. Facilitate discussion about general health and wellbeing, including lifestyle issues;
2. Identify adolescents with overweight and obesity and refer on to other services as appropriate;
3. Provide brief intervention and one-to-one support to develop skills, knowledge, motivation and confidence to improve body image, eating habits and increase physical activity.

Practice Principles

- When working with young people and weight issues, the following should be considered:
  - Establish a team approach (in consultation with the adolescent) including school psychologist, teachers, friends and significant others, as appropriate.
  - Be approachable and sensitive. Take a non-judgemental approach to build trust with the young person. Strive for an open caring environment that allows the adolescent to feel in control of the conversation.
  - Discuss conditional confidentiality.
  - Conduct a psychosocial risk assessment (HEADSS) to explore aspects of the young person’s life, risks, protective factors, attitudes and beliefs. Ask open questions about eating habits, physical activity and other activities. Look for opportunities for behaviour change and support.
  - Assess the young person for any signs of mental ill-health and/or eating disorders. Refer to relevant guideline and act on priority issues.
  - Identifying and managing mental health issues in older children and adolescents Early identification and management of eating disorders
  - Assess and assist the young person to address bullying, teasing or other negative social interactions which are linked to overweight. See Appendix D for suggestions.
  - If professional judgement suggests an overweight or obesity concern (ensure that the student has no mental health issues or eating disorders), it is vital to:
    • Promote a positive health-centred approach; focus on body image, eating habits and physical activity behaviours. Do not focus on weight reduction.
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- Involve the family if possible but be aware of the growing independence of the adolescent. If the family and significant others are involved, encourage them to avoid talking about weight and to positively support a healthy body image, healthy eating and physical activity.

- Assess adolescents body image issues, types of food eaten, eating patterns and physical activity as they are lifestyle risk factors of overweight and obesity;

- Use the do not harm approach and only conduct a BMI-for-age percentile assessment if considered appropriate;

- Provide brief intervention for weight issues (assess stage of change and assist the adolescent to identify short term goals/changes on physical activity, eating and/or body image);

- Provide information on community services and resources;

- Refer on to weight management services or other health professionals for a medical assessment and diagnosis of overweight and obesity.

**Brief intervention**

1. **Ask**
2. **Advise**
3. **Assess**
4. **Assist**
5. **Arrange follow-up**

**Ask**

For example, “do you do about 1 hour of moderate to vigorous physical activity every day? (Moderate activity is when you notice an increase in your heart and breathing rate and vigorous activity is when you huff and puff)”

If the adolescent response is ‘yes’ then:

- Ask the adolescent “What sort of activities do you like to do?”
- Provide him/her with relapse prevention advice.

If the adolescent response is ‘no’ then:

- Go to the next step ‘Advise’

**Advise**

Positively reinforce request to be physically active.

For example, “The best thing you can do for your health is to be physically active for at least 60 minutes every day”.
Assess readiness for change

The individual needs to be ready to plan and carry through with behaviour change. It is useful to explore and reflect on the individual’s readiness and ‘stage of change’ so that the health professional can deliver the most appropriate and beneficial help.

For example, “How do you feel about not being physically active at the moment?”, “Have you thought about increasing your physical activity?” or “Are you ready to increase your physical activity habits?”

Note, not all individuals go through all the stages of change. Some individuals may go through the stages of change in one session, others may take a few consultations before them move to the next stage of change and still others may skip a stage or move backwards. It is vital to assess and reassess an individual’s stage of change in order to ensure that the advice provided is appropriate. Some of the many signs an individual may show when moving from one stage to another include confusion, detachment, or resistance during discussions.

Refer to Appendix F for an outline on how to identify the stage of change.

Assist

Lifestyle change with regards to physical activity and healthy eating is the basis of weight management. There is no evidence to date that a healthy weight management approach with adolescents will induce an eating disorder (14).

The plan of action for the individual will depend to a large degree on the individual’s context and the stage of change they have reached.

Pre-contemplation Stage of Change or Not ready to change

Goal: Build a relationship and alliance with the individual.

- Raise awareness of health risks of being physically inactive.
- Explore the individual’s priorities.
- Express empathy; listen actively with a goal of understanding the individual’s perspective and feelings.
- Identify the individual’s strengths, values, beliefs and concerns about physical activity.
- Raise awareness of the possible negative effects of physical inactivity on health.
- Inform the individual that positive steps and simple steps can benefit health.
- Assure the individual that it is in his/her power to implement change in time. For example, “You told me that you were able to do this …(positive change in any area)… and I believe you can achieve other things you set out to do”
- Conclude the consultation with a message of support and willingness to help in the future. For example, “Just being able to talk about the problems you are having is a positive step forward. When you are ready to discuss changes, I can help”
Contemplation stage or Unsure of readiness to change

Goal: To increase self-confidence and build readiness to consider change. Use motivational interviewing to encourage the individual to move to action stage of change.

- Continue to explore the individual’s priorities.
- Express empathy; listen actively with a goal of understanding the individual’s perspective and feelings.
- Explore the behaviour the individual wants to change.
- Attempt to reduce the individual’s resistance to the change.
- Roll with resistance and developing a discrepancy:

For example, adolescent mentions: “My friends keep teasing me that I am big and I don’t like it at all but I hate doing sport!”

Community Health Nurse: “It sounds like you don’t like your friends teasing you because of how you look. That must be a difficult situation for you (empathy). How is that for you?” (Open-ended question)

- Assess the importance of the issue to the individual on a scale of 1 to 10 (1- not very important and 10 very important).

For example, “How important is it for you not to be teased about your weight on a scale of 1 to 10?”.

- Encourage the individual to provide reasons for putting themselves at that point on the scale and explore current behaviour. For example, “What are the reasons for putting yourself at this point on the scale? Or How did you decide on this score?” and “What are some of the things you could do to move up one point”.

- Guide the young person to identify the benefits and the negative aspects of behaviour change. Use the decisional balance sheet. For example, “What are some of the benefits and negative things if you do make this change?”.

- Facilitate the individual’s ability to consider change. Acknowledge issues and concerns and encourage a discussion. For example, “I can see why you’re not totally sure of making a change. Imagine that you decided to make a change. What could that be like and what specifically could you do?”.

- Encourage the identification of barriers to change and coping strategies. For example, “What would help you (how could I help you) at this time?” “What do you think you need to know about changing?”. 

- Summarise the positive and negative characteristics of the behaviour and make statements that describe potential plans for change.

- Give the individual courage to make decisions. For example, “I understand that you have said you are unsure. Take your time and know that I am always available to help you”.

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Preparation or getting ready to change

Goal: Support individual to develop a plan of action, problem solve and identify support systems.

Use motivational interviewing to encourage the individual to move to action stage of change.

- Assess the importance of the change to the individual on a scale of 1 to 10 (1 - not very important and 10 very important)
- Encourage the individual to provide reasons for putting themselves at that point on the scale of importance. For example, “What are the reasons for putting yourself at this point on the scale? Or How did you decide on this score?”
- Support the individual to identify ways they can increase their importance. For example, “What are some of the things you could do to move up one point?”
- Assess the individuals confidence to make the change on a scale of 1 to 10 (1 - not very confident and 10 very confident)
- Encourage the individual to provide reasons for putting themselves at that point on the scale of confidence.
- Support the individual to identify ways they can increase their confidence.
- Assess the individual’s readiness to make the change on a scale of 1 to 10 (1 - not ready at all and 10 ready).
- Encourage the individual to provide reasons for putting themselves at that point on the scale of readiness.
- Support the individual to identify ways they can increase their readiness. For example, “How would you know if you achieved a 10? What would be different?”

Action stages

Goal: To assist the individual to set clear and achievable goals, provide ongoing support, reinforcement and ideas to keep motivated and prevent relapse.

- Confirm and rationalise the decision to make a change. For example, “Tell me why you think you are ready for change?”
- Help the individual to decide on a long term goal and specifically define what the goal will look like, e.g. can participate in particular sport, can fit into dress for school social.
- Help to set some short term goals that will help individual achieve the long term goal and bridge the intention-behaviour gap.
- Refer to Appendix E - Practical tips to help adolescents to improve healthy eating and physical activity habits.
- Focus on helping the individual identify goals that are:
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Realistic and easy when starting to make a change. For example, “Let’s do things gradually. What can you do that you are sure you will be successful such as reducing the number of chocolates you eat per day?”

- Achievable and allows the individual to have a few victories so that they can improve self-efficacy and motivate the individual to reach further gradually.
  - Include self-monitoring techniques such as using tracking food intake, pedometer steps, and activity patterns to prevent relapse.
  - Validate difficulty to change and reiterate that change is a process.
  - Encourage the individual to identify barriers and think of possible solutions to manage barriers/obstacles.
  - Consider referring the adolescent to allied health professionals such as a dietitian or a physiotherapist if appropriate.
  - Refer to Appendix G for practical tips to help the individual get started with healthy eating and physical activity.

Encourage the individual to identify if the goal requires;

- altering an existing unhealthy behaviour
- initiating a new healthy behaviour
- Altering an existing unhealthy behaviour: 16

1. Help the individual to identify his/her ‘food situation behaviour profile’. This can be done by requesting the individual to keep a food and exercise diary for a day or three days. Refer to Appendix F - Food and Physical Activity Behaviour Log.

2. Encourage the individual to link a new, desired behaviour to the ‘critical cue’ that triggered the old, unwanted behaviour. For example, Anne knows that she likes to eat crisps when she is watching TV. In this example ‘watching TV’ is the critical cue, so to change the habit Anne’s goal can be to take a glass of water with a lemon slice when watching TV.

Initiating a new healthy behaviour:

1. Encourage the individual to identify a goal (eg. Start doing more physical activity) and plan
   - what (action) (eg. Walk)
   - when (time) (eg. in the morning and afternoon 3 days a week),
   - where (place: home, school, shops etc.) (eg. walk to and from school),
   - how (manner) (eg. Walk with my mates),
   - why (coping with negative emotions eg. boredom, being social, complying with other’s expectations, and enhancing pleasure)
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Encourage positive language e.g. instead of saying “I will not to eat potato hips when watching TV” say “I will eat a piece of fruit when watching TV”

**Maintenance stage**

Goal: Assist to manage setbacks and relapse

- Encourage the individual to treat the setback as temporary and get back to their goal as soon as they realise they have moved away from the goal.
- Provide positive reinforcement via SMS, phone call, email, newsletters or notes on physical activity and nutrition.
- Discuss successful changes and build on them.
- Encourage young person to build on support networks (family, friends etc.).
- Help the young person to identify triggers/signs of relapse and setbacks.
- Help the individual to set new goals.
- Use motivational interviewing (importance, confidence and readiness to reassess the individual’s readiness to change).
- Re-establish self-efficacy and commitment.

**Related internal policies, procedures and guidelines**

- Identifying Students with Mental Health Issues
- Conducting a Psychosocial Risk Assessment
- Early Identification and Management of Eating Disorders
- Promoting Healthy Eating in Schools
- Promoting Physical Activity in Schools
- Promoting Mental Health and Resilience in Schools

**References**


APPENDIX A

Risk Factors of increased body mass index (BMI) in adolescents

- Higher BMI at ages 2, 3, 4.5, 7, 9 and 11 years.
- Genetic predisposition (may require fewer calories to maintain normal weight).
- Low socio-economic status.
- Family modelling of unhealthy behaviours.
- Family perception that genetics plays a greater role in overweight and obesity, than lifestyle behaviours.
- Depressed mood in adolescence is associated with increased risk for obesity at 1 year follow-up.
- Lack of physical activity and increased screen based recreational viewing (>2 hours /day).
- Poor eating habits e.g. regular consumption of fried foods, not eating breakfast, unhealthy dieting, large food portion sizes, high intake of soft drinks or cordials.
APPENDIX B

Shared risk factors for eating disorders and obesity

PERSONAL FACTORS
- Body image issues
- Weight and shape preoccupation
- Internalisation of thin standard of beauty
- Lack of knowledge of nutrition, physical activity, health, pubertal development
- Lack of self-efficacy to make healthy choices regarding nutrition, physical activity and health
- Lack of self-esteem
- Inability to regulate negative emotional states
- Inability to cope with stressors
- Genetics

BEHAVIOURAL FACTORS
- Irregular eating patterns
- Lack of physical activity
- Increased sedentary behaviour
- Emotional eating
- Unhealthy weight loss practices
- Consumption of high fat foods
- Loss of control over eating

SOCIO-ENVIRONMENTAL FACTORS
- Family/peer norms: food, activity, appearance
- Media: persuasive influence (thinness and fast food promotion)
- Food availability: home, school, community
- Family dynamics: morals, values, support
- Weight-related teasing
- Cultural context

OBESITY AND/OR EATING DISORDERS
## Overweight and obesity in adolescents

### APPENDIX C

**Co morbidities in obese children and adolescents**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Explanation</th>
<th>Potential Consequences/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety, excess eating, loss of control over eating, binge eating</td>
<td>Psychiatric Disorder</td>
<td>Worsening obesity; medications may cause/exacerbate obesity</td>
</tr>
<tr>
<td>Sleepiness or wakefulness</td>
<td>Psychiatric Disorder</td>
<td>Poor sleep efficiency, poor attention, poor academic performance</td>
</tr>
<tr>
<td>Body dissatisfaction, school avoidance, social isolation, poor self esteem, neglect</td>
<td>Psychosocial Conditions</td>
<td>Worsening obesity</td>
</tr>
<tr>
<td>Severe recurrent headaches with blurred or double vision</td>
<td>Nervous System Disorder</td>
<td>Worsening obesity</td>
</tr>
<tr>
<td>Shortness of breath, exercise intolerance, wheezing, or coughing</td>
<td>Respiratory Problems</td>
<td>Progression of disease, resistance to treatment, exacerbation of excessive weight gain, or exacerbation of asthma with weight gain</td>
</tr>
<tr>
<td>Snoring, apnoea</td>
<td>Sleep Problems</td>
<td>Poor sleep efficiency, poor academic performance, pulmonary hypertension, right ventricular hypertrophy or enuresis</td>
</tr>
<tr>
<td>Daytime sleepiness/somnolence, restless sleep, poor attention</td>
<td>Sleep Problems</td>
<td>Depression, poor attention, poor academic performance, food cravings, or difficulty responding to satiety cues</td>
</tr>
<tr>
<td>Nocturia or nocturnal enuresis</td>
<td>Genitourinary problems</td>
<td>Depression, poor attention, poor academic performance, food cravings, or difficulty responding to satiety cues</td>
</tr>
<tr>
<td>Vague recurrent abdominal pain</td>
<td>Gastrointestinal Problems</td>
<td>Fatty deposits in liver, small percentage progress to steatohepatitis, cirrhosis, and future hepatocarcinoma</td>
</tr>
<tr>
<td>Heart burn, dysphagia, regurgitation, chest or epigastric pain</td>
<td>Gastrointestinal Problems</td>
<td>Increased abdominal pressure or esophagitis</td>
</tr>
<tr>
<td>Abdominal pain and/or distension, flatulence, faecal soiling, or</td>
<td>Gastrointestinal Problems</td>
<td>Disordered eating pattern, physical inactivity, or decreased social interaction</td>
</tr>
<tr>
<td><strong>Overweight and obesity in adolescents</strong></td>
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<td>-----------------------------------------</td>
<td></td>
<td></td>
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<tr>
<td><strong>Symptoms</strong></td>
<td><strong>Diseases</strong></td>
<td><strong>Complications</strong></td>
</tr>
<tr>
<td><strong>Enuresis</strong></td>
<td>Gastrointestinal Problems</td>
<td>Cholecystectomy*</td>
</tr>
<tr>
<td>• Right upper quadrant or epigastric</td>
<td>• Gall bladder disease, with or without gallstones</td>
<td>Permanent hip deformity, Decreased physical function,</td>
</tr>
<tr>
<td>or vomiting and colicky pain</td>
<td></td>
<td>decreased physical activity, or worsening obesity</td>
</tr>
<tr>
<td>**Hip pain, knee pain, walking pain/</td>
<td>Orthopaedic Disorder</td>
<td>Decreased physical function, decreased physical</td>
</tr>
<tr>
<td>waddling pain</td>
<td>• Slipped capital femoral epiphysis</td>
<td>activity, or worsening obesity</td>
</tr>
<tr>
<td><strong>Foot pain</strong></td>
<td>Orthopaedic Disorder</td>
<td></td>
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<tr>
<td></td>
<td>• Musculoskeletal stress from weight (may be a</td>
<td></td>
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<tr>
<td></td>
<td>barrier to physical activity)</td>
<td></td>
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<tr>
<td><strong>Primary amenorrhea</strong></td>
<td>Endocrine Disorders</td>
<td>Insulin resistance, Type 2 diabetes mellitus*,</td>
</tr>
<tr>
<td>(&lt;9 cycles per year)</td>
<td>• Polycystic ovary syndrome</td>
<td>infertility, or worsening of obesity</td>
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<td><strong>Polyuria, polydipsia</strong></td>
<td>Endocrine Disorders</td>
<td>Unexpected weight loss</td>
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<td></td>
<td>• Type 2 diabetes mellitus*</td>
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<td>**Elevated blood pressure (systolic and</td>
<td>Cardiovascular Risk Factors</td>
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<td>diastolic)**</td>
<td>• Hypertension</td>
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<tr>
<td><strong>Lipid level abnormalities</strong></td>
<td>• Hyperlipidemia</td>
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<tr>
<td>**Chronic irritation and infection in</td>
<td>Skin conditions</td>
<td>More serious infections and obesities</td>
</tr>
<tr>
<td>skin folds**</td>
<td>• Acanthosis nigricans</td>
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</tbody>
</table>

*These conditions are often asymptomatic.*

Source: **...**
APPENDIX D

What Teens Can Do about Weight Based Bullying

If you are being teased at school:

• It’s better not to fight back or retaliate. Bullies want to get a reaction out of you. If you stay calm, ignore them, and remove yourself from the situation, it will become boring for them and they will be more likely to leave you alone in the future.

• Project confidence! If you look unsure of yourself, you are more of a target. Hold your head up high and stand tall.

• Stay close to a friend. You are less likely to be a target if you are with another person.

• Help someone else who is being bullied. You’re not only doing the right thing, but you might make a good friend in the process.

• Don’t be afraid to tell an adult you trust; they can help you to find a solution or just listen. This is not “tattling”. Bullying needs to be taken seriously, and sometimes the best solution is getting help from adults.

If you are being teased at home or with a friend:

• Let your friends and family members know that their words or actions are hurtful to you, and are in no way helping you. Tell them that when they comment about your weight, it makes you feel bad and doesn’t motivate you in a positive way.

• Suggest to your friend or family member that you do something healthy together every week, like going for a walk or cooking a healthy meal. You can teach them being overweight doesn’t mean being unhealthy.
### Appendix E

Characteristics of adolescents at each stage of change:

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Characteristics</th>
</tr>
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</table>
| **Pre-contemplation**            | Individual may be under informed, uninformed or demoralized  
\* Unaware/Denies/Does not recognise the issue with continuing not doing any physical activity.  
\* Unaware or has limited knowledge of the physical limitations, health risk, psychosocial effects associated with being physically inactive.  
\* Unaware or has limited knowledge of lifestyle behaviors and social influences that contribute to their inactivity.  
\* Only aware of the positive aspects and does not like to acknowledge the disadvantages.  
\* May have been discouraged by failure in past attempts to maintain a physically active lifestyle. |
| **Contemplation**                | Individual may have the knowledge but is still unconvinced about the need to make change  
\* Aware but may have limited knowledge of the physical limitations, health risk, psychosocial effects associated with being physically inactive.  
\* Aware but may have limited knowledge of lifestyle behaviours and social influences that contribute to their inactivity.  
\* Expresses wanting to change but also a reluctance to change, or cites barriers to change.  
\* More likely to have been discouraged by failure in past attempts to maintain a physically active lifestyle. |
| **Preparation**                  | Individual may have concrete plan to change  
\* Awareness is consistent with the contemplation stage.  
\* More likely to have attempted to become physically active.  
\* May be more likely to ask for help with making a change. |
| **Action**                       | Motivated to act on a plan for change  
* Ready to make a change in less than a month, or has recently begun making changes. |
| **Maintenance**                  | Identifies barriers and may relapse.  
\* Works to sustain changes.  
* Has changed behaviour for 6 months or more. |
APPENDIX F

Food and Physical Activity Situation Behaviour Log

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<tr>
<th>Date: _</th>
<th>Day: _</th>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Food</th>
<th>Amount (serves)</th>
<th>Feeling</th>
<th>Company</th>
<th>Activity</th>
<th>Place</th>
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<tr>
<td>5:45p</td>
<td>Apple</td>
<td>1</td>
<td>good</td>
<td>Cat</td>
<td>Watching television</td>
<td>Home</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Physical Activity</th>
<th>Length of time</th>
<th>Company</th>
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</thead>
<tbody>
<tr>
<td>5:50p</td>
<td>playing with the dog in the park</td>
<td>1 hr</td>
<td>Friends</td>
</tr>
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</table>

APPENDIX G

Practical tips to help the individual get started with healthy eating and physical activity. Adapted 15, 16

Make small, easy changes over time: Begin taking walks after dinner, instead of watching television. Instead of eating potato crisps, switch to a handful of peanuts or air popped popcorn.

Tips on healthy eating

1. Eat appropriate number of serves according to the Dietary Guidelines for Children and Adolescents in Australia.
2. Eat breakfast every day.
3. Reduce portion sizes.
4. Take a healthy school lunch from home or choose a healthy canteen lunch.
5. Choose take away food carefully. Go for lower fat options such as sandwiches and grilled meats. Avoid hot chips and other fried foods and anything with lots of cheese.
6. Avoid fast food options. Instead identify healthy snack options such as dried fruit, chopped up vegetables, nuts and reduced fat yoghurt.
7. Eat more fibre:
   a. Choose wholemeal and grainy bread.
   b. Include fruit and vegetables in every meal and snack.
   c. Include legumes and pulses in salads and stews.
8. East less fat especially saturated (fat on meat) and trans fats (packaged products).
9. Eat less added sugar.
10. Drink water or low fat milk and avoid sugary soft drinks and fruit juice with added sugar.
11. Encourage your family to set family goals, such as committing to eating healthy meals at least four times a week.
12. Try a variety of strategies: Get involved in grocery shopping and preparing healthy meals at home.

Tips to get physically active everyday.

13. Try to aim for at least 60 minutes of moderate intensity physical activity everyday. (Moderate intensity activity is when you can talk while walking or running but you cannot sing)
14. Reduce small screen use e.g. computer/TV.
15. Walk part of the way to school and back.
16. Cycle to school one or more days each week.
17. Plan two specific physical activities on the weekend.
18. Be physically active with friends. Use it as a way of keeping contact with friends rather than internet or mobile phone contact. Go for a walk and a talk after school or on the weekend.
19. Walk around the shopping centre if it is too hot, cold or wet outside.
20. Increase lifestyle activity such as helping at home with home chores, walking to shops and to errands, or walking the dog.
21. Join a new activity or club that involves fun physical activities.
22. Encourage your family to be physically active together.
Overweight and obesity in adolescents

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<td>School-aged Health Reference Group</td>
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<td>Standards Applicable:</td>
<td>NSQHS Standards: 1.1.1</td>
</tr>
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