

A case of The Overweight Child

“DR. WOLINER, do you really think you could help my daughter?”

Emily sat in my exam room as her mother did most of the talking. Mrs. Sterling continued, “I always knew my Emily was on the heavier side, but when her pediatrician said she was obese for her age, I was shocked!” At 4’9” and 124 pounds, I had to agree. “Her cholesterol is even so high that we had to go to the pediatric cardiologist. She’s only 11 years old!”

“How did that go?”

“It went as well as I guess I could expect. He looked Emily over, said that she needed to lose weight, and told me to put her on a diet. I can’t really say it’s helped much. She’s still gaining weight.”

“I see from my questionnaire that you filled out that Emily’s diet has been cleaned up quite a bit. I’m glad that she’s not eating junk food anymore, but I agree with you, there has to be another cause of her weight gain. By any chance, do you have copies of the tests that cardiologist performed?”

“I knew you would ask me that.” Handing them over, “I’m not sure how much help they’re going to be. All her tests were ‘in-range.’”

As I looked at the pages, my forehead frowned. “I see the other doctors were looking at one thyroid test called the TSH. Even though the lab still reports the old normal range of 0.5 – 5.5, Emily’s level of 4.14 isn’t normal. Just because labs are in range doesn’t mean they are optimal. Since November 2002, the American Association of Clinical Endocrinologists has encouraged doctors to consider treatment for patients who test outside the boundaries of a narrower margin based on a target TSH level of 0.3 to 3.04.”

“So Emily has a thyroid problem?”

“It is very likely, but before I say for sure, I would like to finish my physical exam and order more detailed thyroid testing. I feel it is important to check the amounts of active thyroid hormones, T4 and T3, as well as looking for any interference in thyroid function caused by things such as thyroid antibodies.

“In addition, I think I should look at other conditions that could cause abnormal weight gain. Though Emily isn’t diabetic, I believe she doesn’t metabolize sugar that well.”

“Why do you say that?”

“On those old lab tests you showed me, there is a test called the Hemoglobin A1c. It is a three month average of blood sugar control. The lab says everything less than 6.0% is not in the diabetic range. Emily is at 5.9%, so she’s close.”

“She doesn’t need insulin shots, does she?”

“No. I’m not suggesting that at all. It’s just that the same therapies that help a diabetic patient lose weight often work for non-diabetic patients with less than optimal blood sugar tests. I usually start with supplements that have lots of chromium in them, but if necessary, we could add prescription medications too.”



“ Lab tests in range
does not equal optimal. ”

Emily did test positive for thyroid antibodies so we decided to be more aggressive in our treatment plan. Low dose thyroid hormone along with targeted supplements were added, and as a result, her weight started coming off.

Emily’s self esteem started to improve and she started speaking more during our follow up appointments. “Dr. Woliner, I can’t wait to start school. My new clothes look so good on me! I might even try out for cheerleading this year.”

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