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Weight loss treatments for kids

In this episode of the Children's Health Checkup podcast, a pediatric endocrinologist dives into the sensitive topic of weight loss treatment for children, including weight loss medication and bariatric surgery, addressing common concerns while providing a balanced view of the available options.

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Featured Speaker(s)

Sowmya Krishnan, M.D., is a board-certified Pediatric Endocrinologist at Children's HealthSM and Professor at UT Southwestern. She specializes in diagnosing and treating childhood obesity, diabetes, metabolic bone disease and other endocrine disorders.

Transcription

Evo Terra (Host): This is Children's Health Checkup, where we answer parents most common questions about raising healthy and happy kids. Today, we're talking about weight loss treatment for childhood obesity with our expert, Dr. Sowmya Krishnan, Pediatric Endocrinologist at Children's Health and Professor at UT Southwestern. I'm your host, Evo Terra.

Childhood obesity is a serious health problem here in the United States, where 1 in 5 children and adolescents are affected. As a parent, it can be hard to determine the best way to address weight related challenges if your child has them. In this episode, we'll share when to seek medical advice, the various treatment options for children, and more.

Dr. Krishnan, welcome to the show.

Sowmya Krishnan, MD: Thanks for having me.

Host: So let's start at the beginning. Always a good place to start. What's the difference between childhood overweight and childhood obesity?

Sowmya Krishnan, MD: So before we go into the difference between overweight and obesity, let's talk about a very important concept called **body mass index or BMI**. BMI is a person's weight in kilograms or pounds divided by the square of height in meters or feet. BMI is often expressed as kilogram per meter square. BMI is used as a screening tool for weight categories that then lead to health problems and can indicate body fat. If the body mass index is equal to or more than the 85th percentile, but less than the 95th percentile for age, it's considered overweight. Obesity is when the body mass index is equal to or more than 95th percentile for age.

AAP further classifies obesity into different classes, including class 1, class 2, and class 3. And class 1 is when the BMI is between 100 percent to 120 percent of the 95th percentile. Class 2 is when the BMI is More than 35 kilogram per meter square, or is between the 120 percent and 140 percent of the 95th percentile for age.

And class 3 is when the BMI is equal to or more than 140 percent of the 95th percentile for age, or a BMI more than 40 kilogram per meter square. Typically class 2 and class 3 will be considered severe obesity.

Host: Got it. I hope that doctors aren't requiring patients or parents of patients to do that math on their own. Hopefully the physician is telling them whether their child is overweight versus obese. Yes?

Sowmya Krishnan, MD: Yes.

Host: Oh, that's great news.

Sowmya Krishnan, MD: Yeah, absolutely.

Host: So, let's talk about what we should do if a parent or a caregiver of a child is concerned about their adolescent's weight. When should a child be seen by a health care provider for weight issues?

Sowmya Krishnan, MD: Weight and BMI discussion should be part of the yearly well child visit discussions. So, BMI is a very important indicator of overall health of the child. So, every year when a child is taken in to see the primary care provider for that well child visit, BMI should be part of that discussion.

And if the BMI is in healthy range that's great, but if the BMI is noted to be in the overweight or obese range, then further discussion should include what are the next steps to do? And this may involve seeing a dietician, prescribed activity each day. And it may also involve further screening for further illness that can be associated with obesity related illness including fatty liver, type 2 diabetes, or high cholesterol levels. So always paying attention to the BMI during this well child visit would be the first thing to do.

Host: Know thy BMI. Got it. Let's talk about treatment options that are available to address childhood obesity.

Sowmya Krishnan, MD: Perfect. Treatment options for childhood obesity include lifestyle modification. When I say lifestyle modification, that means healthy dietary choices and increased physical activity. That will be the cornerstone for treatment of childhood obesity. But recently, FDA has approved four drugs for treatment for children 12 years and older with obesity, when lifestyle changes alone are not successful in combating obesity.

The choice of these medications will depend on patient preferences and family goals and will be made after detailed discussion with your health care provider. Two of these medications are injectables, while two of these are oral medications. Again, they have to be used with dietary changes and increased physical activity and they alone are not successful.

Host: I know that recently there's been a lot of news around these relatively new weight loss medications, like Ozempic and Wegovy for adults. Are these the same drugs you're talking about? And if they're not, at what stage should we be considering weight loss medication for children and obesity?

Sowmya Krishnan, MD: Yes, actually Saxenda and Wegovy has been approved for treatment of children 12 years and older with obesity. The other drugs that have been approved for children 12 years and older include Qsymia and orlistat. Orlistat was the first medicine that was approved for treatment of childhood obesity, but it comes with a lot of side effects, including flatulence, stool urgency, and it's not well tolerated in teenagers, as you can understand.

The medications, the Wegovy and Saxenda are given as injections. Saxenda is a daily injection, while Wegovy is given as a once weekly injection, and they have a good effect on weight loss. Wegovy was very recently approved by FDA, actually this year, for treatment of weight loss in children.

Host: But again, I want to restate what you said at the beginning. We should start with lifestyle changes. We should start with diet and exercise before we start thinking of medications. To that end, the other side of weight loss I know is bariatric surgery. Is that an option that should be considered?

Sowmya Krishnan, MD: Yes, it is considered in children who have what we call class 3 obesity. And if I may recollect, class 3 obesity is BMI about 40 kilogram per meter square. So very severe obesity not responding to other treatment will be an indication for bariatric surgery. Or if you have other obesity related illness with class 2 obesity, which is a BMI about 35 kilogram per meter square. In that condition also bariatric surgery may be considered.

Host: And what other tips would you offer to parents who are looking to support their child?

Sowmya Krishnan, MD: The most important thing is when you talk about weight with children, avoid body shaming and instead of focusing on a particular number, BMI or weight, it's good to focus on health. The reason why we are worried about obesity is that it is associated health related conditions. And so, focusing on health instead of focusing on a particular number is a very important thing to do.

Also, any changes that the provider recommends should be approached as a family centered approach in the sense that the whole family makes these changes. Instead of just prescribing a particular diet or activity to a child, it should be the whole family should be following that diet and that lifestyle changes.

Decrease the screen time. I know that children are spending a lot of time on the screens. American Academy of Pediatrics (AAP) recommends decreasing the screen time to less than two hours a day, every day for any child. Watch the portion size. Regular sleep routines.

Also, remember, certain medical conditions can be associated with weight gain. So, if you're worried about unusual symptoms, talk to your health care provider about screening for other medical conditions. Sometimes, certain medications can be associated with weight gain, which includes anti-seizure medications, steroids or medications for psychosis.

If this is seen, again, talk to the health care provider to see if they can substitute other medications to control these illnesses.

Host: Thank you very much for all the information, Dr. Krishnan.

Sowmya Krishnan, MD: Thank you. It's been my pleasure.

Host: Once again, that was Dr. Sowmya Krishnan, Pediatric Endocrinologist at Children's Health and Professor at UT Southwestern. To learn more, visit childrens.com/endocrinology. And thank you for listening to Children's Health Checkup. If you found this podcast helpful, please rate and review or share the episode and please follow Children's Health on your social channels.

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