

## Response to Letter: "Pediatric Obesity—Assessment, Treatment, and Prevention: An Endocrine Society Clinical Practice Guideline"

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**W**e thank the authors of this letter to the editor for their positive comments about our guidelines and the important points they have raised. They refer to the poor record of enrollment in treatment programs of families and children affected by pediatric obesity and to similarly disheartening statistics on the attrition of those who actually make it to the enrollment stage. These two factors highlight the difficulty of successful treatment of pediatric obesity once developed and led us to emphasize the primary importance of prevention of obesity. The infrastructure in which a child lives affects a family's ability to purchase the fruits and vegetables that we recommend and determines whether a child can safely achieve adequate moderate to vigorous physical activity during his or her play activities, which we endorse. Although clinicians can diagnose overweight and obesity, screen for comorbidities, and offer support and a range of measures to address problems within the confines of a clinical office, the child's environment is the proximal driver of the development of obesity in most individuals. Providers of child health must support community-wide efforts to establish healthy environments to most effectively address the etiology of childhood obesity. The valuable points that the authors of this letter raised dovetail into the unmet needs we proposed in our closing section: Continued investigations into the most effective methods of preventing and treating obesity and into

methods for changing environmental and economic factors that will lead to worldwide cultural changes in diet and activity should be priorities.

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