LIFESTYLE MEDICINE FOR WHOLE-CHILD HEALTH

QTIP Kickoff
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WE HAVE NO RELEVANT FINANCIAL RELATIONSHIPS WITH ANY INELIGIBLE COMPANIES TO DISCLOSE

Objectives

1) Define the specialty of lifestyle medicine

2) Discuss implementation strategies for clinic using six evidence-based lifestyle interventions

3) Discuss problem-based implementation strategies for clinic

Lifestyle Medicine is a medical specialty that uses therapeutic lifestyle interventions to prevent, manage and treat chronic conditions.

- 6 high-quality, evidence-based therapeutic interventions to address physical and mental health conditions
- Patient and family centered appoach
- Whole-child/family approach, starting with SDOH

Chronic Disease Burden in Children[1,2]

The prevalence of pediatric chronic disease has risen to nearly 30% in the past 20 years

The top 3 chronic disease in childhood: Obesity 21.1%, ADHD 10.8% and Asthma 7%

Mental Health Crisis: Nearly 1 in 5 children ages 3 to 17 (21%) are diagnosed with a mental, emotional, or behavioral health condition

Expanding how we think about lifestyle counseling

Expanding the quality of our lifestyle counseling

SKILLFUL PRESCRIBING STARTS WITH RECOGNIZING READINESS.

WHAT IS IMPORTANT TO THE PATIENT AND FAMILY?

QIDA Measures: 3-10 and 11+

Healthy Lifestyle Discussion: Readiness to Change Assessment (age 3-10)	**WCAAY?**
c. Was the family assessed for their readiness to change? v. Yes vi. No **1. Is there documentation of the family's SMART goal?** a. Yes b. No	• Documentation of the **readiness to change stages** in the chart (pre/Contemplative, preparation, action, maintenance, relapse) • Chart shows that a Specific, Measurable, Achievable, Relevant (or Realistic), and Time-bound health goal was **discussed and documented**

MI Framework

ENGAGE the family – listen, gather information, what is important?

Ex: Inconsistent growth pattern, battles over screentime, gad 7 elevated

FOCUS on a part of the problem - collaboratively set the agenda

*EVOKE reasons for change - *remember that the most important predictor of change is a pt discovering their OWN motivation and path*

ASSESS readiness to change – first around which issues, then around which pillar related to that issue

Motivational Interviewing Quick Reference Sheet

On a scale from 0 to 10, how ready are you to _____ [behavior change]?

Building Relationships
Reflective listening to demonstrate understanding and acceptance
Affirmations to appreciate the patient

Reflect Resistance/ Demonstrate Acceptance

- It sounds like you are not ready to _____.
- This is pretty overwhelming

Affirm

- You are a thoughtful person.
- You want to consider all your options.

Explore reasons

- What would it take for you to move from X to X+1?

Provide information or advice with permission

- What do you already know about starting [BEHAVIOR]?
- May I give you some additional information about [BEHAVIOR]?
- May I tell you what some other people in your situation have done?
- What do you make of that?

(or)

- Where does that leave you?

Do no harm

- That is, don't push so much you trigger resistance.
- End on a good note.
- Ask for permission to revisit at another meeting.

Building Relationships
Reflective listening to demonstrate understanding and acceptance
Affirmations to appreciate the patient

Elicit Motivation, Explore Ambivalence

- Why are you at X and not at 9 or 10?
- Tell me more. Reflect, reflect, summarize.
- What would need to happen for you to get from X to X+1?
- Tell me more. Reflect, reflect, summarize.
- If you decided to change, how confident are you that you would succeed?
- On a scale from 0 to 10, what number would you give yourself?

Strategic open questions

- What are the good things (or advantages) of not starting [BEHAVIOR] right now? Reflect, reflect, summarize.
- What are the not so good things about not starting [BEHAVIOR] right now? Reflect, reflect, summarize.
- Summarize both sides (On one hand…, On the other hand…)
- Where does this leave you?

Moving toward action with key question

- Summarize both sides focusing on change talk. Ask a key question: Where does this leave you now? What is the next step? What, if anything, are you willing to do at this point?

If they cannot come up with anything, you may ask permission to give advice

- Give menu of options (include status quo). Have them choose; "no change" should be an option.

Do no harm

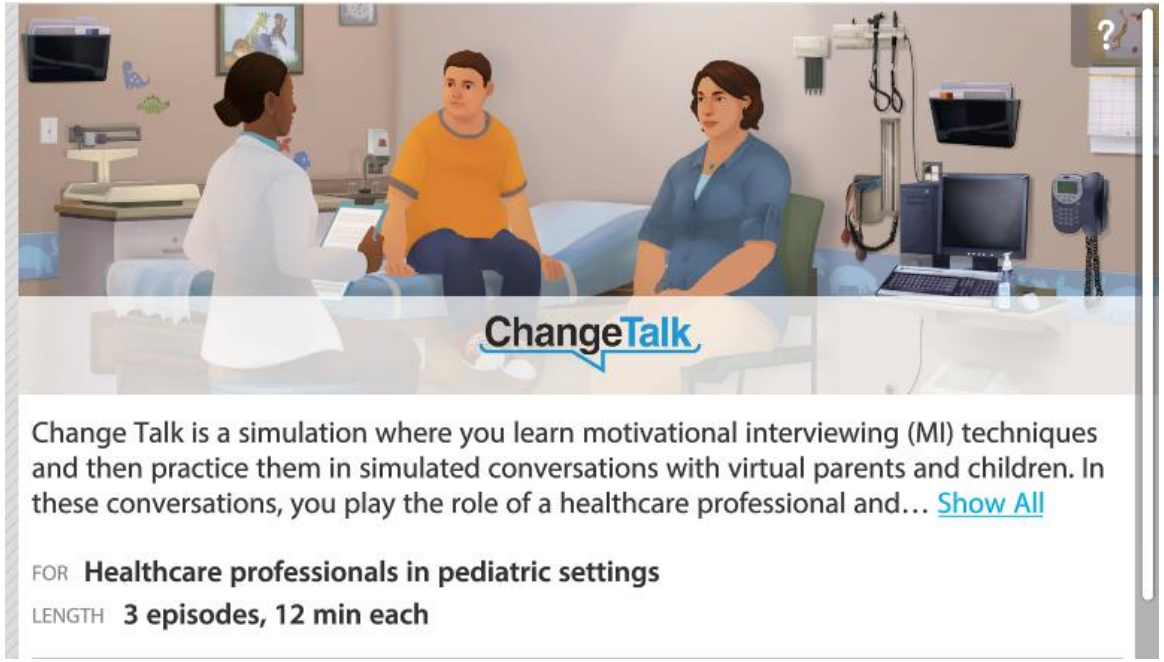
- That is, don't push so much you trigger resistance. End on a good note. Ask for permission to revisit at another meeting.

Building Relationships
Reflective listening to demonstrate understanding and acceptance
Affirmations to appreciate the patient

Action Planning: SMART Goals

- **S**pecific: What are you going to do? What would it look like?
- **M**easurable: How often? How much?
- **A**ttainable: How confident are you that you can do this? What could help?
- **R**ealistic: What barriers might make this tough? What can you do?
- **T**imely: What day and time of day are you going to do this?

Resources by
Miller and Rollnick



IN BRIEF

Motivational Interviewing: A Tool for Pediatricians

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SMART Framework: Reducing Screen Time

A practical guide to structured digital wellness for children

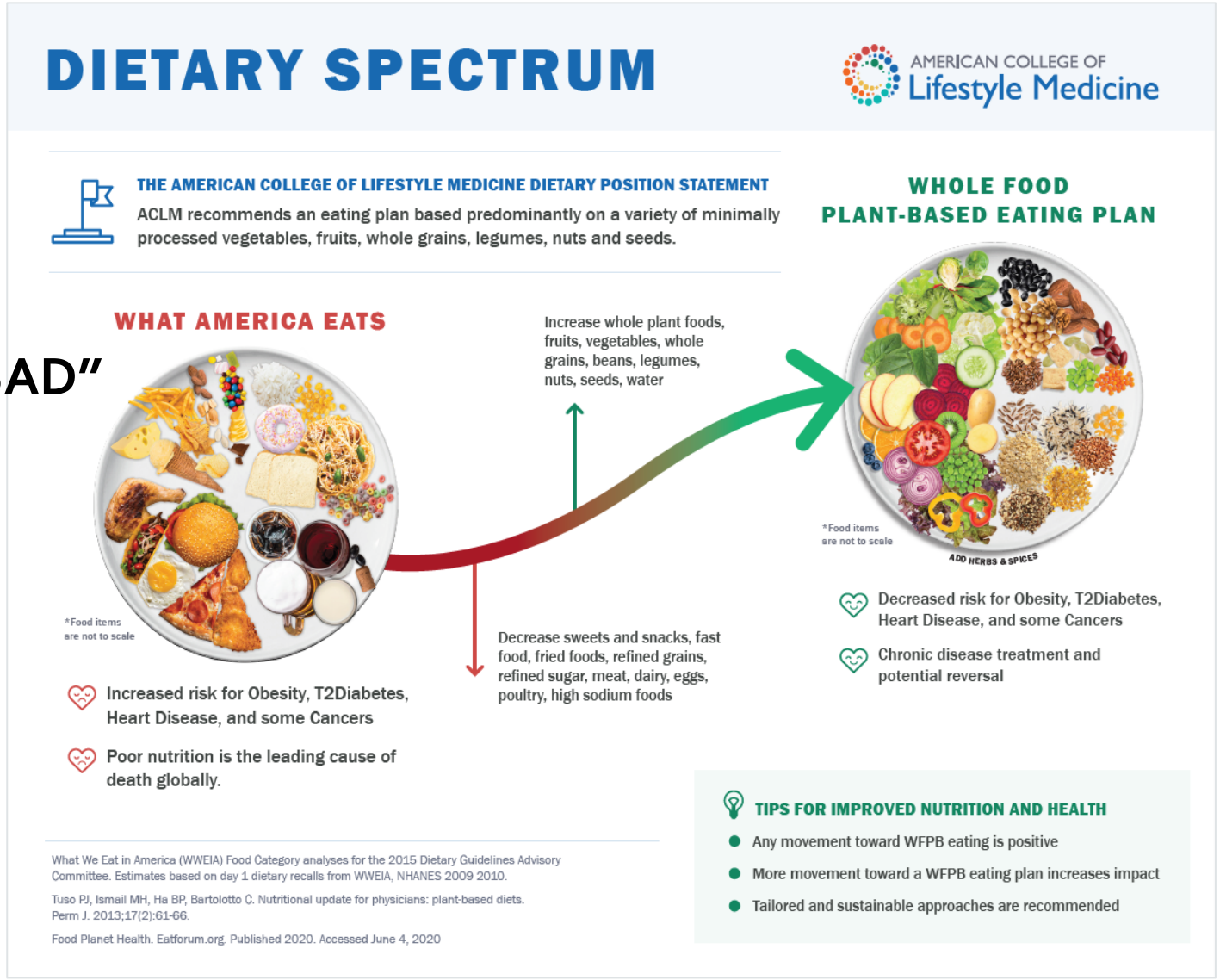
The Target Objective:

"Reduce daily recreational screen time to under 1 hour on weekdays by tracking use via tablet settings over the next 4 weeks."

S SPECIFIC	M MEASURABLE	A ACHIEVABLE	R RELEVANT	T TIME-BOUND
What exactly? Limit recreational tablet and smartphone use after school on weekdays.	**How to track?** Set and measure restrictions directly using built-in device screen time monitors.	**Is it realistic?** Yes. The limit drops from 2 hours to 1 hour, leaving ample time for outdoor play and homework.	**Why it matters?** Improves overall evening sleep habits, reduces eye strain, and fosters offline family interactions.	**What is the timeline?** Achieve consistent adherence to this schedule over a 4-week testing period.

1. Whole Food, Plant-Predominant Nutrition

"SAD"



QIDA measure: 3-10 and 11+

Healthy Lifestyle Discussion: Nutritional Counseling (age 3-10) **a. Was there appropriate Z-code documentation of nutritional counseling?** i. Yes ii. No	**WCAAY?** • Documentation of counseling for nutrition or referral for nutrition education • Documentation must include the date and type of counseling provided. **BMI Percentile Code + Z71.3**

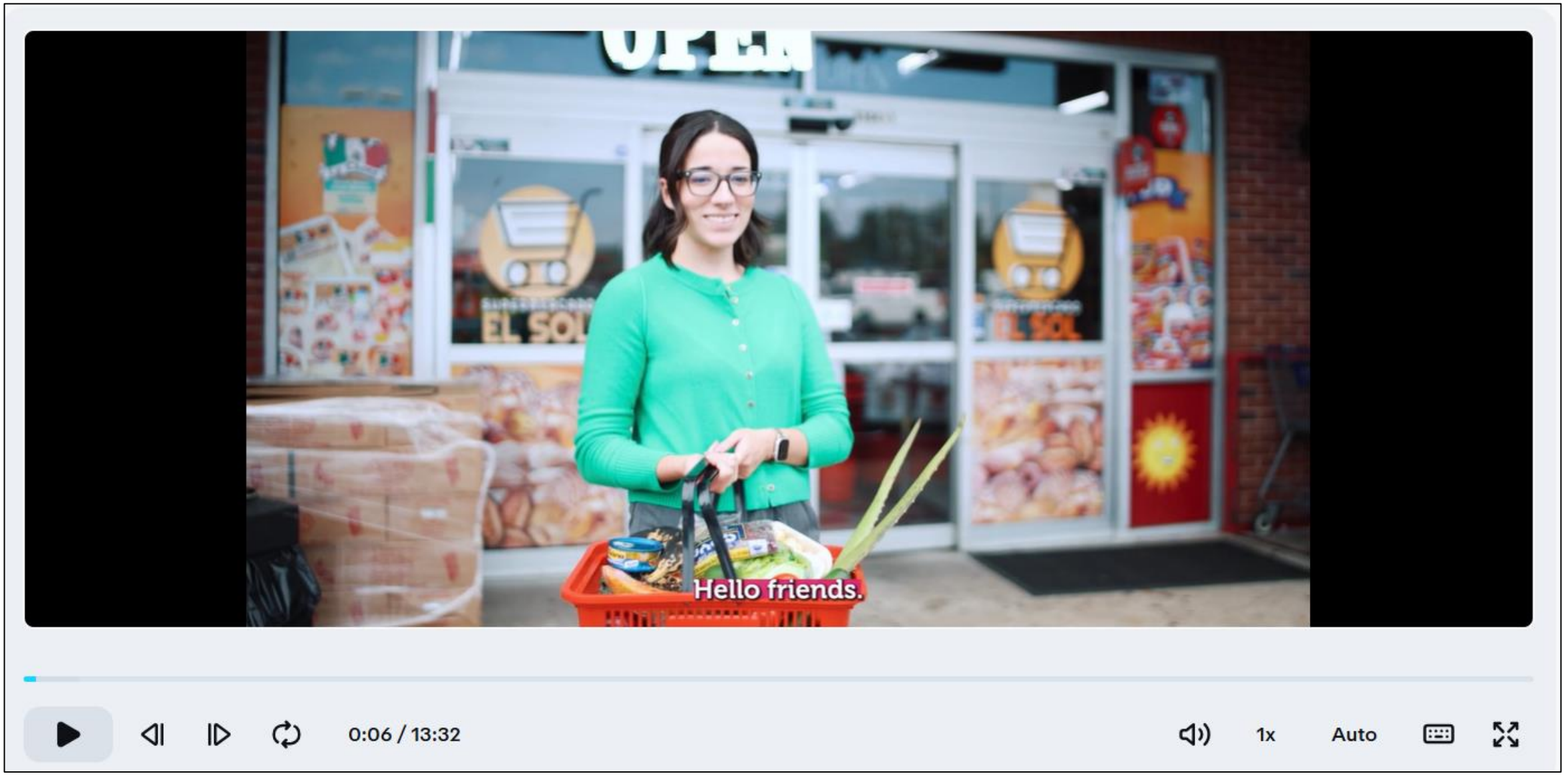
Beyond "5 Fruits and Veggies per Day"

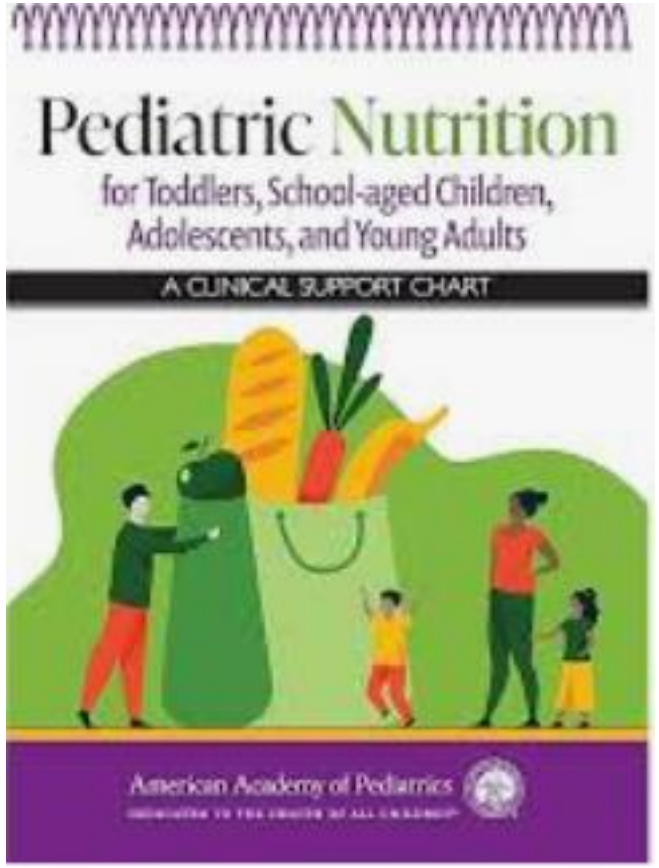
- **Food and nutrition security screening and education**: AAP food security toolkit, use hunger vital sign screener, resources (WIC, SNAP, Foodshare)
- **Address the "fiber gap" –** counseling, fiber scavenger hunt handout, remember legumes (ACLM my plate for children)
- **Encourage cultural heritage eating patterns -** ACLM handout, Oldways
- **Address selective/picky eating** – Plant-Based Juniors, Dr Yum

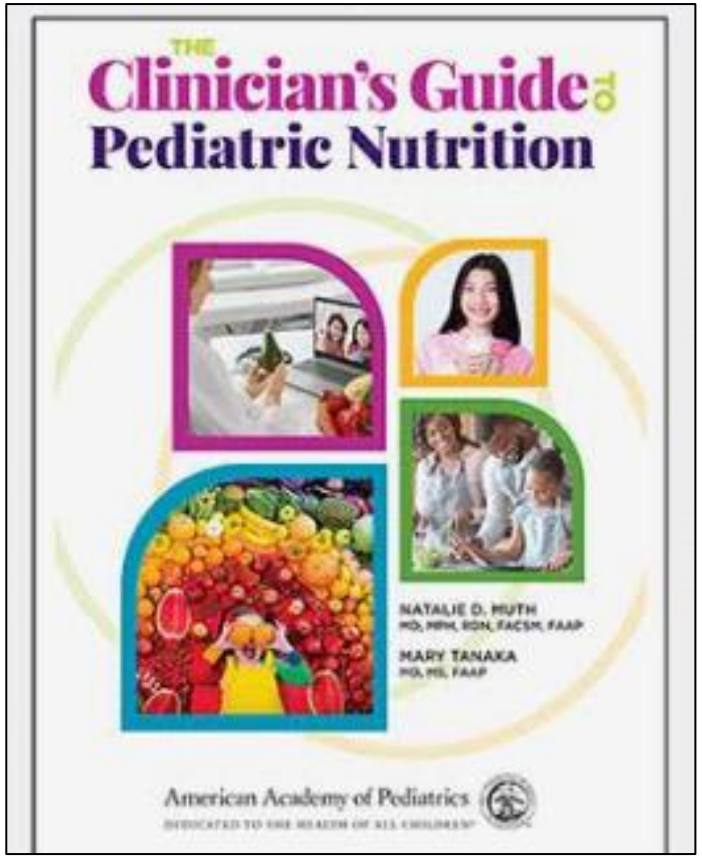
Family Meals:
-- The Family Dinner Project – try the dinner conversations OTW, family meal guides
-- Discuss planning, shopping, cooking together
-- Try Yum Meal O Matic.

Family Dynamics:
-- Parenting classes – know your community resources like PPP
-- Teach Ellyn Satter Division of Responsibility
-- First building connection, trust and modeling

NASPGHAN - Prisma Health




Pediatric Nutrition
for Toddlers, School-aged Children, Adolescents, and Young Adults
A CLINICAL SUPPORT CHART
American Academy of Pediatrics


THE
Clinician's Guide TO
Pediatric Nutrition
NATALIE D. MUTH
MARY TANAKA
American Academy of Pediatrics

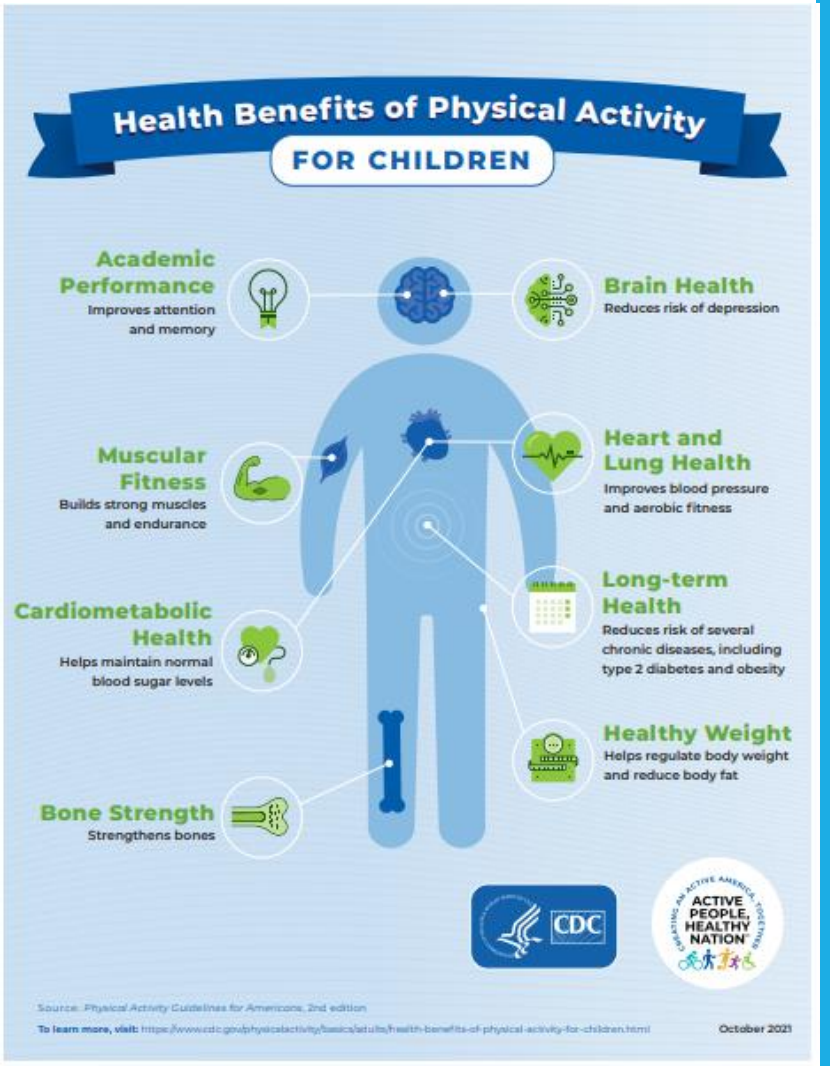
2. Physical Activity

Only 1 in 4 school age children and adolescents in the US meet recommendations[8]

Lowest in those with **special health care needs, older children especially adolescent females and marginalized groups.**

Family-based interventions - strongest evidence [9,10]

Accumulated daily PA just as beneficial as continuous.[11]



QIDA Measure 3-10, 11+

Healthy Lifestyle Discussion: Physical Activity Counseling (age 3-10) **b. Was there appropriate Z-code documentation of counseling for physical activity?** iii. Yes iv. No	**WCAAY?** • Documentation of counseling for physical activity or referral for physical activity • Documentation must include a note indicating the date and type of activity counseling provided. **BMI Percentile Code + Z71.82**

Physical Activity Strategies For Clinic

- Emphasize infant and toddler recommendations
- FITT SCRIPT: Frequency, Intensity, Time Type
- Recommend free or affordable after-school programming with PA
- Provide Indoors Ideas (free apps, exergaming, active play)
- Provide list of play spaces by zipcode – talk about benefits of nature!
- Refer to PT for mobility

Great Outdoors, Active Kids

Pediatric Guide to Outdoor Play & Nature-Based Movement

Pediatric Patient Handout
Healthy Habits for Life

1. OUTDOOR PHYSICAL ACTIVITY GUIDELINES BY AGE

AGE GROUP	DAILY OUTDOOR TARGET	FOCUS & RECOMMENDATIONS
Toddlers (1–2 years)	180+ minutes total (at least 60+ mins outdoors)	Unstructured active outdoor play. Encourage natural surface exploration (grass, sand, dirt), climbing low steps, and water play.
Preschoolers (3–5 years)	180+ minutes total (incl. 60+ mins moderate-to-vigorous)	Park play, running, riding tricycles/bikes. Focus on gross motor skills like jumping over obstacles, kicking balls, and balance.
School-Age & Teens (6–17 years)	60+ minutes daily (mostly moderate-to-vigorous outdoors)	Outdoor sports, hiking, swimming, or cycling. Include **vigorous activity** and **bone-strengthening jump/climb play** 3+ days/week.

2. PROVEN HEALTH BENEFITS OF TIME IN NATURE

Mind & Mood Boost
Outdoor time reduces stress, lowers cortisol, lowers anxiety, improves focus, and significantly boosts overall mood and mental well-being.

Physical Strength & Vitamin D
Sunlight supports bone health via Vitamin D production. Natural terrain builds core balance, agility, and motor coordination.

Vision & Restful Sleep
Natural daylight protects against myopia (nearsightedness) and helps regulate circadian rhythms for deeper, more restorative sleep.

3. FUN & CREATIVE OUTDOOR MOVEMENT IDEAS

Nature Scavenger Hunt
Find 5 different leaves, a smooth rock, pinecone, and something fuzzy! Combines walking with sensory play.

Neighborhood Bike Ride
Ride scooters, bikes, or walk together. Great cardio for the whole family while exploring local pathways.

Tag & Obstacle Courses
Play freeze tag, shadow tag, or use park benches and tree trunks as a natural outdoor agility course.

Chalk Fitness Games
Draw hopscotch, ladder drills, or long jump marks on the driveway. Fun, colorful, and active!

Park Ball Sports
Kick a soccer ball, play catch, or toss a frisbee. Develops hand-eye coordination and spatial awareness.

Trail Exploration & Hiking
Walk a local park trail, collect interesting sticks, or splash in puddles. Turns movement into an adventure!

4. THE OUTDOOR FITT PRESCRIPTION

F FREQUENCY
Goal: Daily Outdoor Time
"Aim to get outside every day, even for 15–20 minutes at a time!"

I INTENSITY
Goal: Mod to Vigorous
"Talk Test: Sing – light. Talk – moderate. Breathing hard – vigorous!"

T TIME
Goal: 60+ Mins Active
"Stack time: morning walk + after-school park visit – daily goal hit!"

T TYPE
Goal: Green Play Variety
- **Aerobic:** Tag, biking, running
- **Bones:** Jumping, hopscotch
- **Muscles:** Tree climbing, hills

🎯 OUTDOOR ACTION PLAN & FITT GOALS

👤 PERSONAL OUTDOOR GOAL

FREQUENCY: _____
INTENSITY: _____
TIME: _____
TYPE: _____

🤝 CAREGIVER OUTDOOR GOAL

FREQUENCY: _____
INTENSITY: _____
TIME: _____
TYPE: _____

Pediatrician Safety Tip: Remember sun protection (sunscreen, hat), hydration, and helmets for bikes/scooters!

Active Families, Active Homes

Pediatric Guide to Indoor Movement & Active Play

Pediatric Patient Handout
Healthy Habits for Life

1. DAILY PHYSICAL ACTIVITY GUIDELINES BY AGE

AGE GROUP	DAILY TARGET	FOCUS & RECOMMENDATIONS
Toddlers (1–2 years)	180+ minutes (3+ hours throughout day)	Mix of light play & energetic activity. Limit continuous sitting to under 60 mins. Focus on walking, climbing, running, and squatting.
Preschoolers (3–5 years)	180+ minutes (incl. 60+ mins moderate-to-vigorous)	Structured games & free play. Focus on fundamental motor skills: hopping, jumping, catching, balancing, and throwing.
School-Age & Teens (6–17 years)	60+ minutes daily (moderate-to-vigorous)	Mostly aerobic (active play, dancing). Include **vigorous activity** and **muscle/bone strengthening** at least 3 days/week.

2. FUN & CREATIVE INDOOR PLAY IDEAS

Turn On Music & Dance!
Put on an energetic playlist and dance together! Have a family dance-off or follow fun rhythm moves.

Living Room Course
Use couch cushions for hurdles, painter's tape on the rug for a balance beam, and chairs to crawl under.

Animal Movement Races
Race down the hallway doing bear crawls, frog hops, crab walks, or one-legged flamingo balances.

Balloon Volleyball
Keep a balloon off the floor using hands or feet. High energy, zero risk of indoor breakages!

Freeze Dance Party
Pause music randomly—everyone freezes! Great for practicing balance, control, and listening skills.

2-Min Scavenger Hunt
Set a timer to find items: *"Find 3 round objects!"*, *"Touch something soft!"*, or *"Find a blue sock!"*

3. THE FITT PRESCRIPTION FOR FAMILY PLAY

F FREQUENCY
Goal: Daily
"Aim to move daily. Short play bursts add up naturally throughout the day!"

I INTENSITY
Goal: Mod to Vigorous
"Talk Test: Sing – light. Talk – moderate. Gasping – vigorous!"

T TIME
Goal: Hit Daily Target
"Break it up into 10–15 min chunks (morning dance, course after dinner)."

T TYPE
Goal: Play Variety
- **Aerobic:** Dancing, tag
- **Bones:** Jumping, hopscotch
- **Muscles:** Bear crawls, forts

4. FREE APPS & DIGITAL RESOURCES

Nike Training Club App (Free)
Kid- & family-friendly quick workout videos and active breaks.

GoNoodle Website & App (Free)
Fun dance, movement, and mindfulness videos designed for kids.

🎯 PERSONAL & CAREGIVER FITT GOALS

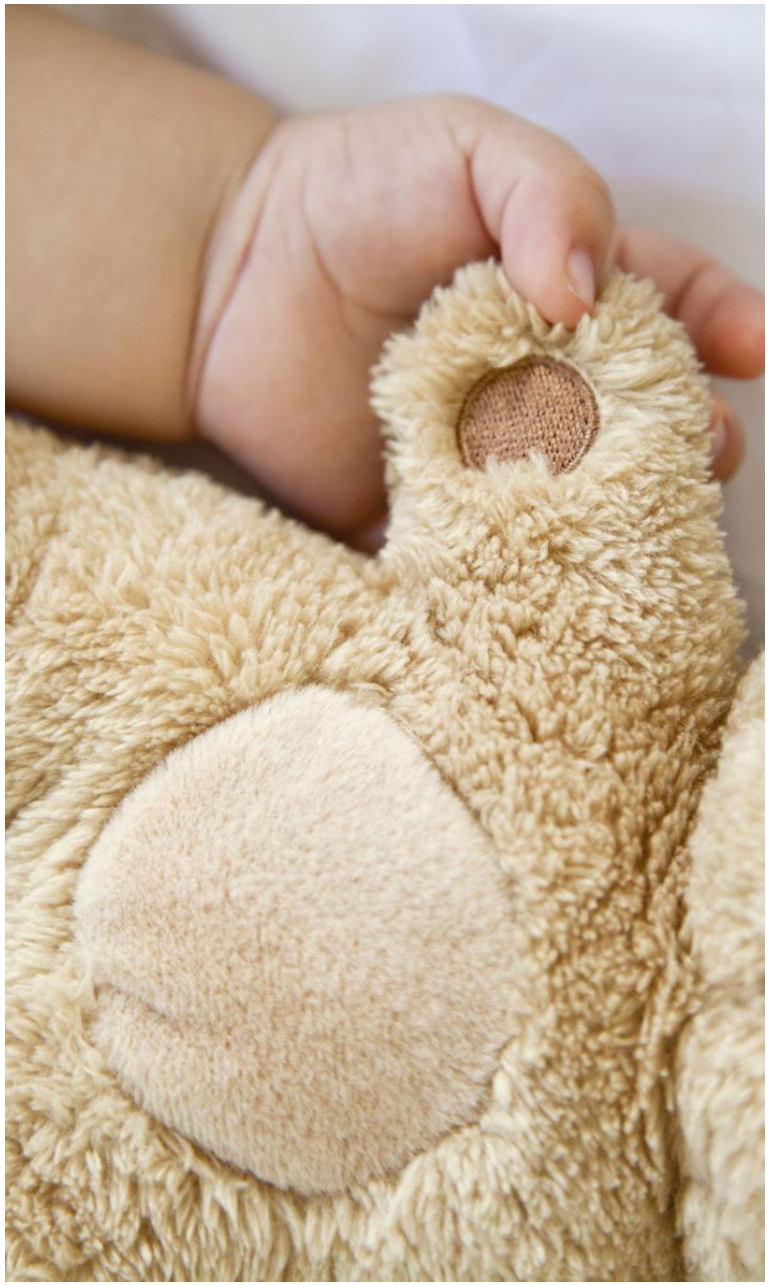
👤 PERSONAL FITT GOAL

FREQUENCY: _____
INTENSITY: _____
TIME: _____
TYPE: _____

🤝 CAREGIVER PERSONAL FITT GOAL

FREQUENCY: _____
INTENSITY: _____
TIME: _____
TYPE: _____

Pediatrician Tip: Pick one indoor play idea to try together today! Active play builds strong bodies and happy minds.



3. Sleep

Anxiety or Depression

ADHD Symptoms

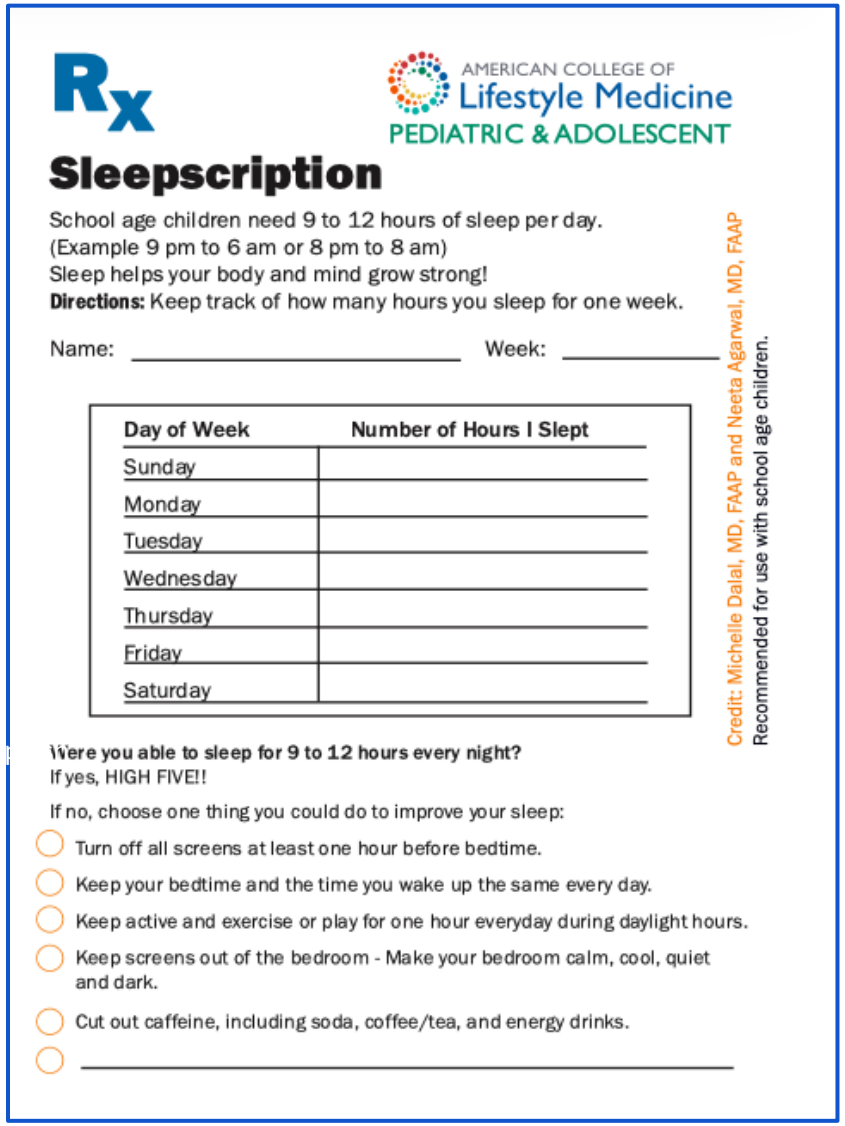
Behavior Concerns

Academic Issues

Obesity and metabolic risk factors in all age groups.[7-9]

QIDA Measures 3-10, 11+

Conversation on Sleep Hygiene Rate (age 3-10) **4. Was there documentation of discussion of Sleep Hygiene within the past 12 months?** a. Yes **b.** No	Documentation that sleep hygiene was discussed (focusing on amount of sleep, sleep apnea, and sleep quality).



Rx

AMERICAN COLLEGE OF Lifestyle Medicine
PEDIATRIC & ADOLESCENT

Sleepscription

School age children need 9 to 12 hours of sleep per day.
(Example 9 pm to 6 am or 8 pm to 8 am)
Sleep helps your body and mind grow strong!
Directions: Keep track of how many hours you sleep for one week.

Name: _____ Week: _____

Day of Week	Number of Hours I Slept
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Credit: Michelle Dalal, MD, FAAP and Neeta Agarwal, MD, FAAP
Recommended for use with school age children.

Were you able to sleep for 9 to 12 hours every night?
If yes, HIGH FIVE!!

If no, choose one thing you could do to improve your sleep:

- ◯ Turn off all screens at least one hour before bedtime.
- ◯ Keep your bedtime and the time you wake up the same every day.
- ◯ Keep active and exercise or play for one hour everyday during daylight hours.
- ◯ Keep screens out of the bedroom - Make your bedroom calm, cool, quiet and dark.
- ◯ Cut out caffeine, including soda, coffee/tea, and energy drinks.
- ◯ _____

Highlight how screens inhibit the brain's melatonin production

Duration is just one part of healthy sleep

Offer a **Sleep Script** for follow up

Offer CBT –I (Free)

CBT-I Coach: Teens and Adults.
Sleep Ninja: Ages 10-Adolescents

Adequate Sleep

Healthy Sleep, Healthy Kids

Good sleep helps our bodies grow, our minds learn, and our moods stay balanced.

Adequate, restorative sleep **recharges** the body and mind, helps **fight infection**, and **stabilizes mood**. Mental health concerns such as **anxiety**, **depression**, and **ADHD** can improve as sleep improves.

GOOD SLEEP HABITS START EARLY!

- Non-stimulating bedtime routine
- Consistent bedtime and wake time
- Daily exercise
- Avoid caffeine late in the day
- Keep screens out of the bedroom and turn off electronics 1 hour before bed

HOW MUCH SLEEP DO YOU NEED?

Daily Sleep Needs change as children grow.

Infants (4–12 months)	**12 – 16 hours**
Toddlers (1–3 years)	**11 – 14 hours**
Preschoolers (3–5 years)	**10 – 13 hours**
School-age children (6–12 years)	**9 – 12 hours**
Adolescents (13–18 years)	**8 – 10 hours**
Young adults	**7 – 9 hours**

These include nighttime sleep and, when appropriate, naps.

HEALTHY SLEEP HABITS

CREATE A CALMING BEDTIME ROUTINE

- 1–2 hours of quiet wind-down time before bed
- No rough play or strenuous activities in the 2 hours before bed
- **Turn off electronics at least 1 hour before bed**
- **Keep screens and devices out of the bedroom**

MAKE THE BEDROOM SLEEP-FRIENDLY

- Keep it cool, dark, and quiet
- Use the bed for sleeping, not for play or screen time

SUPPORT A HEALTHY SLEEP-WAKE RHYTHM

- Get morning sunlight
- **Be active during the day**
- **No caffeine after lunch**
- Avoid naps unless age appropriate

KEEP SCHEDULES CONSISTENT

- Allow enough time for the recommended amount of sleep
- Keep bedtime and wake time similar on

4. Stress Management

Stress impacts all other lifestyle domains

50-80% of illness has a stress-related component

In 2025 it was estimated that 13%-20% of children experienced a Mental Health, Emotional or Behavioral (MEB) disorder, and many more have symptoms that interfere with daily life and functioning but don't meet full diagnostic criteria.

QIDA Measure: 3-10, 11+

Screened for Anxiety Rate (age 8+) **8. Was the patient screened for anxiety within the past 12 months? (ages 8+)** a. Yes b. No	Documentation that patient was screened for anxiety (using a standardized screening tool: GAD-7, SCARED, PSC, Other) within the last 12 months.

Stress Management Strategies and Resources

REFERRALS FOR COUNSELING

FREE CBT-BASED APPS

EX: MINDSHIFT. BREATHE, THINK, DO WITH SESAME

AAP MENTAL HEALTH TOOLKIT

SOCIAL PRESCRIBING

PROMOTING EARLY RELATIONAL HEALTH

Calm Toolbox

CENTER OF EXCELLENCE
Social Media and Youth Mental Health
FROM THE AMERICAN ACADEMY OF PEDIATRICS
AAP.org/SocialMedia

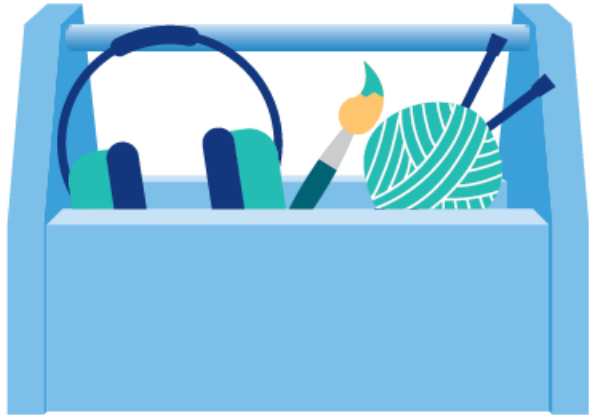
Life can be stressful! The activities in this toolbox work to help calm your nervous system by slowing your breathing and heart rate, providing a positive distraction, or providing a physical outlet for releasing energy. These strategies may work differently for different people. If you are still struggling to feel calm after trying these activities, consider talking with your pediatrician about other tools that may be helpful.

Move your body
Walk outside, dance, practice yoga, use a hand squishie, bike, stretch, exercise, practice a sport

Relax your body
Yoga, progressive muscle relaxation, naps, breathing exercises [such as square breathing], body scans

Physical refocus
Baoding ball, hair braiding, nail care, moving a bowl of something to another bowl using chopsticks, knitting or crochet

Mental refocus
Read a book, listen to music, listen to a podcast, write music, watch something immersive, do a puzzle, play a board game, color, journal



Use a calm gaming app
farming simulation, plant-growing, coloring apps, minimalist puzzles (examples: Tetris, TwoDots)

Reach out
Message a friend, sit with a family member, FaceTime a relative, watch a show with someone

Use a calming app
Mindfulness apps, meditation apps (examples: Calm, HeadSpace)

Consume
Tea, smoothie, icee, popsicle, food at your favorite restaurant

Seek a different physical sensation
Shower (hot or cool), bath, a muscle roller, toe gems, face roller, face mask, heating pad, cool pad, sensory sticker, scented hand wipe, an ice cube in your hand

Create
Cook, draw, paint, build, craft, bake

indicates these are quick strategies that can be done easily "on the go"

5. Social Connection

Social connection is the single most important predictor of happiness and longevity.[10-12]

2023 Surgeon General Report "*Our Epidemic of Loneliness and Isolation*"

Increased risk of CVD, dementia, stroke, depression, anxiety and premature death.

mortality impact = 15 cigarettes/day!

QIDA Measures

Protective factors/Family strengths Discussion Rate (age 3-10)	
11. Was there documentation that protective factors and/or family strengths were discussed with the family within the past 12 months? a. Yes b. No	Documentation that family strengths were discussed, or specific family strengths were identified at the most recent health supervision visit using free text. Identification of family strengths can be done in many ways, family dinner time, reading, play time, etc.

Discussion of Social Connectedness Rate (age 11+)	
10. Was there documentation of social connectedness discussion within the past 12 months? a. Yes b. No	**WCAAY?** Patient must have documentation that the importance of social connectedness (have a sense of connectedness to peers and adults, they feel loved, wanted and valued, are involved in sports, community/religious activities, etc.) was discussed.

Social Connection Strategies
"Social Prescribing"

- **Ask about friends and trusted adults**

- **Counsel and brainstorm around building social connection**

- **Family mealtimes**[13,14]
  Associated with improved academic performance, resilience and self-esteem, lower rates of substance abuse, teen pregnancy, eating disorders and depression

6. Avoiding Risky Habits

- Lifestyle Counseling is underutilized in SUD treatment and can help address the underlying reasons for substance use.
- Lifestyle interventions influence epigenetic and neuroplastic changes in those with SUD.[15]
- Screentime is a risky habit that ties into every other intervention

QIDA Measures: Tobacco, SUD

Rate of screening for substance abuse (age 11+)

13. **Was the patient screened for substance abuse within the past 12 months?**
    a. Yes
        i. **Which primary screener was used?**
            1. CRAFFT
            2. CRAFFT 2.1+N
            3. S2BI
            4. Open
        ii. **Were the findings positive or negative?**
            1. Positive
            2. Negative
        iii. **Substance type?**
            1. Alcohol
            2. Tobacco/Nicotine
            3. Cannabis
            4. Multiple
            5. Other
        iv. **Managed in office or referral?**
            1. In office
            2. Referral
        v.
    b. No
    c. N/A because of age

WCAAY? Patients must have documentation that they were screened for substance abuse within the last 12 months, using one of the screeners listed, and with documentation of results as well as how the case was managed.

Tobacco Exposure Screening Rate (age 3-10)

14. **Was the patient screened for tobacco exposure including cigarettes, e-cigarettes, and other tobacco products within the past 12 months?**
    a. Yes
    b. No

QIDA Measures: Screen Time

Screen Time Discussion Rate (age 3-10) **6. Was there documentation that screen time was discussed within the past 12 months?** a. Yes **b.** No	Documentation that screen time was discussed (Age-based recommendations, impacts of exposure, healthy habits, 5-Cs, etc.)

Anticipatory Guidance on Electronics/Social media Rate **7. Was there documentation of electronic/social media anticipatory guidance within the past 12 months?** a. Yes b. No	**WCAAY?** Patients must have documentation in their chart that the patient was given anticipatory guidance about electronic/social media use.

Screen Time Resources

- The 5 Cs of Media Use : PDF by age from infancy to older teens. Spanish and English
- Healthy Children.org – Family Media Plan. Spanish and English
- Common Sense Media – Content
- Watch Screenagers

HEALTHY TECHNOLOGY USE & Digital Wellness

Helping Kids Thrive Online and Offline

UNDERSTANDING PROBLEMATIC INTERNET USE

Problematic Internet Use (PIU) is risky, impulsive, or excessive technology use that affects a child's emotional health or **causes negative consequences.**

There is no single number of hours that defines problematic use.

What matters most is the child's relationship with technology and how it affects daily life.

Internet Gaming Disorder:
Increasing amounts of time spent preparing for, organizing, or playing games.

Problematic Social Media Use:
Difficulty controlling social media use despite negative effects.

Emotional dependence:
Using technology or digital media primarily to calm difficult emotions.

It is not the child's fault.
Digital technology can be highly reinforcing and difficult to regulate—similar to other addictive behaviors, although it is not the same as substance use.

SIGNS TECHNOLOGY MAY BE GETTING IN THE WAY

Look for changes in behavior, physical health, emotions, social relationships, or functioning:

- Less interest in offline activities
- Prefers online relationships over in-person connections
- Falling grades or difficulty completing schoolwork
- Falling asleep in class or staying up late to use devices
- Sneaking or hiding device use
- Emotional withdrawal or irritability.
- Difficulty stopping or limiting use
- Using screens to manage or escape uncomfortable emotions.
- Less physical activity, family time, or social interaction

Ask: "What is your child's relationship with technology?"

For children 11 years and older, a validated screener can help identify whether technology use is becoming problematic and what may be contributing to it.

PREVENTION: THE 5 C's OF HEALTHY MEDIA USE

1 CHILD

Understand your child's strengths, challenges, interests, and vulnerabilities in the digital world.

2 CONTENT

Talk openly about what your child is watching, playing, and viewing.

Choose high-quality, age-appropriate content.

3 CALM

Help children recognize and manage stress and difficult emotions rather than relying on screens as their primary coping strategy.

4 CROWD OUT

Make sure media does not crowd out what growing children need most:

- Sleep
- Physical activity
- School
- Family time
- In-person friendships

5 COMMUNICATION

Keep the conversation going. Be curious, supportive, and nonjudgmental rather than focusing only on rules and consequences.

CREATE A FAMILY MEDIA PLAN

Families do best when they create guidelines and rules together.
The AAP Family Media Plan can help!

- Establish screen-free zones e.g., bedrooms, dinner table
- Set a device curfew at night
- Create screen-free times
- Agree on family technology rules together
- Use parental controls and device limits when appropriate
- Review and adjust the plan as children grow

Role model the expectations. Children learn most from what we do!

THE GOAL

Technology should support your child's life—
not replace sleep, relationships, learning, movement, or emotional connection.

Healthy habits today build a brighter, more balanced tomorrow. You're not alone—support makes all the difference.

Lifestyle Medicine Pillar	Resources
Social Connection	• Family Dinner Project • Mealtime **Conversation Cards** • **The Power of Play** healthychildren.org • After school **activities**, sports, community centers, youth group, neighborhood gatherings
Stress Management	• **AAP Calm Toolkit**, Star Breathing Cards • **MindShift** (free CBT-based app for teens/adults) • **Breathe, Think, Do** with Sesame (free app for younger children) • Bradshaw Institute **Pediatric Support Service**s • **Prisma Health** Find Help
Sleep	• **AAP** Brush, Book, Bed • **CBT-I Coach** (free insomnia app for teens/adults) • **Sleep Ninja** (free insomnia app for ages 10 through adolescence) • **Screen** for sleep disordered breathing
Nutrition	• **Intuitive Eating**: How to Raise Kids Who Love to Eat Healthy by Dr. Yami Cazorla-Lancaster (Book) • **Dr. Yum** – www.dryum.org • **Plant Based Juniors** – Instagram @plantbasedjuniors • WIC, SNAP, FoodShare
Physical Activity	• **Physical Activity Checker/Stopwatch Too**l healthychildren.org • Epic dotphrase **.PSS(county)physical activity** • **After hours open access** public school playgrounds
Avoiding Risky Habits: Screen Use	• **AAP** Family Media Plan • **App timers and phone family controls** • **Positive Body Image**: My One of a Kind Body (Book, AAP)

PROBLEM-SPECIFIC APPLICATIONS OF LIFESTYLE MEDICINE

POTS

- Salt
- Fluids
- Exercise – CHOP Modified POTS exercise Program
- Eating regular meals
- Avoid skipping breakfast
- Getting enough sleep

PRESYNCOPE AND VASOVAGAL SYNCOPE

You've Got This! 💙

Your daily habits make a big difference!

COMMON SYMPTOMS

Your child may feel one or more of the following:

PRESYNCOPE

The feeling that they might faint.

- Lightheadedness or feeling faint
- Nausea
- Pale or clammy skin
- Tunnel vision or seeing spots
- Weakness or tiredness
- Sweating

DIZZINESS

A sensation that the room or child is spinning or off balance.

- Spinning sensation (vertigo)
- Feeling off balance
- Headache
- Nausea
- Sensitivity to light or motion

COMMON TRIGGERS (Often Not Serious)

- Dehydration / Not enough fluids
- Skipping meals or low blood sugar
- Standing up too quickly
- Hot environments or overexertion
- Stress, lack of sleep, or anxiety

RED FLAGS – SEEK MEDICAL ATTENTION RIGHT AWAY

Go to the ER or seek urgent medical care if your child has any of the following:

- Faints (loses consciousness) or has a seizure
- Chest pain, pressure, or palpitations (feeling of a racing or irregular heartbeat)
- Shortness of breath or trouble breathing
- Severe or sudden headache, especially if it is the "worst headache ever"
- Double vision, blurry vision, or loss of vision
- Weakness, numbness, trouble speaking, or confusion
- Pale, bluish, or gray skin color
- Symptoms that last longer than a few minutes or keep coming back
- Family history of heart problems, sudden unexplained death, or fainting during exercise
- Fainting, dizziness, or chest pain during exercise

🌟 Everyday Tips

- Get enough sleep.
- Eat regular meals.
- Don't skip breakfast.
- Stand up slowly.
- Avoid getting overheated.
- Take breaks when you need them.
- Listen to your body.

🧂 Salt

- **3–5 g salt/day**, if recommended.
- Add salt to meals and use electrolyte drinks.

💧 Fluids

- **2–3 L/day**, as recommended.
- **Consider electrolyte drinks**.

🏃 Exercise

- **Avoid prolonged lying down and deconditioning.**
- Gradually increase activity and **monitor heart rate/symptoms.**
- Scan and follow the **CHOP Modified Exercise Protocol**.

💧 Teen-Friendly Hydration Options

- **Liquid I.V.®** — ~500 mg sodium/packet
- **Gatorlyte®** — ~490 mg sodium/20 oz
- **Pedialyte®** — ~490 mg sodium/16 oz
- **Electrolit®** — ~690 mg sodium/21 oz

Migraine

- CHAMP (childhood and adolescent migraine prevention) Trial
  - -Neither Amitriptyline nor Topiramate was superior to placebo when all group received structured headache education
  - -Lifestyle counseling and headache education are themselves therapeutic intervention

Migraine Headaches
Lifestyle Management

You Got This!

- Lifestyle counseling and headache education are themselves therapeutic interventions for migraines.
- Lifestyle changes are the foundation – medication may add a small additional benefit.
- In follow up of patients after 3 years, migraines improved and only 1 out of 153 participants were still on preventative medication at 3 years.
- Consider headache prevention medication if headaches are more than one day per week, particularly with significant disability.

KEY TAKEAWAY

Lifestyle optimization is treatment.

Regular sleep, meals, hydration, exercise, and stress management build the foundation for fewer and less severe migraines.

THE FOUNDATION: OPTIMIZE DAILY HABITS

Regular Sleep
Keep consistent bedtimes and wake times.

Regular Meals
Eat balanced meals and avoid skipping meals.

Hydration
Drink water throughout the day.

Exercise
Aim for regular physical activity most days.

Manage Stress
Practice relaxation, deep breathing, or mindfulness.

Track Headaches
Keep a headache diary to identify patterns, triggers, and what helps.

DON'T FORGET THE WHOLE CHILD

Screen for and address conditions that can worsen migraines:

- Anxiety
- Mood concerns (depression)
- Sleep problems
- Stress

Treating these concerns may also improve headache control.

THE POWER OF CBT

Cognitive Behavioral Therapy (CBT) can be a powerful part of migraine treatment.

In a landmark study of youth ages 10–17 with chronic migraine, combining CBT + amitriptyline produced substantially more responders than headache education + amitriptyline (66% vs. 36%). Benefits were sustained at 12 months.

Biofeedback may also help reduce migraine frequency by about 2 attacks per month. However, evidence in children is limited.

Look for a trained pediatric CBT provider experienced in headache management.

WHAT ABOUT PREVENTIVE MEDICATION?

Consider preventive medication when headaches occur more than 1 day per week, particularly when they cause significant disability.

SET REALISTIC EXPECTATIONS:
Most preventative medications have not consistently demonstrated superiority to placebo.

- **Amitriptyline + CBT:** Strongest evidence; superior to amitriptyline alone.
- **Topiramate:** The only FDA-approved option (ages 12–17) resulting in modest benefit.
- **Propranolol:** Possibly effective.

⚠ CHAMP TRIAL

In the CHAMP trial comparing amitriptyline, topiramate, and placebo in children/adolescents, active medications did NOT provide superior benefit to placebo and were associated with more adverse effects, including altered mood and suicidal attempts.

The takeaway: Medication is not automatically the answer. Start with lifestyle optimization and consider individual needs, disability, and risks.

NUTRACEUTICAL OPTIONS

Many clinicians use nutraceuticals before pharmaceuticals. If lifestyle optimization drives much of the benefit, a supplement with fewer side effects is a reasonable first step.

- **Riboflavin (Vitamin B2):** Has the most supportive pediatric data. Adequate dosing matters.
- **Magnesium:** Limited evidence; however, can cause gastrointestinal side effects.
- **CoQ10:** Well tolerated.

THE BIG PICTURE

Healthy Routines → Fewer Triggers → Better Coping → Better Headache Control

You Got This! Migraine management is about building sustainable habits—not just treating the headache after it starts.

Always talk with your child's healthcare provider about the best plan for them.

MIGRAINES

Tension-Type Headache

You Got This!

The good news:
Tension-type headaches often respond very well to healthy routines, relaxation, and stress management.
Non-medication strategies are the cornerstone of treatment.

BUILD HEALTHY HABITS

Small daily choices can make a big difference!

SLEEP WELL
Keep a consistent bedtime and wake time. Practice good sleep hygiene.

EAT REGULARLY
Don't skip meals. Choose balanced, nutritious foods.

STAY ACTIVE
Get regular physical activity. Even daily movement helps reduce stress.

MANAGE STRESS
Learn healthy ways to handle stress and big emotions.

STAY HYDRATED
Drink plenty of water throughout the day.

RELAXATION REALLY HELPS

Children with tension-type headaches often respond well to relaxation techniques, including:

Deep Breathing | Progressive Muscle Relaxation | Guided Imagery | Mindfulness | CBT (Cognitive Behavioral Therapy) | Biofeedback

Biofeedback can be especially effective in children, with studies showing medium to large benefits.

USE MEDICATION WISELY

If medication is needed, **amitriptyline** is commonly used for prevention.

Avoid frequent use of headache medications.
Medication overuse can contribute to chronic daily headaches.

LOOK BEYOND THE HEADACHE

Tension-type headaches can be strongly influenced by psychosocial stressors.

Ask about what might be adding extra stress:

Stress at Home
Changes, conflict, family worries

School Pressures
Homework, tests, academic stress

Peer & Friendship Concerns
Relationships, bullying,

Anxiety or Emotional Stress
Worry, perfectionism

Psychosocial factors tend to play a larger role in tension-type headaches than in migraines.

TENSION HEADACHE

LM Approach to Mental Health

Regarding depression, evidence-based lifestyle interventions can be utilized:

- ✓ As part of a comprehensive plan that includes medication and therapy
- ✓ Independently for those who would benefit from meds and therapy but are not ready
- ✓ Independently for patients with mild-moderate depression. [26]

YOUR DEPRESSION ACTION PLAN

Name: _____ **Effective Date:** _____

My Counselor: _____ **Phone Number:** _____

My Medication: _____

GOOD	ACTION
SYMPTOMS • Sleeping and eating well • Feeling good about myself and others • Enjoying my daily activities • Having a positive attitude • Able to talk with my friends and family	• Continue to get a good night's rest • Healthy diet and regular exercise • Increase enjoyable activities • If prescribed medications, continue to take them regularly • If seeing a counselor, be sure to continue appointments regularly • Practice relaxation and mindfulness • Keep a positive attitude • Talk with a loved or trusted family member regularly

OKAY	ACTION
SYMPTOMS • Having some trouble sleeping • Decreased appetite • Not feeling as good as I normally do • Having trouble enjoying my daily activities • Don't feel as comfortable talking about it	• Repeat green level activities • Be sure to get into a steady routine • Set goals for yourself to achieve throughout each day • Increase water intake • Learn to curb negative thinking, practice positive thoughts • Keep up with little things such as household chores in order to enjoy daily activities

BAD	ACTION
SYMPTOMS • Not sleeping at night • Not eating • Having scary thoughts about hurting myself or others • Uninterested in my usual activities • Staying away from friends and family	• Repeat yellow level activities • Take medication if prescribed • More frequent counseling • Contact identified adult or loved one • Call a number below

DEPRESSION ACTION PLAN

Depression – TOP 3 Pillars

- Sleep Optimization – Strong Evidence, Sleep Disruption is the lifestyle factor most strongly associated with symptoms.
- Physical Activity – Strong Evidence, moderate intensity and mixed modes are most effective
  - The impact of physical exercise on treating depression is comparable to CBT.[16]
  - Exercise may prevent depression in young adults if it is regularly practiced starting in childhood. [17]
- Mediterranean/Healthy Diet – Moderate evidence. Healthy diets are associated with fewer symptoms.
  - High intake of fruit, veggies, whole grains, fish, olive oil, low fat dairy, and antioxidants. Low intake of animal foods, fast foods, high fat dairy, fried foods, refined grains, sugar.

Anxiety – TOP 3 Pillars

- Sleep Optimization – Strong Evidence, Interventions like CBT for insomnia significantly reduce anxiety symptoms.

- Physical Activity – Moderate Evidence
  - Resistance exercise was found to most effective for anxiety.

- Screen Time Reduction – Moderate evidence.
  - Social media use >3 hours/day is linked to a significant increase in internalizing problems.

Suicidal Ideation – TOP 3 Pillars

- Sleep Optimization – Strong Evidence
  - Sleeping <6 hours triples the odds of contemplation/attempts
  - CBT-I can alleviate ideation

- Physical Activity – Supportive Evidence
  - Studies show an inverse association between activity levels and suicidality.

- Healthy Dietary Patterns – Supportive evidence.
  - High quality diets are independently associated with lower suicidal ideation.

ADHD – TOP 3 Pillars

- Physical Activity/Exercise – Strong Evidence
  - Improves inhibitory control, working memory, and cognitive flexibility
  - For ADHD, the American Medical Society for Sports Medicine recommends at least 30 minutes of high intensity aerobic exercise, 3-5 times per week
- Mindfulness-Based Intervention – Moderate Evidence
  - Recommended as a secondary/adjunct treatment.
- Omega-3 PUFA Supplementation – Supportive Evidence
  - Small but significant benefit in clinical symptoms and attention.

ADHD WELLNESS GUIDE
FOR CHILDREN

Everyday habits that support attention, emotional regulation, learning, and overall well-being.

Wellness is part of the ADHD support plan—not a replacement for evidence-based ADHD treatment. Treatment may include behavioral strategies, parent training, school supports, and, when appropriate, medication.

1 PRIORITIZE HEALTHY SLEEP

- Ages 3–5: 10–13 hours
- Ages 6–12: 9–12 hours

- Keep a consistent bedtime and wake time.
- Watch for loud snoring, pauses in breathing, restless sleep, frequent waking, or daytime tiredness.
- Adequate sleep supports attention, mood, emotional regulation, and impulse control.

Persistent concerns? Talk with your child's pediatrician.

2 BUILD A BRAIN- & GUT-FRIENDLY DIET

Focus on variety and minimally processed foods:

- Fruits and vegetables
- Whole grains and fiber-rich foods
- Beans, lentils, and healthy proteins
- Nuts and seeds (age-appropriate)
- Plenty of water

AIM TO LIMIT:
Heavily processed foods, excessive added sugar, and foods with artificial ingredients.

A healthy diet supports overall health, but diet changes alone are not a treatment for ADHD.

3 GET KEY NUTRIENTS FROM FOOD FIRST

Important nutrients for brain health:

- **Omega-3:** salmon, walnuts, ground flaxseed
- **Vitamin D:** fortified foods, egg yolks, fatty fish, sunlight exposure
- **Iron:** beans, lentils, leafy greens, iron-fortified cereals, meat
- **Magnesium:** leafy greens, almonds, pumpkin seeds, avocado
- **Zinc:** beans, legumes, meat, dairy, fish
- **B_{12}:** meat, fish, eggs, dairy

Talk with your child's pediatrician before starting supplements (omega-3, vitamin D, magnesium, saffron, L-theanine, etc.). Needs vary and some supplements have limited evidence for ADHD.

4 MOVE EVERY DAY

AIM FOR ABOUT
60 MINUTES
OF PHYSICAL ACTIVITY EACH DAY

5 SUPPORT EMOTIONAL REGULATION & STRESS MANAGEMENT

- Predictable routines
- Positive reinforcement and specific praise
- Short mindfulness or breathing exercises
- Age-appropriate cognitive behavioral strategies
- Parent behavior-management training

6 STRENGTHEN SOCIAL CONNECTIONS

Children with ADHD may have challenges with impulse control, reading social cues, or maintaining friendships.

HELP BY CREATING OPPORTUNITIES FOR:

- Positive family connection
- One-on-one time with parents/caregivers
- Structured playdates
- Team sports and group activities

ADHD HANDOUT

LM Approach to Obesity

Do no harm

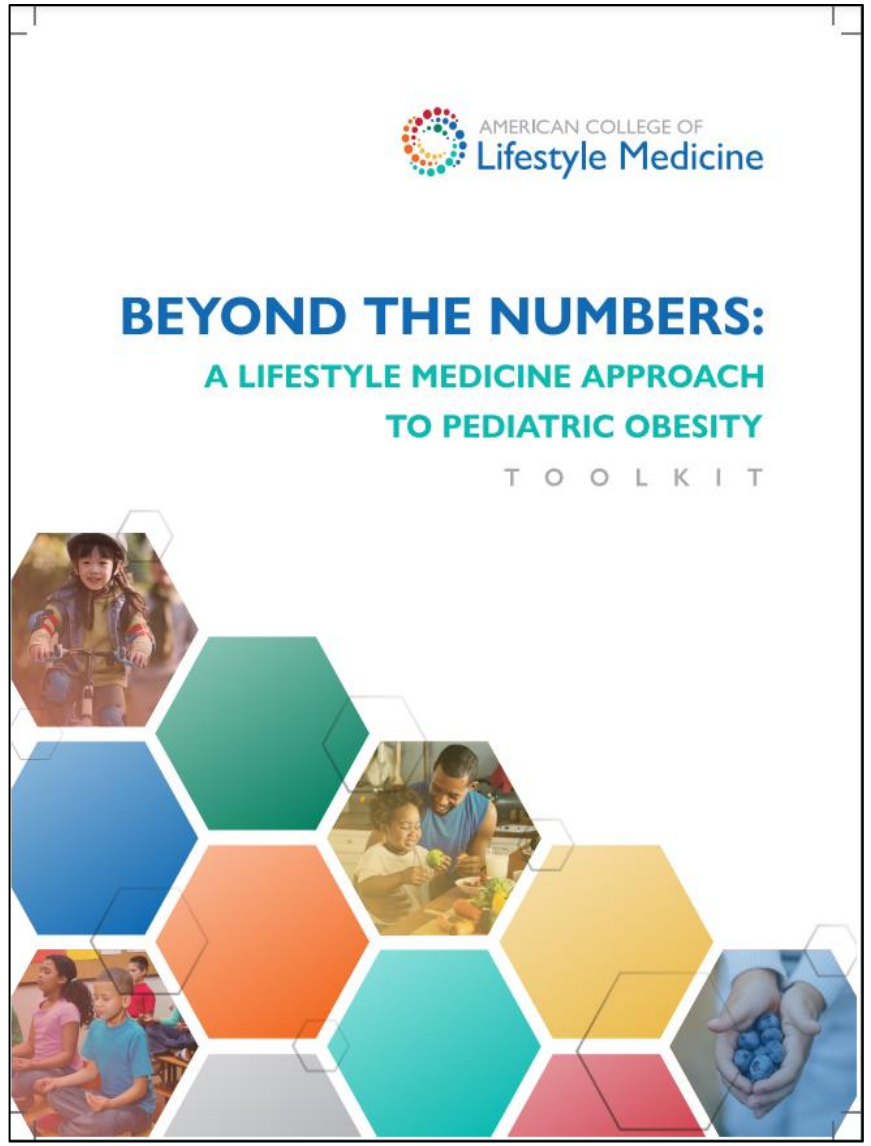
weight-neutral, respectful terminology, recognize stigma, screen for disordered eating

Whole child/family approach

- intake visit with comprehensive screeners
- family involvement

Reframing

- abundance not restriction, habits not numbers, marathon not a sprint



ACLM Toolkit "Beyond the Numbers: A Lifestyle Medicine Approach to Pediatric Obesity." 2023

Polyendocrine Metabolic Ovarian Syndrome

Polyendocrine Metabolic Ovarian Syndrome (PMOS) is a hormonal disorder common in women of child-bearing age. Women with PMOS have an excess of male hormones, also called androgens. This causes irregular ovulation and periods.[1]

Symptoms may include:

- Irregular periods
- Increased hair on face, back and/or chest
- Hair loss on the scalp
- Acne
- Weight gain
- Insulin resistance (difficulty regulating blood sugar)

Complications may include:

- Infertility
- Gestational or Type II Diabetes
- Metabolic syndrome
- Uterine bleeding or cancer
- Depression, anxiety, eating disorders
- Sleep apnea

WHOLE AND UNPROCESSED HEALTHY MEALS

Because women with PMOS have risk of high blood sugar and weight gain, it is important to know when and what to eat.[2]

WHAT TO EAT

- Eat regularly and do not skip meals. Regular eating will help stabilize blood sugar levels in your body throughout the day.[3]
- Include more foods with high fiber, lean proteins, anti-inflammatory properties.
- High fiber foods: steel-cut oats, beans & legumes, dark leafy greens, quinoa, brown rice
- Lean proteins: tofu, tempeh, peanuts & almonds
- Anti-inflammatory foods: fruits (blueberries, strawberries

DID YOU KNOW

Women with PMOS have a significantly higher risk for Obstructive Sleep Apnea[4]

OSA causes disruptions in your sleep due to closing of your airway and reduction of airflow into the body. While snoring can be a sign of OSA, you can have OSA even if you don't think you snore.[5]

REGULAR AND RESTFUL SLEEP

Proper sleep hygiene is important for weight management and blood sugar levels. Avoid daytime napping, late caffeine and alcohol consumption, and bedtime technology use. Keep regular sleep and wake-times with 7-9 hours of sleep each night.[5-9]

STRESS AND MENTAL WELL-BEING

Yoga, meditation, or journaling can help calm your mind. Friends, community groups, and volunteering can support you and help you stay positive and connected.

DAILY MOVEMENT

30 minutes of daily exercise can improve weight loss, menstrual cycles, and blood sugar levels. Any form of movement counts![7,8,9] Try out these exercises below:

- Gardening
- Hiking or Walking
- Dance
- Cycling or Biking
- Yoga
- Swimming
- Walking Stairs

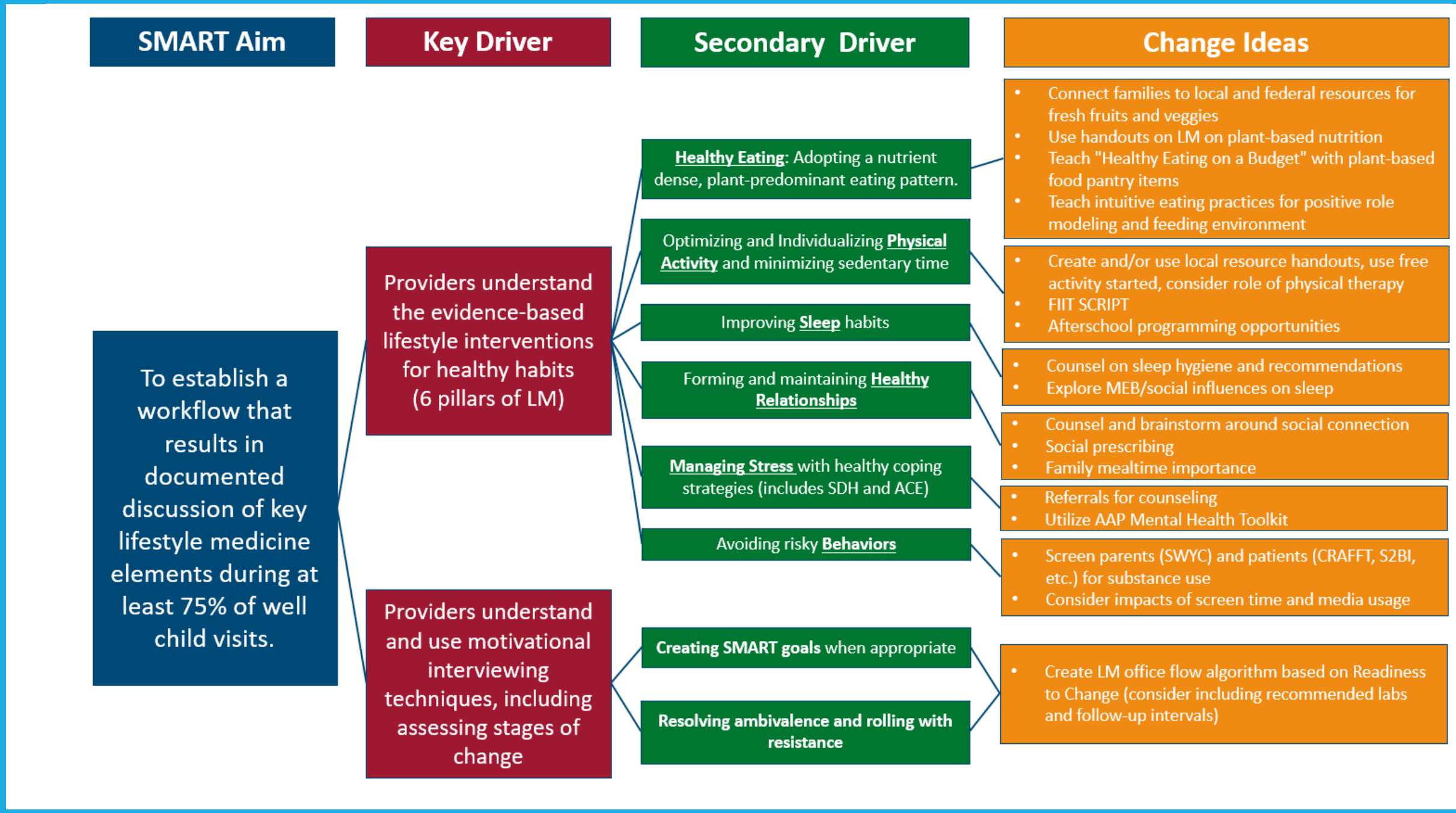
NOTE:

If you have concerns or questions about your health or PMOS symptoms, contact your doctor!

REFERENCES

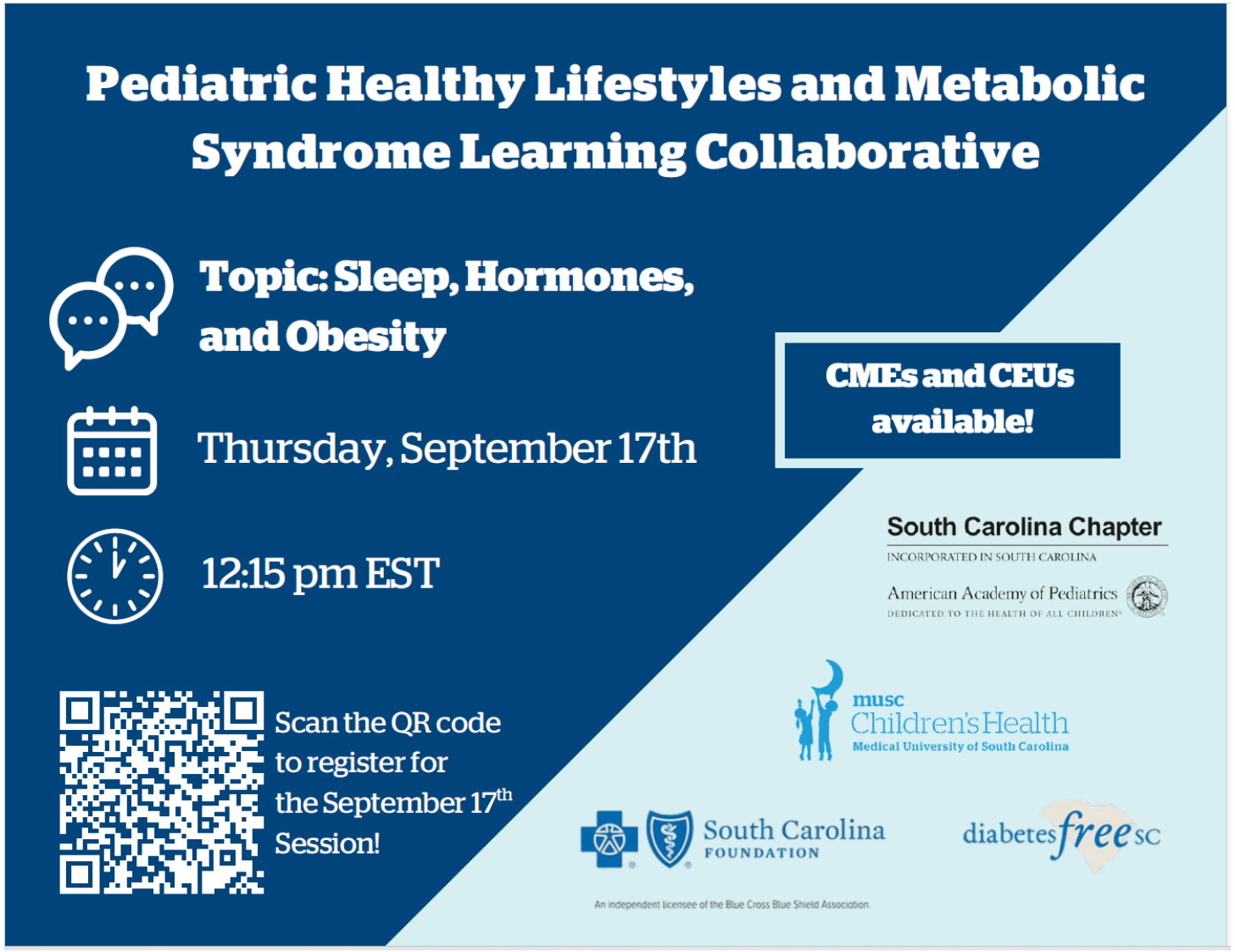
QIDA Measures: 3-10 and 11+

3. Was the patient's BMI abnormal? a. Yes **i. Is there evidence that the child/adolescent's BMI was addressed in the visit by documentation of nutrition counseling, motivational interviewing, or other appropriate services/referrals?** 1. Yes 2. No b. No	• The patient must have documentation in their chart that they have a **BMI greater than the 85th percentile or below the 5th percentile.** • Patients with a BMI greater than the 85th percentile or below the 5th percentile, must have documentation that their BMI was addressed with in depth counseling on nutritious food choices, physical activity, motivational interviewing, or other appropriate services/referrals.


SMART Aim
Key Driver
Secondary Driver
Change Ideas
To establish a workflow that results in documented discussion of key lifestyle medicine elements during at least 75% of well child visits.
Providers understand the evidence-based lifestyle interventions for healthy habits (6 pillars of LM)
Providers understand and use motivational interviewing techniques, including assessing stages of change
Healthy Eating: Adopting a nutrient dense, plant-predominant eating pattern.
Optimizing and Individualizing Physical Activity and minimizing sedentary time
Improving Sleep habits
Forming and maintaining Healthy Relationships
Managing Stress with healthy coping strategies (includes SDH and ACE)
Avoiding risky Behaviors
Creating SMART goals when appropriate
Resolving ambivalence and rolling with resistance
Connect families to local and federal resources for fresh fruits and veggies
Use handouts on LM on plant-based nutrition
Teach "Healthy Eating on a Budget" with plant-based food pantry items
Teach intuitive eating practices for positive role modeling and feeding environment
Create and/or use local resource handouts, use free activity started, consider role of physical therapy
FIIT SCRIPT
Afterschool programming opportunities
Counsel on sleep hygiene and recommendations
Explore MEB/social influences on sleep
Counsel and brainstorm around social connection
Social prescribing
Family mealtime importance
Referrals for counseling
Utilize AAP Mental Health Toolkit
Screen parents (SWYC) and patients (CRAFFT, S2BI, etc.) for substance use
Consider impacts of screen time and media usage
Create LM office flow algorithm based on Readiness to Change (consider including recommended labs and follow-up intervals)

ACLM Resources

- Go to ACLM Home Page – at bottom of page, click on "tools and resources"
- Click resource and it will say whether it is complimentary or member-only.
- As a general guideline, resources in the Members-Only Library are member benefits and should not be shared with nonmembers. Resources in the Complimentary Library can be freely accessed and shared.



- Started in 2024
- Collaboration between the Boeing Center for Child Wellness at MUSC and the SC AAP Healthy Lifestyles Subcommittee
- Free, offers 1.0 CME

Thank you!

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