



# Fitzgerald

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## Resource 16-3: Alterations in Childhood Growth

<b>BMI</b>	<p>BMI=Weight (kg)/height (m)<sup>2</sup></p> <ul style="list-style-type: none"> <li>• <b>Source:</b> <a href="http://www.cdc.gov/growthcharts">www.cdc.gov/growthcharts</a></li> </ul> <p>Effective screening but not diagnostic tool In children, BMI is age-, gender-specific</p>
<b>BMI-for-age cutoffs</b>	<p>Overweight &gt;95th percentile Risk of overweight=85th to &lt;95th percentile Underweight &lt;5th percentile</p>
<b>Indicators of nutritional status</b>	<p>Head circumference-for-age= &lt;5 percentile, &gt;95 percentile</p> <ul style="list-style-type: none"> <li>• Head circumference reflects brain size, often used to screen for potential developmental problems among infants at birth to 24 months old</li> </ul>
<b>Length or short stature-for-age</b>	<p>Defined &lt;5th percentile Reasons</p> <ul style="list-style-type: none"> <li>• Often familial short stature where parents or other relatives have similar stature</li> <li>• Stunted growth because of long-term malnutrition, delayed maturation, chronic illness, or genetic disorder</li> </ul>
<b>Underweight weight-for-length</b>	<p>Defined &lt;5th percentile Reasons</p> <ul style="list-style-type: none"> <li>• Recent or chronic malnutrition, dehydration, genetic disorder</li> </ul>
<b>Diagnostics</b>	<p>Growth chart, bone age determination (via radiography), endocrinology (e.g., growth hormone), genetic testing (e.g., Down syndrome, Turner syndrome).</p>
<b>Interventions</b>	<p>Treat underlying disorder; consider recombinant human growth hormone (rhGH) for idiopathic short stature (however, limited effect in children with familial short stature); education on nutrition and/or physical activity (for overweight or at-risk children)</p>

Source: What Causes Poor Growth? available at <https://www.magicfoundation.org/Growth-Disorders/>

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