

Hulpmiddel 2: Checklist klinisch onderzoek

| Assessment/Test | When is it indicated? |
|--|---|
| Assessment of relevant family history: obesity, bariatric surgery, cardiovascular and metabolic risk factors, OSAS, NAFLD, cirrhosis, hormonal/reproductive alterations | Always |
| Assessment of personal history: pregnancy events, birth weight/length, neonatal feeding, major illnesses | Always |
| Complete physical examination of the child, including: BMI calculation, physical findings associated with genetic forms of obesity, blood pressure, acanthosis nigricans and skin tags, extreme acne and hirsutism (in pubertal girls), tenderness and motion of knee/leg/foot, peripheral edema and thyroid examination | Always |
| Laboratory investigations: magnesium, calcium, alkaline phosphatase, liver and kidney function, glycemia, lipid profile, proteins and electrophoresis, complete blood count, cortisoluria, thyroid function | Always |
| Fundoscopic examination for pseudotumor cerebri | If suspicion of pseudotumor cerebri |
| Basic assessment of diet and eating habits | Always |
| Basic assessment of lifestyle (physical activity, sleep, screen time) | Always |
| Basic assessment of psychosocial factors and well-being | Always |
| Assessment of the child's history for psychiatric disorders and use of antipsychotic drugs | Always |
| Relevant genetic tests | If extreme obesity by age <5 years with specific clinical features of genetic forms of obesity |
| Fasting glucose test and/or OGTT | If abnormal findings in plasma glucose levels |
| ALT and AST testing | If obesity (with or without additional risk factors) / If overweight with additional risk factors |
| Free and total testosterone and sex hormone binding globulin | If suspicion of PCOS |
| Nocturnal polysomnography (if not available: overnight oximetry) | If positive history/suspicion of OSAS |
| Complete psychiatric/psychosocial assessment | If positive history/suspicion of psychiatric/psychological/psychosocial disorder |

Bron: BASO consensustekst 2020

Hulpmiddel 3: Drempelwaarden verhoogd cardiovasculair risico

Bloeddruk

| Leeftijd | Prehypertensie | Stadium 1 Hypertensie | Stadium 2 hypertensie |
|----------|--|---|--------------------------|
| < 16j | Gemiddelde (systolische en/of diastolische) bloeddruk <u>p90 tot p95</u> | (Systolische en/of diastolische) bloeddruk \geq <u>p95</u> op minstens 3 afzonderlijke meetmomenten | $>$ <u>p99</u> + 5 mm Hg |
| 16+ jaar | 130–139/85–89 mm Hg | $>$ 140/90 mm Hg | $>$ 160/100 mm Hg |

Cholesterol

| | Normaal mg/dl (mmol/l) | Subklinisch mg/dl (mmol/l) | Klinisch mg/dl (mmol/l) |
|---------------------|------------------------|----------------------------|-------------------------|
| TC | $<$ 170 (4.4) | 170 - 199 (4.4 - 5.2) | \geq 200 (5.2) |
| LDL-C | $<$ 110 (2.8) | 110 - 129 (2.8 - 3.3) | \geq 130 (3.4) |
| Non-HDL-C | $<$ 120 (3.1) | 120 - 144 (3.1 - 3.7) | \geq 145 (3.8) |
| TG (0 tot 9 jaar) | $<$ 75 (0.8) | 75 - 99 (0.8 - 1.1) | \geq 100 (1.1) |
| TG (10 tot 19 jaar) | $<$ 90 (1.0) | 90 - 129 (1.0 - 1.5) | \geq 130 (1.5) |
| HDL-C | $>$ 45 (1.2) | 40 - 45 (1.0 - 1.2) | $<$ 40 (1.0) |

Andere

| | Subklinisch | Klinisch |
|--------------------|--|---|
| Glucosemetabolisme | <ul style="list-style-type: none">OGTT: 140-199 mg/dlHbA(1c): 40 mmol/mol (5.7%)Nuchtere glycemie: 100-125 mg/dl | Nuchtere glycemie: \geq 126 mg/dl |
| Leverfunctie | <ul style="list-style-type: none">ALT: 1.5–2.0 x normaal (♀ 22 tot 44 IE/L; ♂ 26 tot 52 IE/L) | ALT: 2– 3x normaal (♀ 44 IE/L; ♂ 52 IE/L) |

Bron: KCE (2023), kwaliteitsindicatoren voor PMOC.