times more likely to become obese by 14 years old than normal weight kindergartners (Cunningham, Kramer, and Narayan, 2014).

Obesity in childhood and adolescence has been related to elevated blood cholesterol, high blood pressure, respiratory disorders, orthopedic conditions, cholelithiasis, some types of adult-onset cancer, nonalcoholic fatty liver disease (NAFLD), and type 2 diabetes mellitus. The incidence of metabolic syndrome was 30% in obese children (Kiess, Kratzsch, Sergeyev, et al, 2014). Common emotional consequences of obesity include low selfesteem, social isolation, anxiety, depression, and an increased risk for the development of eating disorders (Altman and Wilfley, 2015).

Etiology and Pathophysiology

Obesity results from a caloric intake that consistently exceeds caloric requirements and expenditure and may involve a variety of interrelated influences, including metabolic, hypothalamic, hereditary, social, cultural, and psychological factors (Fig. 16-2). Because the etiology of obesity is multifactorial, the treatment requires multilevel interventions.