APA Paper Format

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Running head: CAN MEDICATION CURE OBESITY IN CHILDREN? 1

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Can Medication Cure Obesity in Children?

A Review of the Literature

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Author's note, centered.

Author Note

This paper was prepared for Psychology 108, Section B, taught by Professor Kang.

Marginal annotations indicate APA-style formatting.

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Abstract

In recent years, policymakers and medical experts have expressed alarm about the growing problem of childhood obesity in the United States. While most agree that the issue deserves attention, consensus dissolves around how to respond to the problem. This literature review examines one approach to treating childhood obesity: medication. The paper compares the effectiveness for adolescents of the only two drugs approved by the Food and Drug Administration (FDA) for long-term treatment of obesity, sibutramine and orlistat. This examination of pharmacological treatments for obesity points out the limitations of medication and suggests the need for a comprehensive solution that combines medical, social, behavioral, and political approaches to this complex problem.

Source: Hacker/Sommers (Boston: Bedford/St. Martin's, 2010, 2006).

Full title, repeated and centered.

Can Medication Cure Obesity in Children?

A Review of the Literature

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In March 2004, U.S. Surgeon General Richard Carmona called attention to a health problem in the United States that, until recently, has been overlooked: childhood obesity. Carmona said that the "astounding" 15% child obesity rate constitutes an "epidemic." Since the early 1980s, that rate has "doubled in children and tripled in adolescents." Now more than 9 million children are classified as obese.[1] While the traditional response to a medical epidemic is to hunt for a vaccine or a cure-all pill, childhood obesity is more elusive. The lack of success of recent initiatives suggests that medication might not be the answer for the escalating problem. This literature review considers whether the use of medication is a promising approach for solving the childhood obesity problem by responding to the following questions:

1. What are the implications of childhood obesity?
2. Is medication effective at treating childhood obesity?
3. Is medication safe for children?
4. Is medication the best solution?

Understanding the limitations of medical treatments for children highlights the complexity of the childhood obesity problem in the United States and underscores the need for physicians,

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[1]Obesity is measured in terms of body-mass index (BMI): weight in kilograms divided by square of height in meters. A child or an adolescent with a BMI in the 95th percentile for his or her age and gender is considered obese.

Source: Hacker/Sommers (Boston: Bedford/St. Martin's, 2010, 2006).

advocacy groups, and policymakers to search for other solutions.

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What Are the Implications of Childhood Obesity?

Obesity can be a devastating problem from both an individual and a societal perspective. Obesity puts children at risk for a number of medical complications, including Type 2 diabetes, hypertension, sleep apnea, and orthopedic problems (Henry J. Kaiser Family Foundation, 2004, p. 1). Researchers Hoppin and Taveras (2004) have noted that obesity is often associated with psychological issues such as depression, anxiety, and binge eating (Table 4).

Obesity also poses serious problems for a society struggling to cope with rising health care costs. The cost of treating obesity currently totals $117 billion per year—a price, according to the surgeon general, "second only to the cost of [treating] tobacco use" (Carmona, 2004). And as the number of children who suffer from obesity grows, long-term costs will only increase.

Is Medication Effective at Treating Childhood Obesity?

The widening scope of the obesity problem has prompted medical professionals to rethink old conceptions of the disorder and its causes. As researchers Yanovski and Yanovski (2002) have explained, obesity was once considered "either a moral failing or evidence of underlying psychopathology" (p. 592). But this view has shifted: Many medical professionals now consider obesity a biomedical rather than a moral condition, influenced by both genetic and environmental factors. Yanovski and Yanovski have further noted that the

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A handbook designed to educate doctors on obesity called for "major changes in some aspects of western culture" (Hoppin & Taveras, 2004, Conclusion section, para. 1). Cultural change may not be the typical realm of medical professionals, but the handbook urged doctors to be proactive and "focus [their] energy on public policies and interventions" (Conclusion section, para. 1).

The solutions proposed by a number of advocacy groups underscore this interest in political and cultural change. A report by the Henry J. Kaiser Family Foundation (2004) outlined trends that may have contributed to the childhood obesity crisis, including food advertising for children as well as

A quotation longer than 40 words is indented without quotation marks.

> a reduction in physical education classes and after-school athletic programs, an increase in the availability of sodas and snacks in public schools, the growth in the number of fast-food outlets . . . , and the increasing number of highly processed high-calorie and high-fat grocery products. (p. 1)

Addressing each of these areas requires more than a doctor armed with a prescription pad; it requires a broad mobilization not just of doctors and concerned parents but of educators, food industry executives, advertisers, and media representatives.

The barrage of possible approaches to combating childhood obesity—from scientific research to political lobbying—indicates both the severity and the complexity of the problem. While none of the medications currently available is a miracle drug for curing the nation's 9 million obese children, research has illuminated

Source: Hacker/Sommers (Boston: Bedford/St. Martin's, 2010, 2006).

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