



Adolescent health

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Adolescent health

Introduction.

Clinical approach.

Screening.

Vaccinations.

Counseling

Rebelliousness.

Psychiatric disorders.

Advice to parents.

Key points.

introduction

- >>The meaning of adolescence.
- >>Who should contribute to meet their needs.
- >>Why we should invest in growth and development of adolescents.

Health

A state of complete physical , mental and social wellbeing and not merely absence of disease or infirmity.

adolescence

Adolescence is a unique period of rapid physical, cognitive, and emotional changes.

The transitional period of development between relatively dependent childhood and independent adulthood.

A time of changing social relationships, expectations, roles and responsibilities.

The time of onset and duration varies..

adolescence

Adolescents.... No longer children ,, not yet adults

10 -19 >>>>>>>>> adolescents

19 -24 >>>>>>>>>>> youth

10 -24 young people

Adolescents are a diverse population group..

They have different needs, changing needs.

Stages of adolescence

Early adolescence :

(11-14) dominated by adjustment to the physical and psychosexual changes and by the beginning of psychological independence from parents.

Girls often advance through this stage more rapidly than boys.

Stages of adolescence

Middle adolescence :

(14-17) the search of independence is a time, so that peer groups , sexual attractions and relationships are common preoccupations at this stage.

Stage of experimentation and risk taking behavior is a feature, peer group, clothes, music, jargon and food and drink.

The average age for first sexual intercourse of both sexes is 16 years.



Stages of adolescence

Late adolescence:

(17-19) maturity leads to more self confidence with relationships and successful rapport with parents

Puberty in adolescence

Pubertal changes occur earlier in girls than in boys and are heralded by the formation of the breast bud.

The first sign of puberty in boys is testicular enlargement.

In girls, the growth spurt generally occurs around Tanner stage 3, whereas in boys it does not occur until Tanner stage 4.

Menarche occurs near the end of the growth spurt, which is on average at 12.8 years of age.

Tanner stages

girls	Boys	Sta
No breast development No pubic hair	Child-like penis No enlargement of testicles No pubic hair	1
Breast buds Small amount of fine, long pubic hair	Penis unchanged Enlarge scrotum and testicles Small amount of fine, long pubic hair	2
Breasts enlarge, areolas enlarge Coarse and curly pubic hair	Penis elongates Continued growth of testicles and scrotum Coarse and curly pubic hair	3
Continued breast growth Adult hair texture over pubic area	Penis increased in diameter Darkening of scrotum Adult hair texture over pubic area	4
Adult breast contours Pubic hair extends to thighs	Adult penis, scrotum Pubic hair extends to thighs	5

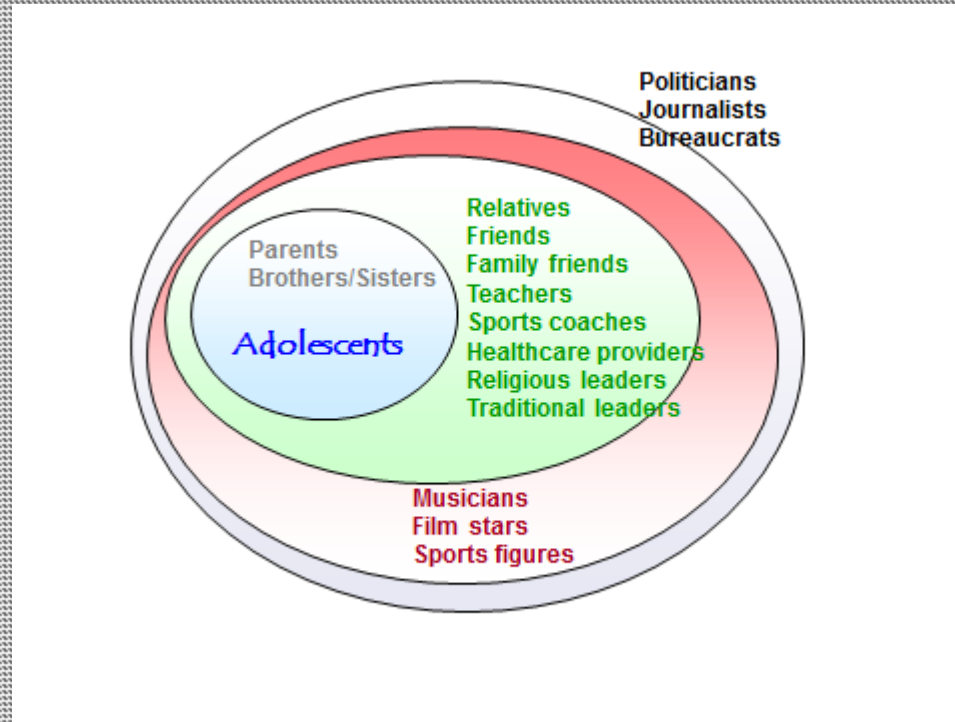
Who should contribute to meet their needs

Social Support has a critical role in the lives of adolescents and it has consistently been linked to outcomes in many areas such as, social functioning and academic achievement.

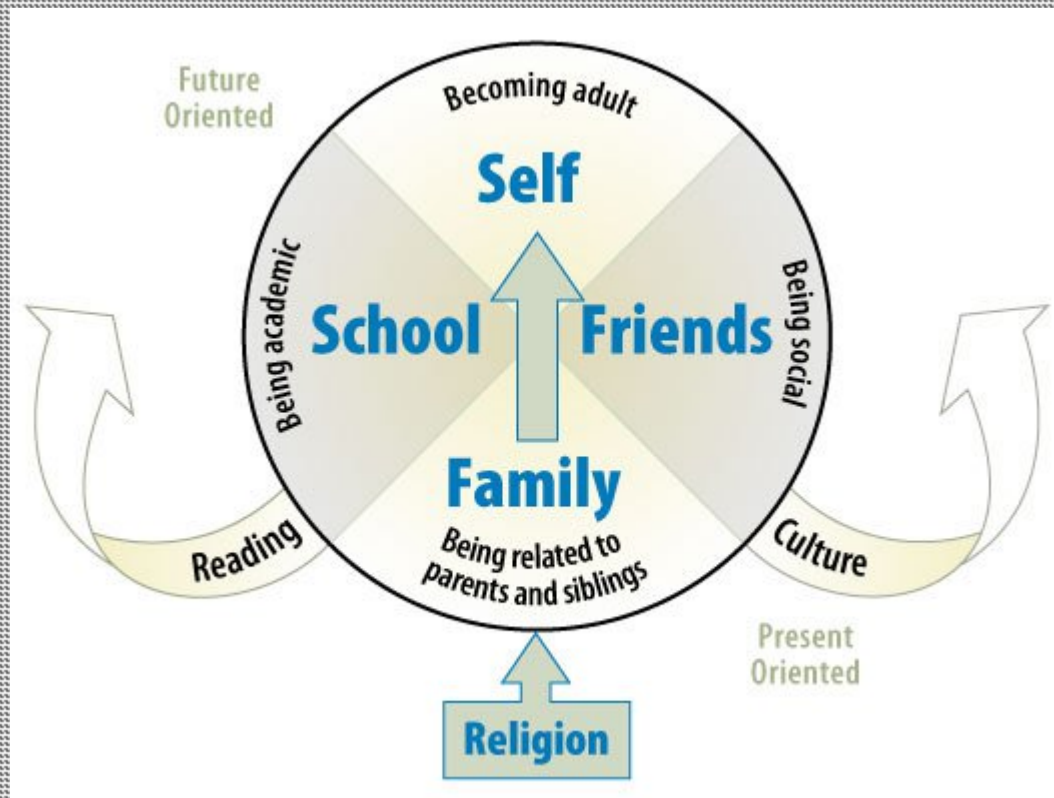
Research on relationships shows that there is a correlation between student academic success and caring teachers and parents.

It is important to build relationships even though young adolescents do not seem interested.

Who should contribute to meet their needs



Who should contribute to meet their needs



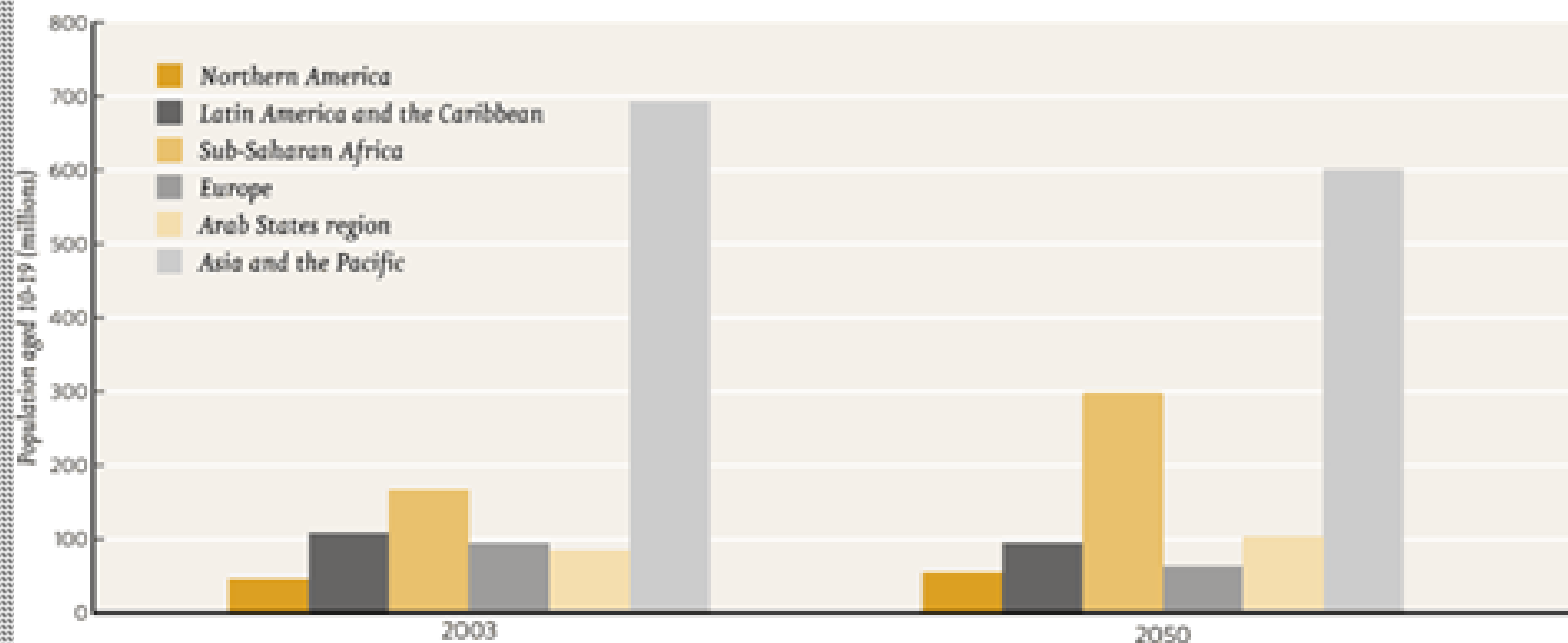
growth and development of adolescents ??

- >>Demographic rationale
 - >>public health rationale
- >>Economic rationale

Demographic rationale

1 in 5 individuals is an adolescent (1.2 billion)
the largest number in the history of mankind (2010).

Demographic rationale – 2/2

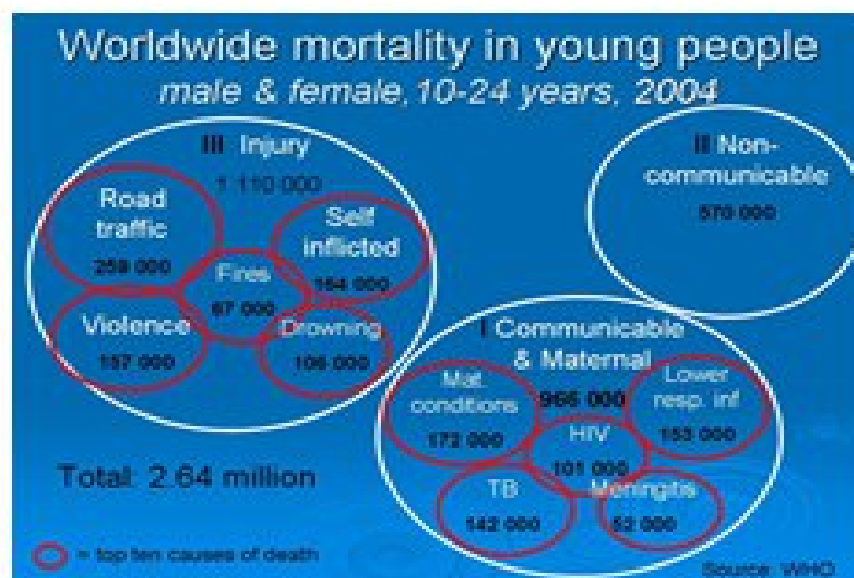


Source: UN Population Division

Public health rationale

Nearly two third of premature deaths and one third of the disease burden in adult are associated with conditions or behaviors that began in youth. (2007)

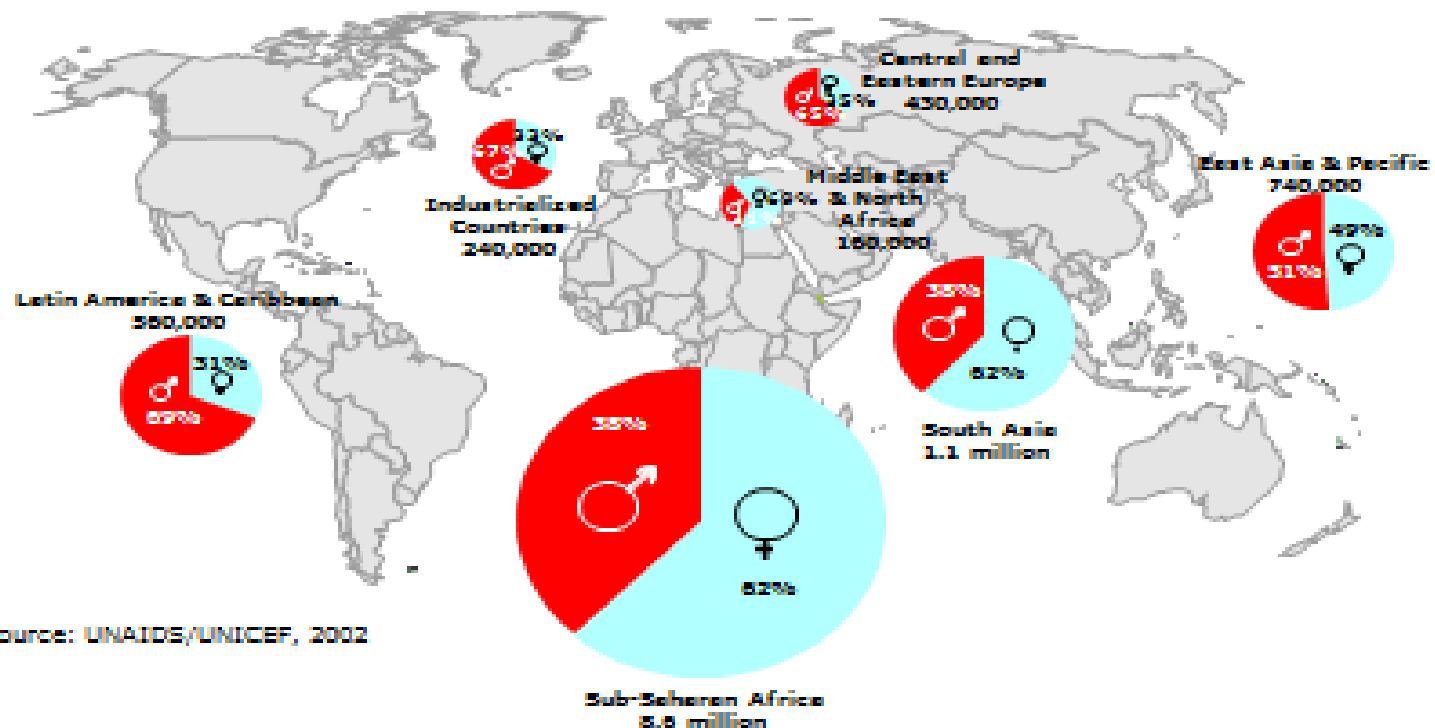
Public health rationale: mortality – 1/5



- There are around 2.6 million deaths among the 10-24 year age group worldwide every year.
- 97% occur in low and middle income countries.

Public health rationale: morbidity – 3/5

There are over 10 million young people (15-24) living with HIV/AIDS



Source: UNAIDS/UNICEF, 2002

Economic rationale

The benefits of investing in adolescents avoid countries the cost of not investing in adolescence.

It is considered as a part of national poverty reduction strategy.

Socioeconomic deprivation is a cause and consequence of adolescent pregnancy.

Clinical appraoch



Clinical approach

Physically, adolescent patients are generally very healthy.

As a result,,

health care visits :

are infrequent, generally occurring in association with illness or preparticipation evaluation for sporting activities.

:Problem-related visits

are generally for respiratory, dermatologic, or musculoskeletal conditions.



History

history

Home:

Who lives with the young person? Where?

Does he/she has a room?

What are relationships like at home?

Recent moves?

Running away?

New people in home environment?

Education and employment :

School/grade performance--any recent changes, Any years repeated??

Favorite subjects--worst subjects? (include grades)

Future education/employment plans?

Any current or past employment?

Relations with teachers, employers--school, work attendance?

history

Driving:

Does young person have car, motorcycle, use seat belts?

History of recurrent accidents.

:Activities

On own, with peers ,with family? (what do you do for fun?, where? when?)

: Sports

regular exercise , hobbies, Reading for fun--what? other activities??

religious interest:

Social media interest:

TV, how much weekly--favorite shows, Favorite music?

history

History of arrests, crime?

Drugs :

(include tobacco, alcohol , Use by peers, family members?)

Amounts, frequency, patterns of use and car use while intoxicated?

Sexuality:

Orientation?

Degree and types of sexual experience and acts?

Number of partners?

History of pregnancy/abortion?

Sexually transmitted diseases--knowledge and prevention?

Contraception? Frequency of use?

History of sexual/physical abuse? Suicide/Depression.

history

Sleep disorders :

(early/frequent waking or greatly increased sleep and complaints of increasing fatigue)

Appetite/eating behavior changes.

Feelings of 'boredom', Hopeless, helpless feelings.

History of past suicide attempts, depression, psychological counseling.

History of suicide attempts in family or peers .

Psychosomatic symptomology .

history

Consider the mnemonic HEADS in the history:

H –home

E –education, employment, economic situation

A –activities, affect, ambition, anxieties

D –drugs, depression

S –sex ,steroids, suicide, self-esteem

history

information regarding :...

past medical history.

Allergies and medication use.

Immunization status.

Additional history will have to be obtained directly from the adolescent patient without the parents presence.

Because of their increasing autonomy, emerging sexual identity, and the influence of peer groups.



Physical examination

Physical examination

Physical examination should include assessment of
Physical growth

Secondary sexual growth

Psychologic—Sexual—Social—Cognitive Development.

The physical examination should include BP
measurements.

Pelvic examination if sexually active.

scoliosis screening.

and a general physical examination.

Physical examination

Interview:

State the basis of confidentiality

See the patient alone

Be open, flexible, relaxed, and unhurried in your approach

Talk to the patient on his or her level

Answer questions honestly and simply

Trust the patient

respect his or her right to a point of view

Physical examination:

Give an overview of the examination prior to the patient's disrobing

Respect the patient's privacy and modesty

Focus your examination on the area identified as the reason for the visit

Pay attention to blemishes, deformity, and stage of secondary sexual development

Inform the patient as to what is normal or abnormal

Major health problems in adolescence

Psychological health problems :>>>depression, suicide.

Injuries:>>>sporting injuries, motor vehicle accidents and interpersonal violence.

Risk taking behaviors:>>>drug abuse, smoking and drinking.

sexual adjustment:>>>unsafe sexual practice, teenage pregnancy.

eating disorders:>>>obesity ,fast food ,bulimia nervosa, anorexia nervosa.

asthma :>>>leading reason for Victorian Public Hospital admissions in both sexes

at age group (10-14).

overexposure to sunlight:>>>

acne:>>>"in one UK study link between acne and suicide!"

Screening in Healthcare



Screening in adolescents

Lipid screening should be encouraged in children with a family history of premature CAD or with parents whose cholesterol is above 240 mg/dL.

Sexually active teenage women should have Pap smears beginning 3 years after onset of sexual activity or at age 21, whichever comes first.

A hemoglobin test is recommended for menstruating teenagers.

Routine UA is no longer recommended.

Screening in adolescents

>>Cancer

- Cervical

Start screening every three years at 21 years of age.

- Skin

Insufficient evidence to recommend for or against screening in the general population.

- Testicular

Screening with physician examination or self-examination is not recommended.

Screening in adolescents

>> Sexually transmitted infections

- Chlamydia, Gonorrhea

sexually active teen girls is recommended for screening by (USPSTF)

homosexually active teen boys is recommended for screening (CDC)

heterosexual boy is not recommend for routine screening .

- Herpes simplex virus infection

Routine serologic screening is not recommended

- Human immunodeficiency virus infection

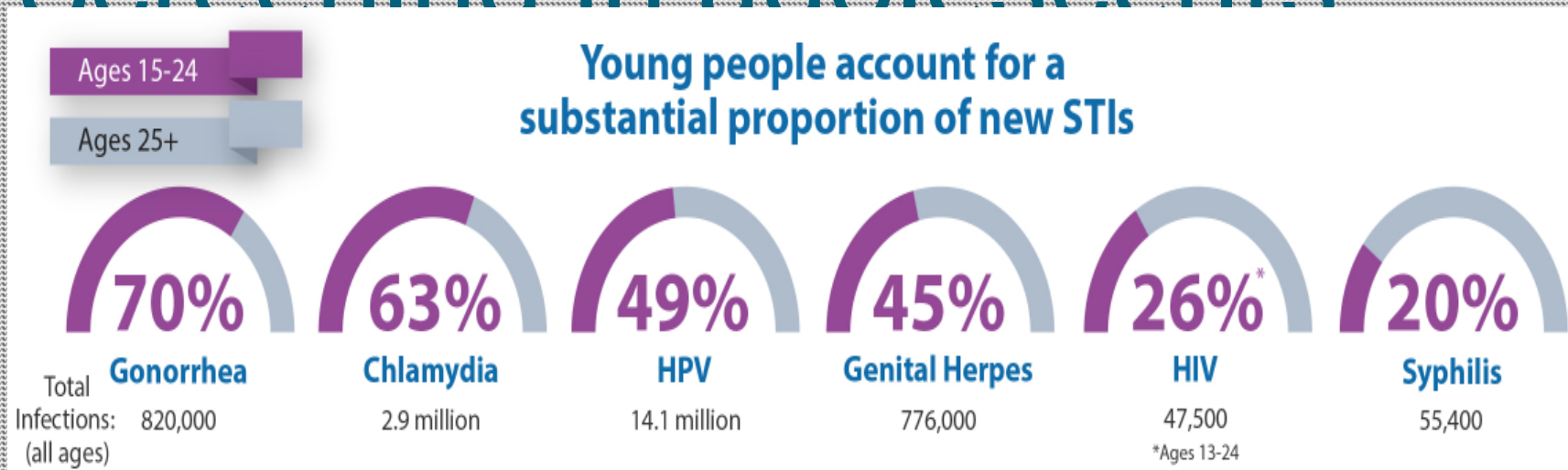
Screen those with risk factors or in areas with high prevalence annually.

>> Substance abuse

- Alcohol, illicit drugs, tobacco

Insufficient evidence to recommend for or against routine screening
or counseling.

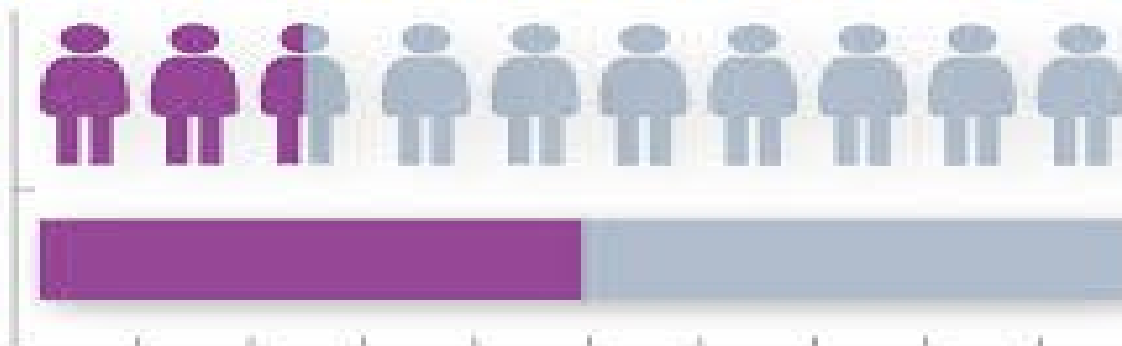
Screening in adolescents



Youth bear disproportionate share of STIs

Americans ages 15-24 make up just **27%** of the sexually active population

But account for **50%** of the **20M** new **STIs** in the U.S. each year



Screening in adolescents

>>Cardiovascular

- Blood pressure:

Start screening at 18 years or older at every visit.

- Lipid levels:

without any risk factor,,

Insufficient evidence to recommend for or against screening.

>>General health

- Obesity

Screen with body mass index measurements annually, and offer behaviorally based interventions if indicated.

- Scoliosis

Routine screening is not recommended for asymptomatic adolescents because it results in unnecessary referrals.

Screening in adolescents

>> Injury prevention

- Motor vehicle crashes

Insufficient evidence to recommend for or against counseling about drinking and driving.

>> Mental health

- Depression

Screen adolescents 12 to 18 years of age for major depression if adequate treatment and follow-up can be provided.

>> Suicide risk

Insufficient evidence to recommend for or against screening in the general population.

Vaccinations for adolescents



Vaccinations for adolescents

Influenza (1 dose annually).

Tetanus, diphtheria and acellular pertussis (1 booster dose)

meningococcal vaccines (1 primary dose). are recommended at 11 to 12 years of age and should also be provided for adolescents between the ages of 14 and 16 years who have not been previously vaccinated.

For those individuals not currently on any vaccine or who have not had chickenpox, vaccination should be offered.

Vaccination against human papillomavirus (3-dose primary series) should be provided to adolescent girls at ages 11 to 12 years and to older girls who have not been previously vaccinated.

Vaccinations for adolescents

catch-up vaccines

for adolescents not fully vaccinated as a child.

Catch-up vaccines include..

measles, mumps, rubella (MMR).

hepatitis B.

Poliomyelitis.

Hepatitis A.

Pneumococcal

varicella (chickenpox).

If adolescent is travelling, or have a chronic health condition like diabetes, heart disease, or asthma, other vaccines may be needed as well.

Vaccinations for adolescents

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years

		All Children (except high-risk groups) Catch up schedule High-risk groups		
Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis ¹			Tdap	Tdap
Human Papillomavirus ²	see footnote 2		HPV (3 doses)	HPV series
Meningococcal ³		MCV	MCV	MCV
Influenza ⁴		Influenza (Yearly)		
Pneumococcal ⁵		PPSV		
Hepatitis A ⁶		HepA Series		
Hepatitis B ⁷		Hep B Series		
Inactivated Poliovirus ⁸		IPV Series		
Measles, Mumps, Rubella ⁹		MMR Series		
Varicella ¹⁰		Varicella Series		

counseling



counseling

Since adolescence is often the time when adult behaviors develop, it is important to lay the groundwork for a healthy lifestyle.

Thus, counseling during this age should include not only emphasis on accident prevention but also inquiries into these other high-risk behaviors.

Discussion of the risks associated with the use of the substances should be part of the counseling.

counseling

Over half of adolescent girls and nearly three-quarters of adolescent boys will have sexual intercourse before they are 18 years of age.

counseling adolescents about birth control, STDs, and responsible sexual activity is important.

counseling

Seeing the patient alone.

Seeing patient and parents together from time to time

Confidentiality and trust

Sensitivity

Encouraging free talking and listening carefully

Time and patience

Non-judgmental behavior

Reassurance

Explanation

Acting as their advocate and friend

Showing genuine respect for their concern and viewpoint

rebelliousness



rebelliousness

It is quite normal for normal parents and normal teenagers to clash and get into argument.

Adolescents are usually suspicious of and rebellious against convention and authority (parents, teachers, politicians, police).

This attitude fades around 18 , after leaving school.

Common signs in rebellious adolescent

Questioning parents

Putting down family members or friends

Unusual fashions and hair styles

Experimenting with drugs,, nicotine and alcohol

Bravado

Stormy love affairs

Common signs in rebellious adolescent

Out of control behavior:

Refusal to attend school.

vandalism and theft.

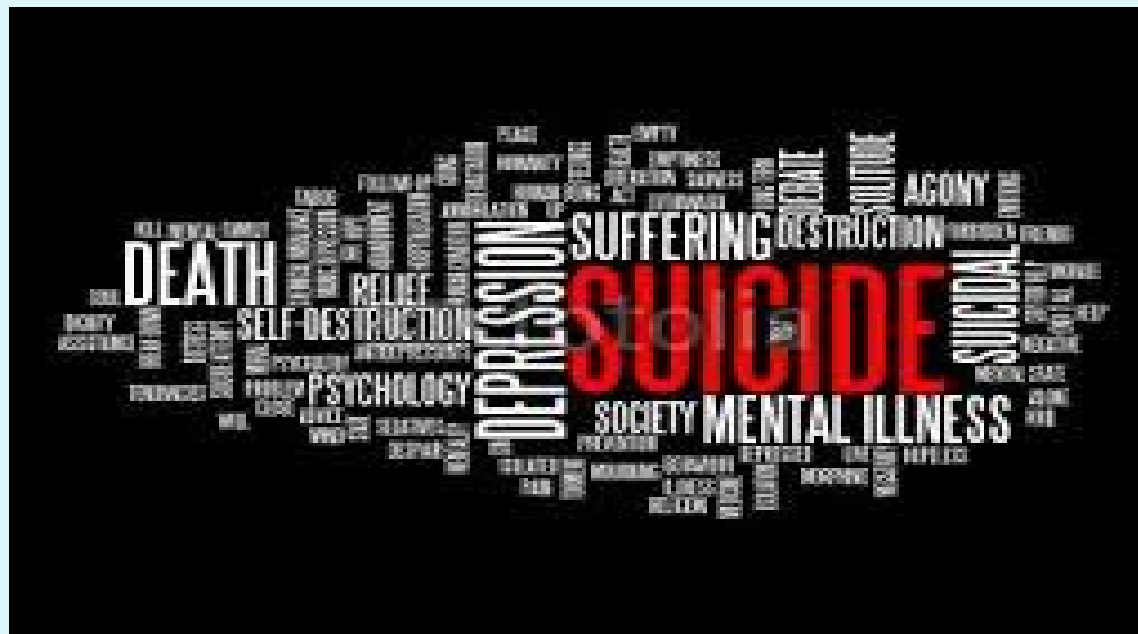
Drug abuse.

Sexual promiscuity.

Eating disorders as anorexia, bulimia, severe obesity.

Depression.

Depression , parasuicide and suicide



Depression , parasuicide and suicide

It is important always to be on the lookout for depression and the possibility of suicide, which is the second most common cause of death in adolescents.

Males successfully complete suicide four times more often than females, while females attempt suicide 8 –20 times more often than males .

The incidence of depression increases throughout adolescence to approximately 10% at age 18.

Indicators of depression

Persistent sadness

Sleep disturbances

Eating disorders

Apathy towards friends, school and family

Sense of worthlessness

Deterioration of school performance

Crying and emotional liability

Psychosomatic symptoms

Persistent boredom, low energy

Preoccupation with death and dying

Suicide attempts

Risk factors in suicide attempts

Previous attempts at suicide.

Limited problem solving and coping strategies.

Unsupportive families with or without marital conflict.

History of separation, psychiatric disorder, alcohol or drug abuse in family.

Family history or culture of suicide attempts.

Family disorganization and actual neglect or abuse.

Male.

Availability of guns, psychotropic drugs, ropes.

Advice to parents



Advice to parents

The development of increasing autonomy will be indicated by less interest in activities with family and an increasing responsiveness to peer pressures and interest in peer-related activities.

Advancing to the formation of a personal and sexual identity may be indicated by boyfriend/girlfriend relationships and the diminishing importance of the peer group.

Parents should be empathetic and supportive

Advice to parents



Advice to parents

Successful relationship depends on good communication.
which mean to show concern and care, but being flexible
and giving adolescents space and



Healthy distraction

- >>Most authorities say that the best thing to keep adolescent healthy and adjusted is to be active and interested.
- >>Regular participation in sporting activities and other hobbies with parents or groups is an excellent way to cope with this important stage of their lives.

Advice to parents

Important management tips:

- treat adolescent with respect.

- Be non-judgmental.

- Don't cling to them or show too much concern.

- Listen rather than argue.

- Listen to what they are not saying.

- Be flexible.

- Be available to help when requested.

- Give advice about diet and skin care.

- Talk about sex and give good advice.

Needs of adolescents

Adolescents have basic needs that will allow them the optimal environmental conditions for their development.

Room to move.

Privacy and confidentiality.

Security 'stable home'.

Acceptance by peers.

Someone to lean on 'youth leader'.

Special heroes.

Establishment of an adult sexual role.

Respect.

At least one close trustworthy friend.

KEY POINTS

- Parents can be included in the history but must respect the adolescent patient's need for confidentiality .
- During adolescence, accidents, homicides, and suicides are leading causes of morbidity and mortality.

Counseling should be provided regarding these risks.

- Over half of the 18-year-olds are sexually active and should be screened for STDs.

THANK YOU

A group of hands holding up large red letters spelling 'THANK YOU' against a blue sky. The letters are made of a thick, matte red material. The hands are of various skin tones and are positioned at the bottom of the frame, reaching up to hold the letters. The background is a clear blue sky with some light, wispy clouds. The overall mood is positive and appreciative.

