

Approach to Adolescent Health

student-Led Seminar

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By The end of session Students will be able to:

1. Define adolescence age according to World health organization.
2. Describe adolescence physiological and behavioral characteristics.
3. Determine adolescence health problems according to physical, psychological and social aspects based on best available evidence in the KSA.
4. Summarize the Comprehensive approach to common adolescent health problems in primary health care.
5. Assess the Role of family, school and community in adolescent health care.

Dr's notes

- Majority of adolescents don't come to healthcare providers for counseling unless they have a medical problem like URTI, so whenever they come for any reason, the physician should take the opportunity to screen them for other health problems (social, physical, etc). "Opportunistic health promotion".
- It is advised to:
- Identify adolescents and invite them and encourage them to present to PHC centers if they have any problems like drinking alcohol, smoking, sexual problems.

- In adolescents consultation, encourage the adolescent to talk and direct the questions to him/her rather than letting the parent dominate the consultation.
- The physician should understand that there is a difference between his generation and the adolescent's. So Try to show the adolescents that you are trying to understand them and bridge the the gap between each other.

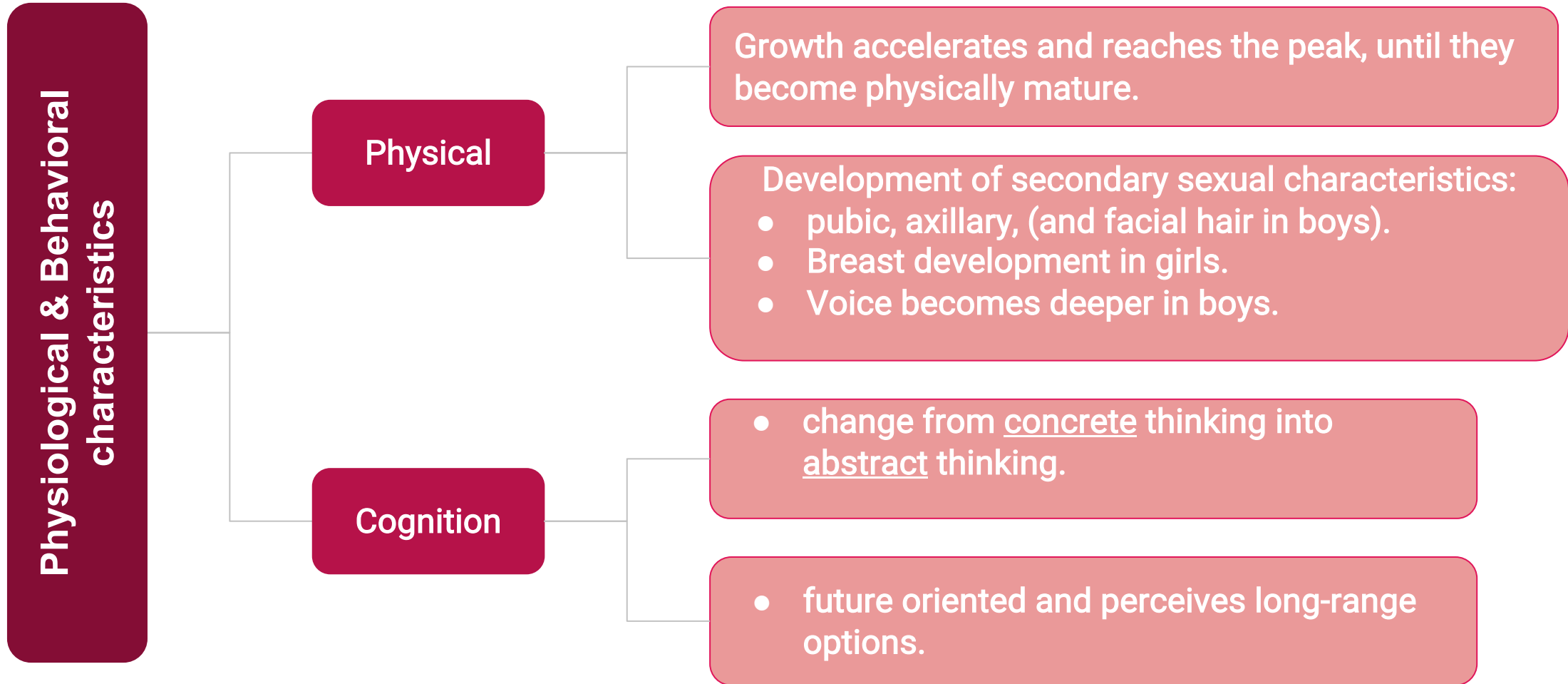
1. Define adolescence age according to World health organization.

WHO defines 'Adolescents' as individuals in the **10-19** years age group.

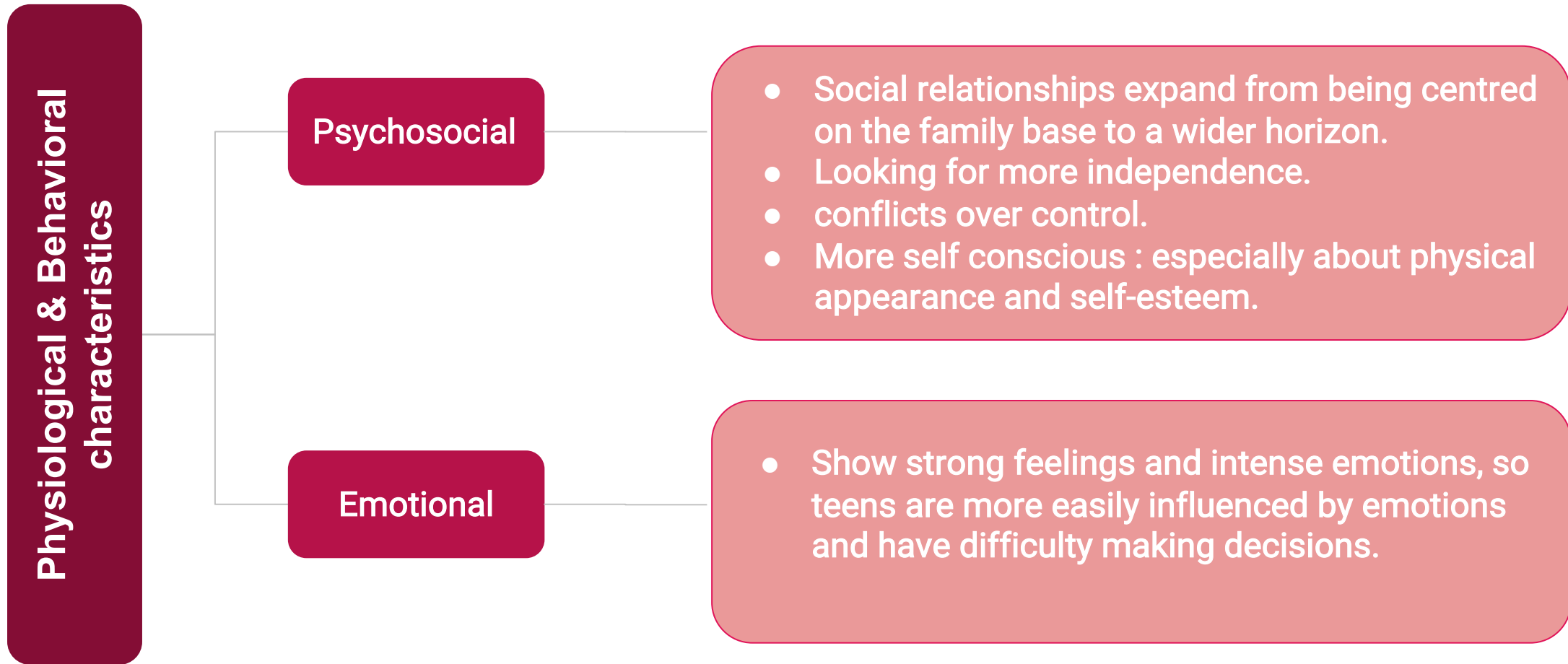
Ref: [WHO- Adolescents health](#)



2. Describe adolescence physiological and behavioral characteristics.

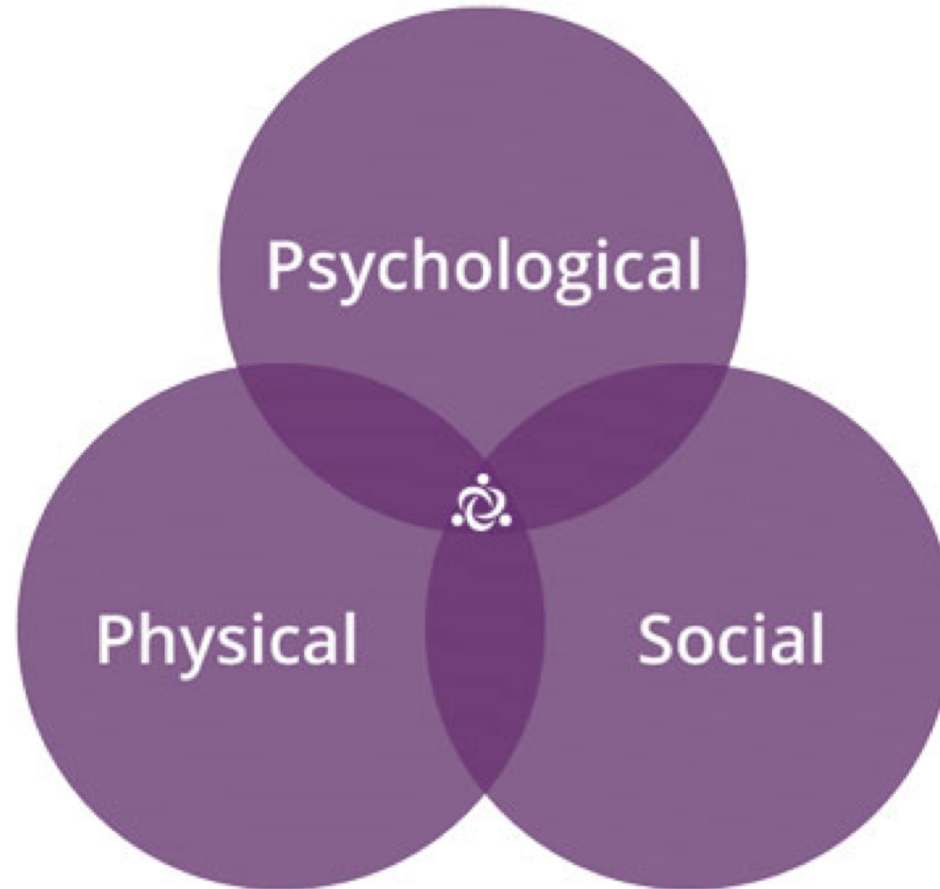


2. Describe adolescence physiological and behavioral characteristics.



3. Determine adolescence health problems according to physical, psychological and social aspects based on best available evidence in the KSA.

Adolescent health problems could be:



Physical health problems:



Physical health problems

I. Injuries:

Unintentional injuries are the leading cause of death and disability among adolescents.

Examples:

RTA(in 2016, over 135000 adolescent died as a result of RTA).

Drowning is also among the top 10 causes of death among adolescents(nearly 50000 adolescents are estimated to have drowned in 2016).

II. Violence:

It caused nearly third of all adolescents deaths in low and middle income countries of the WHO region of the americas. Globally,nearly one in three adolescents aged 15-19 years has been a victim of physical or sexual violence perpetrated by their husbands or partners.

III. HIV/AIDS:

An estimated 2.1 million adolscents were living with HIV in 2016; the great majority in the african region.

IV. Other infectious diseases:

Diarrhea and lower respiratory tract infections are estimated to be among the top 10 causes of death. Childhood vaccination improved adolescents deaths and disability markedly.

V. Obesity:

In 2016, over one in six adolescents aged 10-19 were overweight.

A sample was drawn from adolescent males and females enrolled in the secondary schools in three major cities of Saudi Arabia; Riyadh, Jeddah, and Al-Khobar gave that:

- The prevalence of overweight was 19.5% in males and 20.8% in females.
- While that of obesity was 24.1% in males and 14% in females.

VI. Early pregnancy and childbirth:

The leading cause of death for 15-19 yo girls globally is complications from pregnancy and childbirth.

Psychological health problems

Mental health:

- Depression is one of the leading causes of illness and disability among adolescents.
- Suicide is the third leading cause of death in 15-19 Yo.
- violence,poverty,humiliation and feeling devalued van all increase the risk of developing mental health problems.

Building life skills in children and adolescents and providing them with psychosocial support in schools and other community settings can help promote good mental health.

A cross-sectional study, that included 354 students randomly selected from grade 12 in four high schools in the National Guard Housing (Iskan), in Kashmalaan.

- The overall prevalence of mental disorders was found to be 48% (41% in males and 51% in females); more than 80% of these cases were mild to moderate. Females showed significantly more severe disorders than males and students with excellent performance degrees showed a significantly lower rate of mental disorders than others.

Ref: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

<https://www.ncbi.nlm.nih.gov/pubmed/22518359>



Social health problems

I. Alcohol and drugs:

- It's a major concern worldwide.
- it reduces self-control and increases risky behaviour, such as dangerous driving.
- It can also lead to health problems in later life and affects life expectancy.

II. Tobacco use:

The vast majority of people using tobacco today began doing so they were adolescents. Globally, at least 1 in 10 adolescents aged 13 to 15 years uses tobacco.

2 Studies was done in Saudi Arabia :

- Cross-sectional study carried out in Riyadh during 2014 on 1430 Adolescents aged between 14-19 from 12 different schools reported 20% having ever smoked a whole cigarette, boys more than girls.
- School-based cross-sectional study was carried out in the Madinah region during 2013. The prevalence of cigarette smoking in the respondents' 3322 adolescents was 15.17%. The most important predictors was most or all friends smoking. Other significant less important factors were parental smoking, cigarette advertisement in mass media, and pocket money.

Ref: <https://www.who.int/en/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions>

https://www.researchgate.net/publication/265018051_Tobacco_use_among_adolescents_in_Riyadh_Saudi_Arabia

<https://bmcpublikealth.biomedcentral.com/articles/10.1186/s12889-015-1363-8>



4. Summarize the Comprehensive approach to common adolescent health problems in primary health care

dealing with adolescents

Primary care physicians are well situated to:

- 1- deal with adolescents
- 2- discuss risks
- 3- offer interventions.

the most Important thing is to **gain trust** of the patient because If adolescents do not trust their physicians, they will not feel comfortable discussing sensitive health concerns.



Ref: <https://www.aafp.org/afp/2012/1215/p1109.html>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070800/>

How to gain trust



A useful beginning is an initial introductory meeting with both the adolescent and parents.

During this initial encounter, we establish:

- what the parents' concerns are
- obtain a family history
- ask about previous medical problems.

We next ask parents to wait in the waiting room so that we can speak privately with the adolescent.

It is important for teens to establish a separate relationship with the physician. On occasion, parents may express some resistance, and we then stress the importance of an adolescent having a physician with whom the teen can confide and discuss difficult issues

Ref: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070800/>

During our discussion with the adolescent

- we listen carefully to both what is said and what is not said.
- The goal is to assist the adolescent in identifying potentially risky behaviors that may endanger their health and assessing their motivation to change those behaviors.

we should talk to him about Environmental factors:



Family

Peer group

School

Neighborhood

because they can either support or refute young people's health.

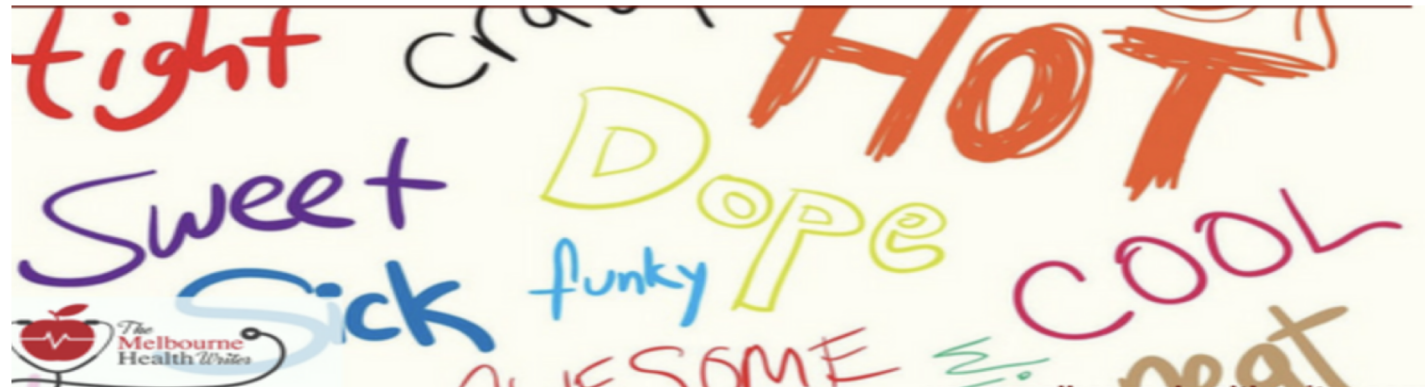
Use the technique of motivational interviewing:

which provides adolescents with feedback on risks and promotes a sense of responsibility for their health. Teens want factual information rather than authoritative instruction on what to do.

Avoid!

Using slang

because most teens will be aware that this is not your customary language And it will not be useful



use five premises that our trainees find useful when caring for adolescents

The five “F”s

1. Explain **Facts**: adolescents should have a clear understanding of their illness.
2. Explore **Fears** adolescents may have concerning their illness or its effects on their life. They may also be worried about their body image, their identity, their peers, or other interpersonal relationships.
3. Address any **Fables** (myths): adolescents may be misinformed about their illness or about adolescence.
4. Explore the adolescent's relationship with their **Family**.
What are communication and trust like within the family unit?
How does the teen settle conflicts that arise at home?
5. Ask how the adolescent views the **Future**.
We make it clear that we are accessible, and the teen is given a contact phone number.

advantage of an adolescent's visit to your clinic

offering a psychosocial screening examination.

(HEADSSS)

- Home.
- Education.
- Activities.
- Drugs.
- Sexuality.
- Suicide or depression.
- Safety.

	0 No action needed	1 Needs action but not immediate	2 Needs immediate action
H ome	◦ Supportive	✗ Conflicts	◦ Chaotic / dysfunctional
E ducation	◦ On track	◦ Grades dropping / absenteeism	✗ Failing / not attending school
A ctivities & peers	◦ No change	✗ Reduced / peer conflicts	◦ Fully withdrawn / significant peer conflicts
D rugs & alcohol	◦ No or infrequent	✗ Occasional	◦ Frequent / daily
S uicidality	✗ No thoughts	◦ Ideation	◦ Plan or gesture
E motions, behaviours, thought disturbance	◦ Mildly anxious / sad / acting out	◦ Moderately anxious / sad / acting out	✗ Significantly distressed / unable to function / out of control / bizarre thoughts
D ischarge resources	◦ Ongoing / well connected	◦ Some / not meeting needs	✗ None / on wait list / non-compliant

Closing

- consult with the adolescent about what you will discuss and what will remain confidential.
- Both the adolescent and the parents should be offered a chance to ask questions.
- The parents may ask to see the physician alone.

Remember that the teen, not the parent, is your patient.



5. Assess the Role of family, school and community in adolescent health care.

The Role of family

- Parents supervision and involvement with their adolescents' activities are promoting a safe environment.
- Adolescents who have good communication and are bonded with an adult are less likely to engage in risky behaviors.
- The children of families living in poverty are more likely to have health conditions and poorer health status, as well as less access and utilization of health care.
- Developing healthy eating habits in adolescence are foundations for good health in adulthood.



ref: Personality, school, and family: What is their role in adolescents' subjective well-being

<https://doi.org/10.1016/j.adolescence.2018.05.013>

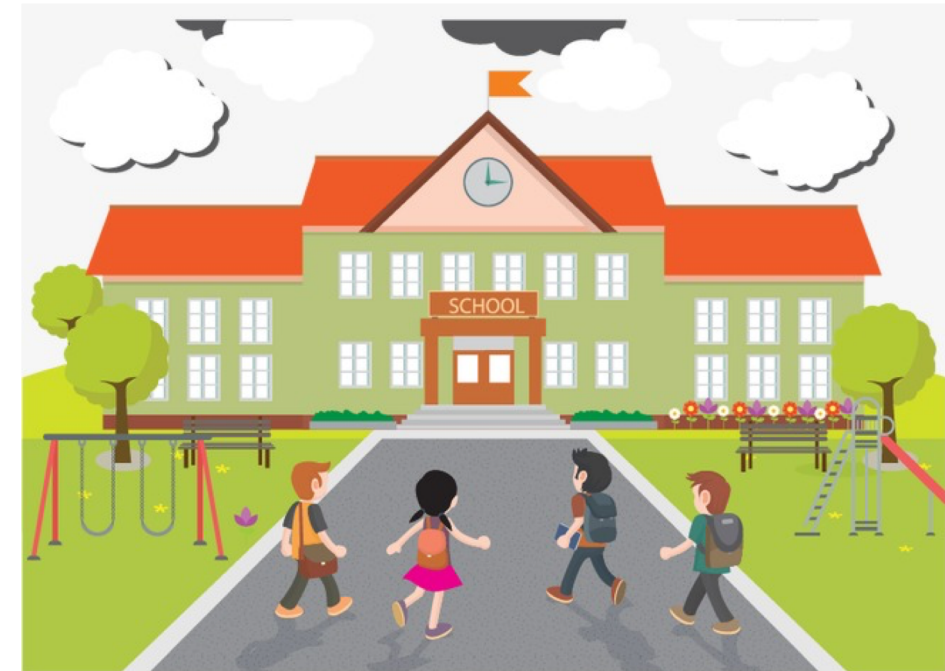
EXPLORING THE LINKS BETWEEN FAMILY STRENGTHS AND ADOLESCENT OUTCOMES

https://www.childtrends.org/wp-content/uploads/2013/03/Child_Trends-2009_04_16_RB_FamilyStrengths.pdf

5. Assess the Role of family, school and community in adolescent health care.

The Role of school

- A safe and healthy school environment protects against risky behaviors.
- The school social environment affects student's attendance, academic achievement, and behavior.
- School health clinics for health education & counselling has an **important** role.
- providing them with psychosocial support in schools can help promote good mental health.
- Healthy students are more effective learners.



5. Assess the Role of family, school and community in adolescent health care.

The Role of community

- Anti-smoking program should be established, including prohibition of the sale and use of **cigarettes** in public places.
- Application of firm traffic laws forbidding adolescents aged less than 18 years from **driving**.
- Raising **awareness** of health issues for young people among the general public and special groups.
- Supervision over **media** content because, adolescents who are exposed to media portrayals of violence, sexual content, smoking, and drinking are at risk for adopting these behaviors.



MCQ

Q1. What is the period of adolescence age?

- A.** From 7 to 21 years.
- B.** From 12 to 18 years.
- C.** From 10 to 19 years.
- D.** From 10 to 21 years.

Q2. Adolescents are characterized by:

- A.** Dependence on others
- B.** Narrowing their social circle
- C.** Expanding social circle beyond family
- D.** Concrete thinking rather than abstract thinking

MCQ

Q5. There's no evidence that a healthy student's academic performance is better than those with poor health:

- A. True
- B. False

Q6. A mother is speaking to you about her 14 year-old boy. She is concerned that his behavior has changed over the past years. He became easily irritable and does not listen to his parents, prefers spending time with his friends at the gym instead of going out with the family. He has excellent grades at school, and good overall health.

What would you tell the mother?

- A. Consult their family physician as he might have depression.
- B. Relax and ignore her son behavior.
- C. Force him to engage with family activities because he seems to be socially isolated.
- D. Reassure her, these changes are expected in adolescents.

MCQ

Q7: A 14 years old young man was always subjected to bullying at school as he was obese; and also the fact the he has HIV left him lonely at school. The child was then diagnosed with depression and got addicted to drugs and alcohol as it was his only gateway.

Which of the following is a social health problem?

- A.** Depression
- B.** Violence
- C.** Obesity+HIV
- D.** Drugs+alcohol

Q8: A 13 year-old girl is visiting a PHC physician in the clinic with her mother, the physician started with initial meeting with the patient and her mother. Then she started a discussion with the girl and her mother about her relationship with her parents, problems in school, her fears and her thoughts .

What should be done instead:

- A.** physician should talk privately with adolescents.
- B.** physician should talk to the mother alone.
- C.** nothing was wrong.

MCQ

Q9: Sara, aged 16 years, comes in for her annual checkup accompanied by her mother. She is in good health. Her mother asks for a few minutes alone to discuss her concerns about her daughter. She states that “Sara has been much more irritable than her usual self” and that “her teachers have been complaining that her grades are slipping”.

What is the cause of her symptoms?

- A.** Anxiety
- B.** Depression
- C.** Violence.

Q10: You are working in a school health clinic. A student came to you complaining of tiredness. you took history and found that her parents are not living in the same city, she lives with her mother and her younger brother. She looks pale and tired. She’s a new student this semester, her grads so far aren’t that good although she was excellent back in her previous school in another city..

How are you going to manage her?

- A-** Involve her mother.
- B-** psychiatric referral.
- C-** advice her for a better diet and exercise.
- D-** She need blood investigations.

Answers: 1(C), 2(C), 3(D), 4(C), 5(B), 6(D), 7(A), 8(A), 9(B), 10(A).

References

- [WHO- Adolescents health](#)
- [WHO- adolescent health handout for healthcare providers](#)
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070800/>
- <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
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- [https://www.researchgate.net/publication/265018051 Tobacco use among adolescents in Riyadh Saudi Arabia](https://www.researchgate.net/publication/265018051_Tobacco_use_among_adolescents_in_Riyadh_Saudi_Arabia)
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