

# THE PEDIATRICIAN AND THE ADOLESCENT

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## Holistic adolescent medicine

### *Medicina olistica per gli adolescenti*

#### SUMMARY

*The leading causes of mortality in adolescents continue to be accidents, homicide, suicide, sexually transmitted infections, teen pregnancy, eating disorders and drug abuse related mortality. All these causes are preventable and primarily due to risk taking behaviors related to the developmental stage of adolescents. The same risk taking behaviors are also leading causes of morbidity. In many instances, the aggravating factors leading to high-risk behaviors are embedded in the disruption of normal development by problems in the family, peer group, school or society as a whole. A common result of all the above is decline in the quality of life of the adolescent that is usually not responsive to pure biological approach. The holistic approach to adolescents may be more likely to improve the quality of life in the adolescent and to help prevent further morbidity and mortality.*

#### RIASSUNTO

*Le principali cause di mortalità fra gli adolescenti sono ancora gli incidenti, gli omicidi, i suicidi, le malattie a trasmissione sessuale, le gravidanze in giovane età, disturbi del comportamento alimentare, uso di droga. Sono tutte cause prevenibili e principalmente dovute a comportamenti a rischio tipici dello sviluppo dell'età adolescenziale.*

*Gli stessi atteggiamenti sono anche causa di morbidità. Molto spesso, infatti, i fattori peggiorativi che portano a comportamenti a rischio indicano disturbi nel normale sviluppo dovuti a problemi in famiglia, con i compagni, la scuola o la società nel suo insieme. Un risultato comune di tali atteggiamenti è un peggioramento nella qualità della vita dell'adolescente, il quale generalmente è poco reattivo all'approccio biologico puro. L'approccio olistico all'adolescente potrebbe essere in grado di migliorare la qualità della vita degli adolescenti e di aiutare a prevenire ulteriore morbidità e mortalità.*

#### Key words

Adolescents • Risk-taking behavior • Holistic medicine • Adolescent morbidity • Adolescent development

#### Parole chiave

Adolescenti • Comportamenti a rischio • Medicina olistica • Morbidità adolescenziale • Sviluppo adolescenziale

## HOLISTIC ADOLESCENT MEDICINE

Understanding adolescent development and the psychosocial developmental stages of adolescence is help-

ful and necessary for anyone working with adolescents. Adolescents undergo three stages of development: early adolescence (ages 12-14 years), middle adolescence (15-17), and late adolescence (18-20)<sup>1</sup>. Early adolescence is characterized by concrete thinking necessitating the importance of keeping explanations short and to the point. In contrast, middle adolescence is defined by the development of abstract thinking. Risk-taking behavior is mostly likely to occur within this age group and peer influence is significant<sup>1</sup>. Older adolescence is the transition to adulthood. Adolescents in this age group have a clear understanding that their actions will result in consequences. Yet they still need support and encouragement to understand that they should make their own health care decisions.

Effective caring for adolescents hinges on trust. Establishment of trusting relationships with health care providers opens the door for discussion of sensitive issues such as, sexuality and risk-taking behavior<sup>1</sup>. Methods to gain trust on the part of the provider include: being relaxed, genuine, friendly, open, making eye contact. Additionally, being an authority not authoritarian, and understanding that development of full trust may take time<sup>1</sup>. Adolescents view health care providers as an important source for information and education especially regarding healthy sexual development<sup>2</sup>.

Leading causes of mortality and morbidity in adolescents continue to be mainly preventable, such as: accidents, homicide, suicide, sexually transmitted infections, teen pregnancy, eating disorders and drug abuse related consequences<sup>3</sup>. All these factors in morbidity and mortality are directly related to risk-taking behaviors<sup>3</sup>. The

above factors were part of the development of adolescent medicine as a new subspecialty<sup>4-6</sup> while continuing to be an integral part of general practice. With teenagers, preventive medicine is extraordinarily important as so many problems are preventable in this age: pregnancy and contraception<sup>7</sup>, HIV<sup>8-9</sup>, substance use and abuse<sup>10-12</sup>, ethics, law, sports<sup>13</sup>, violence<sup>14</sup>, prostitution and victimisation<sup>15</sup>. In adolescent medicine, knowledge of psychosomatics is very important as they are related to the 20-30% of the teenagers suffering from either chronic pains<sup>16</sup>, psychiatric disturbances<sup>17-19</sup>, eating disturbances<sup>20-22</sup>, vulvodynia and other gynaecological problems<sup>23-25</sup>. Many of the problems can be seen as disturbances in the teenagers psycho-social and sexual development, often with patterns going back to their childhood<sup>26</sup>. As an example, fifty percent of both anorectic and bulimic patients reported a history of sexual abuse, while only 28% of a non-anorexic, non-bulimic control population reported similar problems<sup>27</sup> leading the authors to recommend that sexual issues be addressed early in the treatment of patients with eating disorders. In this article we will attempt to illustrate the need for more comprehensive and preventive approach to the adolescent in the clinical setting for a better outcome.

## CASE ILLUSTRATIONS

### Case # 1

A 14 year old girl referred to our adolescent medicine clinic for evaluation of recurrent pelvic pain. She had been seen in the emergency department seven days before, where she was diagnosed with pelvic inflammatory disease. Review of the emergency department physician records showed "Sexually active teen with multiple partners, diagnosis: pelvic inflammatory disease, standard treatment regimen prescribed". During the inter-

view in our clinic, the patient appeared depressed, shy, not making eye contact and complained of recurrent abdominal and pelvic pain for the last six years. Once a rapport was established, the patient disclosed that she had been sexually abused by her biological father since age five, until she became pregnant at age 11 years. At that time the father was sent to prison, the patient underwent elective abortion and her parents divorced. A year later the mother remarried and the stepfather also started abusing the patient sexually. At that point both her mother and stepfather were imprisoned and the patient was taken into state custody, where she has been placed in 13 different foster homes over a two-year period. During that time, she has been occasionally seen by a psychologist and given antidepressant medication. Her main question in our clinic was "I am worthless, nobody likes or wants me, why would you be any different and can you change my life?"

### Case # 2

A 14 year-old girl referred to the adolescent clinic for evaluation of "conduct problems". According to her mother, during a church sponsored trip, the patient was caught having sex with a male of the same age in the back of the bus, she also had multiple school absences and possible drug use. She has been seen by a psychiatrist and placed on antidepressant medication. In our clinic, the patient stated that "I am a worthless person, why should I go to school". Ultimately we found out that the father was from eastern Indian origin and the mother a religious fanatic. When the patient was born after unplanned pregnancy, the father refused to marry or to recognize the child until three years later, when he finally married the mother and had two further children. During the patient's life however the father never treated her as his child and always put her down, while

loving his other children and treating them well. The mother was always after her, because she was "Godless". The patient said "I do not like or enjoy sex, I do it hoping to get someone to like me". The patient was very intelligent and beautiful with very low self-esteem. She felt hopeless, ugly and unloved, but was not planning suicide, because "that is what everybody wants, to get rid of me". She said: "At least boys care for me, if I have sex with them, but my parents do not no matter what I do". In response to the question about taking her antidepressant, she says: "Yes, I am taking my medicine daily, but do you really believe that it will make my life better?"

## DISCUSSION

Adolescents are basically healthy in the physical sense and most of their morbidity and mortality are due to preventable causes that are the product of risk taking behavior. This is the result of either poor quality of life, problems in development or combination of multiple factors. Attempting to help these adolescents with a dogmatic, narrow-minded approach may frequently fail as illustrated by the cases above. Often adolescents present at the clinic with a host of complaints that have nothing to do with their actual problem with the hope of finding help from the physician, who may be able to figure out the real agenda behind their complaints. Over the past three years, a total of 132 adolescents were referred to our clinic for evaluation of long lasting recurrent abdominal pain and only three (2.34%) had an actual physical pathology (unpublished observations, Omar 2005).

The patients in the cases above cannot be helped with a simple approach: you are depressed, here is a prescription for antidepressant and you will attend weekly counseling.

Their quality of life is very poor and until that changes, they will continue to have problems. The holistic approach to adolescents, helps define their quality of life, find out the underlying causes of their problem and if there is a good social system, that will help alleviate their suffering and provide them with a better quality of life. In a survey of adolescents in Europe, 10% reported having chronic illness and only 10-15% thought they were healthy<sup>28</sup>.

Adolescent medicine specialists tend to be more active in screening adolescents for quality of life issues and risk taking behaviors. The initial visit by an adolescent to any clinic, especially to a reproductive health care provider may illicit fear and anxiety among adolescents, however simple guidelines outlined by Burgis and Bacon<sup>1</sup> can help set the ground work for a positive experience for patient and provider. Tips for an initial visit

include, (a) an interview that should be conducted with the teen fully clothed, (b) an interview with limited interruptions, (c) inquiry about and assessment of the home situation, (d) learning about the adolescents relationship with parents, peers and school environment. Establishment and maintenance of confidentiality, as well as trust, cannot be over emphasized. A successful visit also encompasses the encouragement of forthright conversations with a parent or trusted adult regarding sexuality. Adolescents living in a perceived supportive environment report more communication with sexual partners about sexual risks, close relationships with supportive parents seem to be related to later onset of sexual activity and improved contraceptive use. In contrast less frequent parent/adolescent communication is associated with less contraceptive use, lower self-efficacy

to negotiate safe sex and less communication between adolescents and their sexual partners<sup>1</sup>.

## CONCLUSION

Adolescents are a vulnerable population, undergoing a complicated development. This development occurs in the context of external factors: peers, family, school and society as a whole. Interruption of the normal development process or changes in perceived quality of life may lead to risk taking behaviors above and beyond the usual experimentation by the adolescent and may lead to chronic morbidity or early mortality. A holistic approach to the adolescent that includes investigating quality of life issues and provides proper rapport and caring may help prevent significant mortality and morbidity in this population.

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