

## A SELECTION OF TEN CURRENT READINGS ON TOPICS RELATED TO ADOLESCENT HEALTH

Selection of readings made by A/Prof Goh Lee Gan

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### Reading 1 - Services for Adolescents

Tylee A, Haller DM, Graham T, Churchill R, Sanci LA. Youth-friendly primary-care services: how are we doing and what more needs to be done? *Lancet*. 2007 May 5;369(9572):1565-73.

URL: [http://linkinghub.elsevier.com/retrieve/pii/S0140-6736\(07\)60371-7](http://linkinghub.elsevier.com/retrieve/pii/S0140-6736(07)60371-7)  
(payment required)

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#### ABSTRACT

For developmental as well as epidemiological reasons, young people need youth-friendly models of primary care. Over the past two decades, much has been written about barriers faced by young people in accessing health care. Worldwide, initiatives are emerging that attempt to remove these barriers and help reach young people with the health services they need. In this paper, we present key models of youth-friendly health provision and review the evidence for the effect of such models on young people's health. Unfortunately, little evidence is available, since many of these initiatives have not been appropriately assessed. Appropriate controlled assessments of the effect of youth-friendly health-service models on young people's health outcomes should be the focus of future research agendas. Enough is known to recommend that a priority for the future is to ensure that each country, state, and locality has a policy and support to encourage provision of innovative and well assessed youth-friendly services.

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### Reading 2 - Services for Adolescents

Gilbert A, Maheux B, Frappier JY, Haley N. Adolescent care. Part 1: are family physicians caring for adolescents' mental health? *Can Fam Physician*. 2006 Nov;52(11):1440-1.

URL: <http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1783702&blobtype=pdf> (free fulltext)

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#### ABSTRACT

**OBJECTIVE:** To investigate how often family physicians see adolescents with mental health problems and how they manage these problems.

**DESIGN:** Mailed survey completed anonymously.

**SETTING:** Province of Quebec.

**PARTICIPANTS:** All 358 French-speaking family physicians who practise primarily in local community health centres (CLSCs), including physicians working in CLSC youth clinics, and 749 French-speaking practitioners randomly selected from private practice.

**MAIN OUTCOME MEASURES:** Frequency with which physicians saw adolescents with mental health problems, such as depression, suicidal thoughts, behavioural disorders, substance abuse, attempted suicide, or suicide, during the last year or since they started practice.

**RESULTS:** Response rate was 70%. Most physicians reported having seen adolescents with mental health problems

during the last year. About 10% of practitioners not working in youth clinics reported seeing adolescents with these disorders at least weekly. Anxiety was the most frequently seen problem. A greater proportion of physicians working in youth clinics reported often seeing adolescents for all the mental health problems examined in this study. Between 8% and 33% of general practitioners not working in youth clinics said they had not seen any adolescents with depression, behavioural disorders, or substance abuse. More than 80% of physicians had seen adolescents who had attempted suicide, and close to 30% had had adolescent patients who committed suicide.

**CONCLUSION:** Family physicians play a role in adolescent mental health care. The prevalence of mental health problems seems higher among adolescents who attend youth clinics. Given the high prevalence of these problems during adolescence, we suggest on the basis of our results that screening for these disorders in primary care could be improved.

### Reading 3 - Services for Adolescents

**Maheux B, Gilbert A, Haley N, Frappier JY. Adolescent care. Part 2: communication and referral practices of family physicians caring for adolescents with mental health problems. Can Fam Physician. 2006 Nov;52(11):1442-3.**

URL: <http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1783708&blobtype=pdf> (free fulltext)

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#### ABSTRACT

**OBJECTIVE:** To document with whom family physicians communicate when evaluating adolescents with mental health problems, to whom they refer these adolescents, and their knowledge and perceptions of the accessibility of mental health services in their communities.

**DESIGN:** Mailed survey completed anonymously.

**SETTING:** Province of Quebec.

**PARTICIPANTS:** All general practitioners who reported seeing at least 10 adolescents weekly (n = 255) among 707 physicians who participated in a larger survey on adolescent mental health care in general practice.

**MAIN OUTCOME MEASURES:** Whether family physicians communicated with people (such as parents, teachers, or school nurses) when evaluating adolescents with mental health problems. Number of adolescents referred to mental health services during the last year. Knowledge of mental health services in the community and perception of their accessibility.

**RESULTS:** When asked about the last 5 adolescents seen with symptoms of depression or suicidal thoughts, depending on type of practice, 9% to 19% of physicians reported routinely communicating with parents, and 22% to 32% reported not contacting parents. Between 16% and 43% of physicians referred 5 adolescents or fewer to mental health services during a 12-month period. Most practitioners reported being adequately informed about the mental health services available in their local community clinics. Few physicians knew about services offered by private-practice psychologists, child psychiatrists, or community groups. Respondents perceived mental health services in community clinics (CLSCs) as the most accessible and child psychiatrists as the least accessible services.

**CONCLUSION:** Few physicians routinely contact parents when evaluating adolescents with serious mental health problems. Collaboration between family physicians and mental health professionals could be improved. The few referrals made to mental health professionals might indicate barriers to mental health services that could mean many adolescents do not receive the care they need. The lack of access to mental health services, notably to child psychiatrists, reported by most respondents could explain why some physicians choose not to refer adolescents.

## Reading 4 - Puberty

Lee LK, Chen PC, Lee KK, Kaur J. Menstruation among adolescent girls in Malaysia: a cross-sectional school survey. *Singapore Med J.* 2006 Oct;47(10):869-74.

URL: <http://www.sma.org.sg/smj/4710/4710a6.pdf> (free fulltext)

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### ABSTRACT

**INTRODUCTION:** The onset of menstruation is part of the maturation process. However, variability in menstrual cycle characteristics and menstrual disorders are common. The purpose of this study was to determine the menstrual characteristics of adolescent females and factors associated with it.

**METHODS:** This is a cross-sectional descriptive study carried out on 2,411 secondary school adolescent females in Negeri Sembilan, Malaysia. Data were collected using a self-administered structured questionnaire on menstruation in Bahasa Malaysia.

**RESULTS:** Abnormal cycle length (menstrual cycle longer than 35 days or cycle length between 14 to 20 days or irregular pattern) was common and affected 37.2 percent of subjects. The majority (74.6 percent) experienced premenstrual syndrome and 69.4 percent had dysmenorrhoea. About 18 percent reported excessive menstrual loss (use two pads at a time to prevent blood from soaking through or confirmed by doctor to be anaemic due to heavy menstrual flow). Only 11.1 percent of schoolgirls sought medical consultation for their menstrual disorders. Mothers remained the most important source of information (80 percent). Menstrual disorders were significantly more common in female adolescents who smoke and have suicidal behaviours (p-value is less than 0.05).

**CONCLUSION:** Menstrual problems among adolescent female are common. They are influenced by certain modifiable factors.

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## Reading 5 - Puberty

Patton GC, Viner R. Pubertal transitions in health. *Lancet.* 2007 Mar 31;369(9567):1130-9.

URL: [http://linkinghub.elsevier.com/retrieve/pii/S0140-6736\(07\)60366-3](http://linkinghub.elsevier.com/retrieve/pii/S0140-6736(07)60366-3)

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### ABSTRACT

Puberty is accompanied by physical, psychological, and emotional changes adapted to ensure reproductive and parenting success. Human puberty stands out in the animal world for its association with brain maturation and physical growth. Its effects on health and wellbeing are profound and paradoxical. On the one hand, physical maturation propels an individual into adolescence with peaks in strength, speed, and fitness. Clinicians have viewed puberty as a point of maturing out of childhood-onset conditions. However, puberty's relevance for health has shifted with a modern rise in psychosocial disorders of young people. It marks a transition in risks for depression and other mental disorders, psychosomatic syndromes, substance misuse, and antisocial behaviours. Recent secular trends in these psychosocial disorders coincide with a growing mismatch between biological and social maturation, and the emergence of more dominant youth cultures.

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## Reading 6 - Sports

Giese EA, O'Connor FG, Brennan FH, Depenbrock PJ, Oriscello RG. The athletic preparticipation evaluation: cardiovascular assessment. *Am Fam Physician*. 2007 Apr 1;75(7):1008-14.

URL: <http://www.aafp.org/afp/20070401/1008.html> (free full-text)

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### ABSTRACT

Thousands of young athletes receive preparticipation evaluations each year in the United States. One objective of these evaluations is to detect underlying cardiovascular abnormalities that may predispose an athlete to sudden death. The leading cardiovascular causes of sudden death in young athletes include hypertrophic cardiomyopathy, congenital coronary artery anomalies, repolarisation abnormalities, and Marfan syndrome. Because these abnormalities are rare and difficult to detect clinically, it is recommended that family physicians use standardized history questions and examination techniques. Athletes, accompanied by their parents, if possible, should be asked about family history of cardiac disease and sudden death; personal cardiac history; and exercise-related symptoms, specifically syncope, chest pain, and palpitations. The physical examination should include blood pressure measurement, palpation of radial and femoral pulses, dynamic cardiac auscultation, and evaluation for Marfan syndrome. Athletes with "red flag" signs or symptoms may need activity restriction, special testing, and referral if the diagnosis is unclear.

## Reading 7 - Mental Health

Sihvola E, Keski-Rahkonen A, Dick DM, Pulkkinen L, Rose RJ, Marttunen M, Kaprio J. Minor depression in adolescence: phenomenology and clinical correlates. : *J Affect Disord*. 2007 Jan;97(1-3):211-8. Epub 2006 Jul 14

URL: <http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1797423&blobtype=pdf> (free fulltext)

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### ABSTRACT

**BACKGROUND:** Depressions that fail to meet the diagnostic criteria for major depressive disorder (MDD) may be underdiagnosed and undertreated in adolescent population. Traditionally, they are not considered as serious conditions and the phenomenological nature and clinical correlates of these disorders are largely unknown. In the present study, we used a large, representative and age-standardized sample of adolescents to examine the phenomenology and clinical correlates of minor depression, a poorly understood condition included in the category of Depressive Disorder Not Otherwise Specified in Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition-Text Revised (DSM-IV-TR).

**METHODS:** 909 girls and 945 boys, with mean age of 14, were interviewed by professionals using the Semi-Structured Assessment for the Genetics of Alcoholism (SSAGA).

**RESULTS:** Although clearly milder condition than MDD, minor depression was associated with marked suicidal thoughts, plans and attempts, recurrences and a high degree of comorbidity. At this early age, despite that 14% of adolescents under 15 had suffered from depressive conditions with severe clinical implications, most of them failing to meet the diagnostic threshold for MDD, only 1.7% had received any psychiatric treatment. 40% of depressive adolescents who had attempted suicide had no contact with mental health services.

**LIMITATIONS:** Analyzed in a cross-sectional setting, no conclusions about long-term implications could be made.

**CONCLUSIONS:** The results highlight the clinical and public health significance of non-MDD depressions, e.g. minor depression, which need to be more carefully identified and treated at early age.

## Reading 8 - Mental Health

Fleming GF. The mental health of adolescents—assessment and management. *Aust Fam Physician*. 2007 Aug;36(8):588-93.

URL: <http://www.racgp.org.au/afp/200708/17817> (free full text)

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### ABSTRACT

**BACKGROUND:** About 15% of the adolescent population suffers a mental health problem. Although a large percentage of these adolescents present to their general practitioner at least once a year, often their mental health problems are not presented or are somatised. Unfortunately, without intervention many of these mental health problems progress into adulthood where they are often more difficult to solve.

**OBJECTIVE:** This article provides an approach to assessing mental health problems in adolescent patients and outlines management strategies.

**DISCUSSION:** General practitioners must be skilled in establishing rapport, assessing the problem(s) and either managing or referring on. Assessment of mental health problems in adolescent patients requires a methodical, patient and diligent approach and may require several consulting sessions. Assessment should include identifying the warning symptoms and signs, a medical review, a search for stressors, problems and evidence of emotional distress, and a review of behaviour at home, work/school and with peers. A review needs to be made of the developmental progress from childhood to adulthood, personality development and resilience. Although management may seem daunting, the skills required are usually part of the GP armamentarium and can be adapted to solve the problem, particularly with early intervention, and successful outcomes of the issues identified are mutually rewarding to both GP and patient.

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## Reading 9 - Mental Health

Schilling EA, Aseltine RH Jr, Gore S. Adverse childhood experiences and mental health in young adults: a longitudinal survey. *BMC Public Health*. 2007 Mar 7;7:30.

URL: <http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1832182&blobtype=pdf> (free full text)

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### ABSTRACT

**BACKGROUND:** Adverse childhood experiences (ACEs) have been consistently linked to psychiatric difficulties in children and adults. However, the long-term effects of ACEs on mental health during the early adult years have been understudied. In addition, many studies are methodologically limited by use of non-representative samples, and few studies have investigated gender and racial differences. The current study relates self-reported lifetime exposure to a range of ACEs in a community sample of high school seniors to three mental health outcomes—depressive symptoms, drug abuse, and antisocial behavior—two years later during the transition to adulthood.

**METHODS:** The study has a two-wave, prospective design. A systematic probability sample of high school seniors (N = 1093) was taken from communities of diverse socioeconomic status. They were interviewed in person in 1998 and over the telephone two years later. Gender and racial differences in ACE prevalence were tested with chi-square tests. Each mental health outcome was regressed on one ACE, controlling for gender, race/ethnicity, and SES to obtain partially standardized regression coefficients.

**RESULTS:** Most ACEs were strongly associated with all three outcomes. The cumulative effect of ACEs was significant and of similar magnitude for all three outcomes. Except for sex abuse/assault, significant gender differences in the effects of single ACEs on depression and drug use were not observed. However, boys who experienced ACEs were more likely to engage in antisocial behavior early in young adulthood than girls who experienced similar ACEs. Where racial/ethnic differences existed, the adverse mental health impact of ACEs on Whites was consistently greater than on Blacks and Hispanics.

**CONCLUSION:** Our sample of young adults from urban, socio-economically disadvantaged communities reported high rates of adverse childhood experiences. The public health impact of childhood adversity is evident in the very strong association between childhood adversity and depressive symptoms, antisocial behavior, and drug use during the early transition to adulthood. These findings, coupled with evidence that the impact of major childhood adversities persists well into adulthood, indicate the critical need for prevention and intervention strategies targeting early adverse experiences and their mental health consequences.

## Reading 10 - Changing Behaviour

Ward-Begnoche W, Speaker S. Overweight youth: changing behaviors that are barriers to health. *J Fam Pract.* 2006 Nov;55(11):957-63.

URL: <http://www.jfponline.com/Pages.asp?AID=4507> (payment required)

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### ABSTRACT

To motivate change, help parents to realize that overweight in their child is a health risk and not merely an aesthetic concern. Keep in mind that children can be motivated by different goals, such as increased athleticism, appearance, or social acceptance. Several short bursts of physical activity are usually more feasible than longer bouts, and may be more reinforcing for children and adolescents. Changing specific eating and activity behaviors is more realistic than setting a weight management goal.