The Adolescent Well Exam

Susan R. Brill MD
Chief of Adolescent Medicine
The Children’s Hospital at
Saint Peter’s University Hospital
Clinical Associate Professor of Pediatrics
Rutgers RWJ Medical School
Chair, Adolescent Health Committee, AAP NJ

Teenagers can be fun!
Typical day in the office...

Start day ½ hour late due to traffic...
See five infants for colds and flus
See 3 checkups ages 2-5

About to head to lunch, just one more patient to see...

● It’s a 14 year old girl for her well exam but your nurse informs you she is also c/o abdominal pain and headaches...

● You think?
What is the value of the well child check up for teens?

- Health care expenditures total substantial percentage of the US Gross Domestic product, 18% by 2011.
- Key culprits of increase are increase in obesity and chronic disease
- Does a yearly checkup make a difference in a child’s health, particularly as they age into adolescence and young adulthood?

What is the value of the well child check up for teens? *

- Most drivers of adult disease are nonmedical, ie poverty, unhealthy social and physical environments and unhealthy lifestyle choices
- If the WCC should continue to matter we must address more than the physical exam

*Does Well-Child Care have a Future in pediatrics: Supplement Pediatrics, Apr 2013, 131 (Supplement 2) S149-S159 Coker, Thomas et al
No really, teenagers can be fun!

Confidential Health Care for Adolescents
Case # 1

- It’s 4:30 in the afternoon and you are seeing Jenny, a long time patient who is now 16 years old. Jenny complains of burning on urination and some ‘weird’ vaginal discharge. Her mom is in the exam room with her and says, “I’m sure it’s just a bladder infection, or maybe a yeast infection.” You are aware that Jenny’s symptoms may mean something else, such as a sexually transmitted infection (STI). When mom steps out, you ask Jenny if she’s ever been sexually active; she says “Yeah, just one time about a month ago, but we broke up now—please don’t tell my mom about it!”

Important Concepts

- Confidential care is an essential component of health care for adolescents
- Clinicians need to educate patients and families on the importance and limits of confidential care
- Federal and state laws provide legal protections for confidential care
Clinical Practice

- Chronological age, cognitive and psychosocial development will determine whether a patient is a ‘mature minor’; an individual who understands the risks and benefits of testing and treatment (or non-treatment)
- Specific state laws include emancipation status, specific health care treatment that a mature minor can give consent
- Parental consent and notification may be necessary for some procedures

Threats to confidential care

- System based practice issues:
  --Billing and reimbursement forms may reveal confidential testing
  --Records from pharmacy may be obtained by parents/guardians
- Parents may request records where confidential information is held
Creating the proper environment

● Beginning in early adolescence, clinicians should try to spend part of the visit alone with the teen

● Ground rules should be established regarding limits of confidentiality

● Use appropriate language

● Discuss confidentiality with parents as a means of encouraging open patient-clinician communication

How to get a parent out of the room...

PRH Video..
How do parents feel?

Journal of Adolescent Health


Adolescents Spending Time Alone With Pediatricians During Routine Visits: Perspectives of Parents in a Primary Care Clinic

Phone Survey of 91 parents after attending WCC with their child age 14-17; more than half rated importance of spending time alone with pediatrician as “alot”

Male child visits rated this higher than females

Legal Issues

- The mature minor is protected by statutes that allow for consent to care; varies by state
- Every state has statutes to authorize minors to consent for care
- Examples: Contraceptive services, pregnancy related care, diagnosis/rx of STIs, HIV treatment, treatment of drug/ETOH problems
- Mental health services
Case #2

- Charlie age 14, has been referred to urgent care by his high school, where he was kicked out of earlier today because he was acting ‘spaced out’. His mother was called and he has a form with him requiring a ‘drug test’. Charlie says “I took some cold medicine today and they thought I was stoned…”

Limits to confidentiality

- Legal/clinical or ethical limits may apply

- Examples: Clinician is obligated to warn intended victims of homicide, and to refer appropriately for suicidal thought/attempts

- Obligation to report child abuse likely will trump confidentiality

- Payment of services may limit confidential care
Guttmacher Institute**
NJ Statutes for Mature Minors

Contraceptive services: Some (Mature/ Married/ Pregnant)
STI Services: All
Prenatal Care : All
Medical Care for Minor’s Child: All
Abortion (Parental Notice) but policy not in effect

**www.guttmacher.org/state-policy/explore/overview-minors-consent-law

QUICK REVIEW: PUBERTY 101!

BIOLOGY OF PUBERTY

EXPECTED PSYCHOSOCIAL CHANGES
Adolescent Physical Development

Attention to growth in context of puberty and Tanner stage

Start discussion ahead of pubertal changes

Range of normal pubertal milestones for boys and girls
Physiology of Puberty

- HPG axis: Hypothalamus makes GnRH, stimulates pituitary to make LH and FSH
- Gonadostat theory:
- Changes in the sensitivity of the hypothalamus result in less negative feedback, allows for increased and pulsatile GnRH to start process
- New research suggests Leptin may be related to changes in GnRH pulsatility and release*

*Neinstein et al, Adolescent Health Care
Physiology of Puberty II

- HPA axis, controls androgens produced by adrenal gland.
- CRH (corticotropin releasing hormone) generated from hypothalamus acts on pituitary to produce ACTH
- Stimulation of adrenals to make androgens, DHEA,DHEA-S
- Results in growth of terminal hair in axillary, pubic areas, + body odor

Physiology of Puberty III

- Changes in Growth Hormone are due to increased GHRH
- Amplitude and duration of GH pulses increase, augmented by sleep
- GH >>IGF-1 >>> Bone and muscle growth
Progression of Puberty

- Increase in gonadotropin levels, estrogen and testosterone occur during waking hours but are higher at night
- Begin to see physiologic changes of puberty
- Boys first change is growth of testicles, >2.5 cm. long axis, or volume >4ml
- Girls’ first change is breast development; menarche 2-3 years after breast budding, most commonly Tanner stage 4

Late Puberty

- No longer see sleep augmentation of gonadotropins
- Positive feedback for ovulatory LH surge is established 1-3 years after menarche
Tanner Stages in Girls

Tanner Stages in Boys
**Pubic hair tanner staging**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>In the prepubertal stage 1, there may be fine vellus hair that is no different from that found over the abdominal wall.</td>
</tr>
<tr>
<td>2</td>
<td>In stage 2, there is growth of sparse straight hair, primarily at the base of the penis or along the labia.</td>
</tr>
<tr>
<td>3</td>
<td>In stage 3, hair increases in quantity and is darker and coarser.</td>
</tr>
<tr>
<td>4</td>
<td>Stage 4 is characterized by pubic hair that resembles adult pubic hair, although the escutcheon covers a smaller area than seen in adults.</td>
</tr>
<tr>
<td>5</td>
<td>Finally, in stage 5, pubic hair has increased further in volume, spread onto the medial thighs, and takes on characteristic male or female configuration.</td>
</tr>
</tbody>
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**Psychological and Socio-cultural development**

(this is what drives parents crazy!)
TIMES HAVE CHANGED!!!

Tasks of Adolescence

- Achieving independence from parents
- Adopting peer codes and lifestyles
- Accommodating and accepting new body image
- Establishing sexual and vocational identities
Early Adolescence-age 10-14
Psychological Development

- Less interest in parental activities
- Wide mood swings
- Concrete thinking, beginning of abstract reasoning, i.e. ‘imaginary audience’
- Poor impulse control, with increase in risky behaviors

Midadolescence-age 14-16
Psychological Development

- More conflicts with parents, autonomy becomes important for most teens
- Intense involvement with peer group
- Better abstract thinking, but may regress under stress
- Feelings of omnipotence, immortality, leading to risk-taking behavior
Late adolescence age 17-21

Psychological Development

- Integration and appreciation of parental values
- Future orientation
- Capacity for empathy and intimacy in interpersonal relationships
- More realistic behavioral choices, ability to set and accept limits on behavior
Guidelines for Adolescent Preventive Services: GAPS

- Consists of 24 recommendations for health care delivery for adolescents
- First published in Dec. 1993
- Accompanied by a Health Service Record, a table to facilitate tracking over time
- Generally composed of screening and counseling to prevent injury from violence and accidents, discuss management of obesity, smoking cessation, and reduce health risk behaviors (ie. unsafe sexual practices)

Bright Futures 4th Edition 2017

Multiple recommendations for health supervision and anticipatory guidance

**Universal screening recommendations:**

- Depression (Yearly: begin at 12 yr visit)
- Dyslipidemia (once @ 9-11 yr visit, once @ 17-21 yr visit)
- Hearing (once @11-14, 15-18, 17-21 yr visit)
- Vision (12, 15 yr visit)
- Substance Use (12, 15 18 yr. visits)
- HIV screen (once between 15-18 yr visit)
- Cervical Dysplasia (all women age >21)
Selective testing for:

- Anemia (Consider testing all menstruating females)
- STIs (Yearly testing recommended for all sexually active females/ MSM or other high risk behaviors)
- Tuberculosis

**Priority Topics**

- Social Determinants of Health
  (Risks/ Strengths/ Protective Factors/ School Performance)
- Physical Growth and Development
- Emotional Well Being
- Risk Reduction/Safety/ Firearms/ Sunscreen...

How do we do it all?!!
Screening Tools for Pediatricians in Primary Care Setting

First tool is our social history:
- Body Image
- Home
- Education
- Activities
- Drug/alcohol use
- Sexuality
- Suicidality/ Psychiatric concerns

Useful screening tests for adolescents

- CAGE: validated for alcohol use/abuse but useful for any substance use
- CRAFFT: Useful for identifying risk factors for substance abuse
- PHQ9/ Modified for Adolescents
  - (see handouts)

- Beck depression inventory, Eating disorder assessments, Pediatric Symptom Checklist
The most important thing we can give our patients is..

TIME

Recommended Immunizations for Adolescents

- Age 11-12: Tdap, HPV9 (3 doses), MCV4
- Ages 16 MCV4 booster
- Influenza vaccine for everyone
- Meningitis Type B 2-3 doses (permissive recommendation)
- Catch up on all vaccines not given previously
Other preventative medicine resources

Bright Futures: published from Maternal and Child Health Bureau
Forms online at www.brightfutures.org

The US Preventative Services Task Force: Guide to Clinical Preventive Services
www.ahrq.gov/clinic/pocketgd.pdf

Resources

- [www.guttmacher.org](http://www.guttmacher.org): Alan Guttmacher institute has a wealth of information on access to care
- [www.cahl.org](http://www.cahl.org): The Center for Adolescent Health and Law has specific information regarding adolescent care, including a state by state compendium of laws
Do we all need some?

How to Have Fun With Teens:
Load your sentences with slang.

Kate, let's create some squad goals.
"sigh"

Don't throw shade on this amazeballs plan.

Dude, you know we should fo shizzle work on this!
You shouldn't legally be allowed to use slang.

That's bogusly cray cray!
I can't.

Am I too hashtag "on fleek"? Is that the problem here?
I NEED A 'PARENT OF 3 TEENS'-SIZE WINE GLASS.