Adolescent Care

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Grand Rounds
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Overview

- Adolescent Development
- Office Approach
- Common Topics
- Healthy Relationships
Adolescent Development

- **Young - Age 12 to 14**
  - Concrete thinkers
  - Poor or inconsistent abstract reasoning or problem-solving

- **Middle - Age 15 to 17**
  - Assume invulnerable
  - Risks apply to others, but not themselves

- **Older - Age 18 to 21**
  - Acquired problem-solving abilities
  - More consistent reasoning skills
AS YOU TALK WITH ADOLESCENT PATIENTS, CONSIDER THE FOLLOWING CHARACTERISTICS OF ADOLESCENTS GIVEN THEIR PARTICULAR AGE.

<table>
<thead>
<tr>
<th>Characteristic:</th>
<th>Early Adolescence (Age 13–14 Years)</th>
<th>Middle Adolescence (Age 15–17 Years)</th>
<th>Early Adulthood (Age 18–21 Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transition to adolescence</strong></td>
<td>• Puberty</td>
<td>• Essence of adolescence</td>
<td>• Transition to adulthood</td>
</tr>
<tr>
<td><strong>Autonomy</strong></td>
<td>• Interested in the present and near future</td>
<td>• Intellectual interests gain importance</td>
<td>• Take on adult role</td>
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<td></td>
<td>• Vocational goals change frequently</td>
<td>• Greater capacity for setting goals</td>
<td>• Learn necessary vocational skills</td>
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<td></td>
<td></td>
<td>• Experience with short-term, part-time jobs</td>
<td>• Manage the demands of the labor market</td>
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<td><strong>Body image</strong></td>
<td>• Rapid physical growth and body changes</td>
<td>• Continuing physical and sexual changes</td>
<td>• Greater acceptance of physical appearance</td>
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<tr>
<td></td>
<td>• Intense concern with body image</td>
<td>• Sexual drives emerge</td>
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<td></td>
<td>• Worried about being normal, menstruation, masturbation, breast size</td>
<td>• Concern about sexual attractiveness</td>
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<td></td>
<td>• Feelings of vulnerability and being &quot;on stage&quot;</td>
<td>• Excessive physical activity alternating with lethargy and increased sleep</td>
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<tr>
<td><strong>Peer group</strong></td>
<td>• Argumentative—often challenge parents</td>
<td>• Strong emphasis of the peer group</td>
<td>• Greater balance between peer and family influence</td>
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<td>• Still tend to be closely attached to parental figures</td>
<td>• Strong peer alliances—fad behavior</td>
<td>• Relate to individual peers more than a peer group</td>
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<td>• Increasing influence and connection to peers</td>
<td>• Increasing interest in and involvement with opposite sex relationships/friendships</td>
<td>• Able to see multiple viewpoints</td>
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<td></td>
<td>• Same-sex friends and group activities</td>
<td></td>
<td>• Improved ability to see parents as individuals and understand their perspectives</td>
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<td>Early Adolescence (Age 13–14 Years)</td>
<td>Middle Adolescence (Age 15–17 Years)</td>
<td>Early Adulthood (Age 18–21 Years)</td>
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<tr>
<td>Peer group</td>
<td>• Beginning tendency to label or group peers (i.e., cliques)</td>
<td>• Complaints that parents interfere with independence</td>
<td>• Clear sexual identity</td>
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<td></td>
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<td>• Conflict with family predominates due to ambivalence about emerging independence</td>
<td>• Establish values about sexual behavior</td>
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<td></td>
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<td></td>
<td>• Develop skills for romantic relationships</td>
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<td><strong>Identity development</strong></td>
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<tr>
<td></td>
<td>• Identity influenced by relationships with family members, teachers, and peers</td>
<td>• Refine identity around gender, physical attributes, sexuality, ethnicity</td>
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<td></td>
<td>• Daydreaming</td>
<td>• Self-absorbed</td>
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<td></td>
<td>• Reject things of childhood</td>
<td>• Focused on examining their inner experiences (e.g., journaling)</td>
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<td>• Often magnify their own problems</td>
<td>• Continuing egocentrism; believes self to be invulnerable to negative events</td>
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<td></td>
<td>• Begin to question and try out value systems</td>
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<td></td>
<td><strong>Cognitive and moral development</strong></td>
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<td></td>
<td>• Understanding of cause and effect relationships is underdeveloped</td>
<td>• Cause–effect relationships better understood</td>
<td>• Established abstract thought and ethical principles</td>
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<td></td>
<td>• Gradual development of the ability to apply what they have learned to new tasks</td>
<td>• Reverts to concrete thought under stress</td>
<td>• Formal operational thinking</td>
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<td>• Frequent interest in learning life skills from adults</td>
<td>• Growth in abstract thought</td>
<td>• Sophisticated moral reasoning</td>
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<td>• Primarily focused on the present</td>
<td>• Development of ideals and selection of role models</td>
<td>• Philosophical and idealistic</td>
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<td>• Sense of morality tends to be concrete, governed by conventional standards</td>
<td>• Interest in moral reasoning</td>
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<td></td>
<td></td>
<td>• Begin to identify with and internalize societal values</td>
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What Adolescents want from their OB/Gyn

- Listen nonjudgmentally
- Communicate confidentially, openly, honestly
- Be comfortable discussing concerns
- Avoid stereotyping
Appealing Environment

• **Dedicated Time-Frame**
  - Consider the intimidation of a waiting area full of OB patients
  - Work with school schedule

• **Specific Rooms**
  - Minimal education materials and equipment to foster comfort
  - Separate area for parents to wait, not just outside the door

• **Appropriate Education Materials**
  - Models or interactive displays for education
  - Pocket-sized handouts that are friendly, concise, and discreet
Tailored Visit

- Initial discussion fully clothed
  - May be shy with poor eye contact or tough and defensive
  - More likely manifestation of anxiety than personality
- Establish relationship of accompanying party
  - Expectation of confidentiality and 1-on-1 discussion
- Offer companion and/or chaperone for examination based on comfort
- Asymptomatic patients, contraceptive consults do not need exam
  - Offer self swab for infection screening
  - Option for self-guided insertion of the speculum
- Summary and discussion of plan with accompanying adult
Key History

- “How can I help you?” or “What brings you in today?”
  - May be completely different than reason stated on chart
- General Medical
- Menstrual History
- Assess Home and School Environment
- Mental Health History
- Sexual Health
  - “Have you been or are you currently in a relationship?”
  - “Are you attracted to males, or females, or both? Sexually active?”
  - “What concerns do you have about infections? Pregnancy?”
  - “What have you heard about preventing infections? Pregnancy?”
- Screen for substance abuse
Common Issues Addressed

- Vulvovaginal Health
- Elusive “Well-Woman”
- Periods and Dysmenorrhea
- Pregnancy and Contraception
- Sexual Health
Vulvovaginal Health

- **Appearance**
  - Growth, change in color common with puberty
  - Asymmetry common, labia minora may extend past majora
  - “Abnormal” - edema, erythema/irritation, specific lesions

- **Discharge**
  - Clear to white, relatively thin, no specific odor
  - “Abnormal” - any change from baseline, burning or itching

- **Hygiene**
  - Avoid douching
  - Hair removal common practice - avoid irritation
Well-Woman Recommendations

- **Initial visit age 13-15**
- **Goals**
  - Establish a relationship
  - Preventative care
  - Education and guidance
- **Screening**
  - Gonorrhea/Chlamydia if sexually active
  - HIV if multiple partners, history of STI
  - Syphilis if in high-prevalence area
Well-Woman Recommendations

• Counseling
  • Internet and Phone Safety
  • Screening for depression/mental health disorders
  • Nutrition (eating disorders, obesity)
  • Safety (driving, skin exposure, alcohol and drug use)
  • Personal goal development (school, career, etc)

• Immunizations
  • Yearly influenza
  • HPV series if not previously completed
  • Ensure Tdap and Meningococcal up-to-date
  • Consider Rubella and Varicella status
Dysmenorrhea

- Most common menstrual symptom in adolescents, 50-90%
- **Primary**
  - Most common etiology (ie, no pelvic pathology)
  - Begins with 6-12 mths of menarche
  - Related to prostaglandins and leukotrienes
- **Symptoms**
  - Nausea, vomiting, diarrhea, headaches, poor sleep, muscle cramps
  - Progressively worsening, acyclic, AUB, dyspareunia are not typical
- **Treatment**
  - Empirically with NSAIDs +/- OCPs
  - If no improvement in 3-6 mths, evaluate 2nd-ary causes
Causes of Secondary Dysmenorrhea in Adolescents

- Endometriosis
- Congenital obstructive Mullerian anomalies
- Cervical stenosis
- Ovarian cysts
- Uterine polyps
- Uterine leiomyomata
- Adenomyosis
- Pelvic inflammatory disease
- Pelvic adhesions
Endometriosis

- **Most common cause of secondary dysmenorrhea**
  - 2/3 of teens with chronic pelvic pain unresponsive to OCPs/NSAIDs
  - Family history increases risk 7-10x
- Lesions are typically clear or red on laparoscopy

**Treatment**
- OCPs, IUD, GnRH agonist + add-back, Orlissa?
- Laparoscopy --- confirmation, fulguration/resection
Pregnancy

- US has highest adolescent pregnancy rate among industrialized countries
  - In 2015, birth rate was 22.3 per 1000 in women age 15-19
  - Historic low, down 43 to 54% depending on age group
  - Decreasing all 50 states, all ethnic groups
- Rates of sexual activity are not decreasing
- **Higher Risk**
  - African American, Hispanic, lower socioeconomic status
  - 17% of adolescent births are “repeats”
  - 60% do not graduate high school, only 2% complete college by age 30
  - Smoking, poor prenatal care, LBW infants, complications
Contraception

- **Evaluation**
  - Reproductive goals and values, assess potential barriers
  - Review efficacy and failure rates
  - Explain potential adverse effects
  - Emphasize barrier methods are only protection against STIs

- **Depo**
  - Bone mineral density loss is reversible, does not contribute fracture risk

- **OCP**
  - Most commonly discontinued due to compliance and side effects

- **LARC**
  - Convenient, effective, high continuation rates, should be encouraged
  - Evaluate misconceptions, safety
Dual Methods

• LARC + Condom is ideal standard in adolescents
  • 22.8% rate of dual use, lowest among those with LARC

• Barriers
  • Ability to communicate/negotiate use with partner
  • Admit to risk of STI acquisition
  • Initiate use each time, at the time of coitus
<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Medication and Device Type (Dose)</th>
<th>Initial Rate of Release (micrograms/day)</th>
<th>FDA-approved Duration of Use</th>
<th>FDA-approved Duration</th>
<th>Potential Efficacy Beyond FDA-approved Duration</th>
<th>Identifying Characteristics</th>
<th>Size of Device (Horizontal x Vertical, mm)</th>
<th>Inserter Tube Diameter (mm)</th>
<th>Percentage of Women Experiencing an Unintended Pregnancy in the First Year of Use (Typical Use)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kyleena</td>
<td>LNG-IUD (19.5 mg)</td>
<td>17.5</td>
<td>5 years</td>
<td>N/A</td>
<td>Blue strings; silver ring</td>
<td>28 x 30</td>
<td>3.8</td>
<td>0.20†</td>
<td></td>
</tr>
<tr>
<td>Lilletta</td>
<td>LNG-IUD (52 mg)</td>
<td>19.5</td>
<td>4 years</td>
<td>+1 year†</td>
<td>Blue strings</td>
<td>32 x 32</td>
<td>4.4</td>
<td>0.20†</td>
<td></td>
</tr>
<tr>
<td>Mirena</td>
<td>LNG-IUD (52 mg)</td>
<td>20</td>
<td>5 years</td>
<td>+2 years‡,§</td>
<td>Gray strings</td>
<td>32 x 32</td>
<td>4.4</td>
<td>0.20†</td>
<td></td>
</tr>
<tr>
<td>Skyla</td>
<td>LNG-IUD (13.5 mg)</td>
<td>14</td>
<td>3 years</td>
<td>N/A</td>
<td>Gray strings; silver ring</td>
<td>28 x 30</td>
<td>3.8</td>
<td>0.20†</td>
<td></td>
</tr>
<tr>
<td>Paragard</td>
<td>Copper T380A IUD (380 mm²)</td>
<td>NA</td>
<td>10 years</td>
<td>+2 years§</td>
<td>White strings</td>
<td>32 x 36</td>
<td>4.01</td>
<td>0.80</td>
<td></td>
</tr>
<tr>
<td>Nexplanon/Implanon</td>
<td>Etonogestrel single-rod contraceptive implant (68 mg)</td>
<td>60–70</td>
<td>3 years</td>
<td>+1-2 years†</td>
<td>N/A</td>
<td>40 x 2</td>
<td>N/A</td>
<td>0.05</td>
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</tr>
</tbody>
</table>
Sexual Health

• **STI education and prevention**
  • Adolescents have highest incidence worldwide
  • Most often asymptomatic, leading to continued spread
  • Risks of PID, ectopic pregnancy, infertility, chronic pelvic pain

• **Evaluation of possible high risk behaviors**

• **Support parents and guardians to facilitate open communication**
  • 1/3 to 1/2 females report never talking with parent about contraception, STIs, or “how to say no to sex”
5 “P”s of Sexual History

1. Partners

2. Practices

3. Past History of STDs

4. Protection from STDs

5. Prevention of Pregnancy
Promoting Healthy Relationships
Committee Opinion 758 - October 2018

• **OB/Gyn Role**
  - Encourage discussion of past and present relationships
  - Education about respect for self and respect for others
  - Creating nonjudgmental environment, with education of unique issues

• Intervention for healthy framework more effective when early

• **AAP** - “Healthy sexuality includes the capacity to promote and preserve significant interpersonal relationships; value one’s body and personal health; interact with others in respectful and appropriate ways; and express affection, love, and intimacy in ways consistent with one’s own values, sexual preferences, and abilities.”
Promoting Healthy Relationships

Defining Unhealthy Relationships

Aspects of disrespect, intimidation, dishonesty, and abuse

- 10.7% females in grades 9-12 had been forced to engage in sexual activities they did not want to do

- 9.1% reported being physically hurt by someone they were dating in last 12 mths

- 87% women age 18-25 report experiencing some element of sexual harassment in their lifetime
Sample Questions and Talking Points

- “We’ve started talking to all of our patients about safe and healthy relationships because they can have a large effect on your health.”
- “What sort of things do you do with your friends? How would your friends describe you?”
- “How do you feel about relationships in general or about your own sexuality?”
- “What makes a relationship good? What makes it bad? What does respect look like in a relationship?”
- “What qualities are important to someone you would date or go out with?”
- “Tell me a bit about your relationships. Are you in a relationship with anyone? How long have you been together? What about your previous relationships?”
- “Has any person that you have been on a date with said things to hurt your feelings on purpose, blamed you for bad things they did, put you down for your looks, or threatened to start dating someone else? Have you done these things?”
- “What do you do if you are feeling sad, angry, or hurt by your partner?”
- “If you are sexually active, does your partner support you using birth control?”
- “Has your partner ever interfered with your birth control method or refused your request to use condoms?”
- “Has your partner ever forced you to do something sexually that you did not want to do?”
- “Have you ever felt unsafe in a relationship?”
- “Has any person that you have been on a date with slapped, physically twisted your arm, pushed, grabbed, shoved or physically hurt you? Have you done these things?”
- “Have you ever had sex in exchange for money or some other favor or payment?”
- “During the past 2 weeks, how often have you had little interest or pleasure in doing things?”
- “During the past 2 weeks, how often have you felt down, depressed, or hopeless?”
- “During the past 2 weeks, have you had thoughts that you would be better off dead or of hurting yourself in some way?”
- “Respect is the foundation for healthy, happy, and safe relationships.”
- “In mutually respectful relationships there should be safety, support, individuality, equality, trust, and communication.”
- “Pay attention to how certain situations make you feel—good and bad—and trust your instincts when you feel disrespected.”
- “If you ever feel uncomfortable or unsafe in a relationship, there are resources available to help. You can always talk to me and I will help you. You also can talk to your parents, teacher, counselor, or call a helpline.”
Promoting Healthy Relationships
Committee Opinion 758 - October 2019

• Key Points
  - Start early
  - Stress confidentiality, but know limitations
  - Encourage parent involvement and discussion
  - Higher risk populations: LGBTQ, mental disabilities
  - Foster safe environment for discussion and care
HEALTH

1. Learn healthy lifestyles and feel good about yourself.
2. Discuss good habits for healthy bones.
3. Learn if you have a urinary tract infection and the treatment options.
4. Get treatment for vaginal itching, discharge, or odor.

PERIODS

5. Learn if your periods are normal.
6. Get relief if your periods are painful.
7. Find out why your periods are too heavy.
8. Know about the timing of your periods and why bleeding occurs in between.
9. Learn ways to deal with premenstrual syndrome (PMS).

PREGNANCY

15. Get birth control so you can better plan.
16. Discuss the ideal time to start a family.
17. Get tested for pregnancy.
18. Weigh your options if you become pregnant.

SEXUALITY & RELATIONSHIPS

10. Maintain healthy relationships with a boyfriend or girlfriend.
11. Learn about healthy, consensual relationships.
12. Talk about lesbian, gay, bisexual, and transgender (LGBT) topics.
13. Learn about safe sex.
14. Understand how your reproductive system works.
19. Learn how to protect and lower your risk from sexually transmitted infections (STIs) and human immunodeficiency virus (HIV)
20. Get tested for STIs and HIV if you are sexually active.
21. Get the human papillomavirus (HPV) vaccine.
Questions?
References

- ACOG “Adolescent Guide.”
- “Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings.” CDC.gov