Adolescent Health Care in Primary Care Setting

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I. INTRODUCTION

The goals for the level of health in the United States by the year 2000 were Priority issues addressing the health promotion needs of adolescents.

Specifically, the areas of identified concern included nutrition, physical activity and fitness, unintentional injuries, maternal and infant health, immunization and infectious disease, health education and preventive services, and AIDS (HAVENS & Peterson, 1990).

Health risks of adolescents frequently are associated with rapid physical changes, experimentation with new behaviors, genetic predisposition and eating habits and participation in health compromising activities (Orr, 1989). In contrast to children and adults, the leading causes of adolescent mortality are not disease, but are related to violence ((Irwin & Millstein, 1986).

One way to prevent the morbidity and early mortality from accidents, homicide and suicide is through primary prevention.

The school nurse provides primary care to adolescents, yet little is know abouttheir primary prevention activities that focus on health promotion issues especially those aimed at high risk behavior, safety issues, and risks for violent deaths.

II. THEORIES OF ADOLESCENT DEVELOPMENT

Adolescent, the period of transition from childhood to adulthood has been depicted as a time of "storm and stress" (Muuss, 1988).

Psychoanalytic theorists characterize adolescence as a time of inevitable psychological disturbance with conflict between a biological driven system and cultural prohibitions. Freudian theory views adolescence as a clash between the three major systems of the brain that form an integrated personality. The id, seeking gratification of the sexual needs and fantasies that have been brought about by the biological maturation of the reproductive system, battles with the superego, the moral conscience.

The ego, representing reason and common sense, feels over whelmed by the responsibility of trying to satisfy both systems.

In Erikson's theory of identity development, there is a shift from an emphasis on the sexual nature of development to a concern with the social forces that shape the individual. Adolescence is depicted as the time when the individual must estatlish a sense of identify and avoid the perils of identity confusion. The adolescent who fails to achieve a personal identity may experience self-doubt and become involved in self-destructive behavior to relieve the anxiety created.

From a cognitive perspective, adolescence is characterized by the emergence of formal operations when concrete thinking is replaced by abstract reasoning. In their thoughts, adolescents can leave reality behind and enter the world of possibilities. They think beyond the present and logically and systematically consider things that might be. With formal operations, adolescents can try out alternative solutions to problems in their mind, no longer requiring visualization of concrete examples. This new way of thinking leads adolescents to become much more critical of the way things are, impatient with those who do not share their views and more concerned with the ideal than what is real (Taylor et al., 1992)

One consequence of cognitive development is adolescent egocentrism, the idea that others are as critical and admiring of the teens' behavior and appearance as they are. Adolescents structure their interactions with others based on what they think the group is concerned with. Believing they will be the focus of attention, adolescents anticipate the reactions of other people by construction an imaginary audience (Elkind, 1987). The imaginary audience may help to explain a variety of typical adolescent behaviors, including their choice of outrageous fashions and the elaborate primping that takes place before a special date (Muuss, 1988).

III. RISK-TAKING BEHAVIOR

The behaviors associated with the leading causes of morbidity and mortality among adolescents share a common thread: risk taking (Irwin & Millstein, 1986). Although some risk taking is necessary in the normal development of the adolescent, many times the results of risk-taking behavior are tragic. Adolescents, with little or no experience, take part in potentially harmful activities with scarcely any regard for the immediate or long-term consequences of their actions. They are unable to conceptualize the possibility of negative consequences and their perception of invulnerability persuade them that bad outcomes will not befall them (Bronheim, 1986; Irwin & Millstein, 1986). Adolescents, wishing to gain acceptance from their peers, frequently are influenced to participate in activities that may be detrimental to their health. Even though young people may have information about certain activities and their potential risks, the social benefits of affiliation with a group may lead them to discard it (MacDonald, 1986).

The fundamental premise in adolescent risk-taking behavior is that teenagers

generally do not have the cognitive ability or life experiences to appreciate the precariousness of such activity. While some form of experimentation may be necessary to confirm a personal identity and mark a developmental transition into young adulthood, adolescents should be protected from the most negative consequences of risk-taking behavior (Irwin & Millstein, 1986; Tonkin, 1987).

IV. ADOLESCENT HEALTH CARE

Within health services, adolescence represents a period of transition from pediatric concerns to adult health care needs. While adolescent risk-taking behavior is acknowledged as a critical healh concern, there are other causes of deaths and disabilities in this age group. Cancer, infection, and congenital heart disease occur, but are less frequent causes of mortality among teens than in children and adults (Stephenson & Stevens, 1987). With its dramatic physiological changes, pubescence can bring about an increased incidence of certain medical problems, including acne, myopia, breast abnormalities, and musculoskeletal abnormalities, such as kyphosis and scoliosis. In addition, puberty may worsen preexisting conditions such as diabetes mellitus, chronic inflammatory bowel desease, and tuberculosis (Stephenson & Stevens, 1987).

Primary health care providers see adolescents for various problems related to their physical health. Common presenting problems include gastrointestinal complaints, dermatologic problems, respiratory infections, sports-related physical examinations and injuries, headaches, and dysmenorrhea. Often the real problems underlying these somatic concerns are important psychosocial issues. For example, adolescent females with vague abdominal symptoms may be worried about pregnancy.

A careful psychosocial assessment includes the adolescent's current level of functioning with peers, family members, and with school or work roles (Offer & Offer, 1994). One positive outcome of a comprehensive assessment by a trusted primary care provider is that adolescents are encouraged to think about the present and become motivated to consider the future. The assessment process provides an opportunity for the client and practitioner to discuss lifestyle choices that could affect the adolescent's healh and subsequent development. Nutritional habits and exercise patterns developed in adolescence can enhance the well-being of the individual for a lifetime (Stephenson & Stevens, 1987). Additionally, addressing safety concerns, such as seat belt use, drinking and driving, family violence and other violence-related problems in a fashion comparable to the way in which more traditional medical concerns are addressed, may reduce the morbidity and mortality of youth (Hill & Smith, 1995).

Many consider adolescence a time of optimum physical well-being with episodic office visits scheduled for an occasional fever, acute injury or pre-sports physical examination. The encounters are subject to the adolescent's interest and family income; they are often hurried and cursory (Goldenring, 1986). Others report that teens see health care providers on a regular basis, with a "check-up" being the common reason for seeking

care (Marks, Malizio, Hock, Brody, & Fisher, 1983). While teens feel comfortable seeking medical services for physical health problems, many avoid practitioners for psychosocial concerns, such as emotional issues and problems related to body image. In one study, the reasons for unmet health care needs of adolescents were that care had not yet been sought, those surveyed thought their provider would be unable to help them, and they were unwilling to seek care fearing that confidentiality might not be maintained (Marks, et al., 1983). Another study showed that even when adolescents used health care services, the risk-taking behaviors associated with morbidity and mortality were not often addressed. Issues such as substance abuse received little attention during visits with health care providers (Millstein, 1989).

V. CONCLUSION

The adolescent's progress in mastering the developmental tasks of youth may influence not only their behavior but decisions that could impact their health. Adolescents begin to separate emotionally from their families and search for approval from their peers, Wishing to gain aceptance from other teens, adolescents are often willing to participate in potentially harmful risk-taking activities, including experimentation with alcohol or drugs and reckless driving, never conceptualizing the possibility of a negative outcome. Health care providers can infulence adolescents' lifestyle choices and reduce morbidity and mortality related to violence through careful assessment of physical health and psychosocial functioning, which encourages them to think about the present and consider the possibilities for the future.

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