



# ADOLESCENT HEALTH CARE: A PRIMARY CARE APPROACH

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April 7, 2024

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# LEARNING OBJECTIVES

At the end of the lecture, the students should be able

- To describe adolescent-friendly health services
- To explain the approach in the adolescent interview especially the psychosocial risk assessment
- To explain the anticipatory guidance for teens

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# OUTLINE

- I. Adolescent-Friendly Health Services
- II. Approach to the Adolescent Interview
- III. Adolescent Historytaking and  
Physical Examination
- V. Anticipatory Guidance

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# ADOLESCENT-FRIENDLY HEALTH SERVICES

Accessible

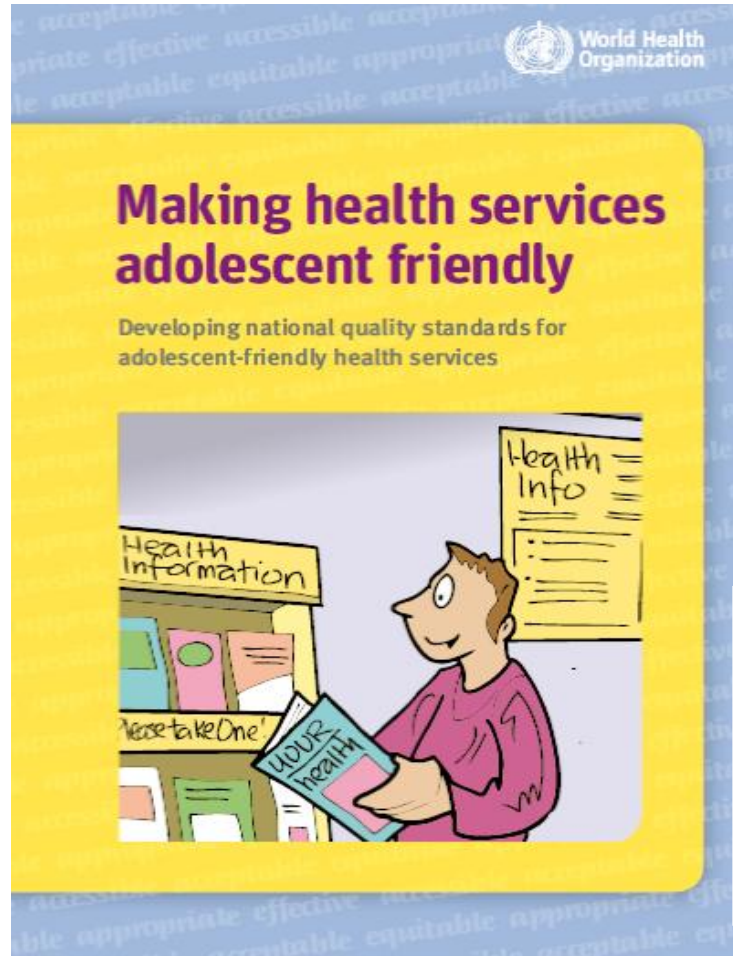
Comprehensive

Acceptable

Equitable

Appropriate

Effective



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# PRIMARY HEALTH CARE

- Focuses on providing essential, accessible, and affordable health services
- Enables health systems to support a person's health needs – from health promotion to disease prevention, treatment, rehabilitation, palliative care and more

[https://www.who.int/health-topics/primary-health-care#tab=tab\\_1](https://www.who.int/health-topics/primary-health-care#tab=tab_1)

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# APPROACH TO THE ADOLESCENT INTERVIEW

1. Builds rapport
2. Identifies risks & protective factors
3. Identifies areas for intervention & prevention

**Major causes of adolescent morbidity & mortality: psychosocial, behavioral, lifestyle problems**

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# CONFIDENTIALITY

- Keystone in adolescent interview
- Increases the willingness of an adolescent to seek care
- Most teens appreciate it when they can talk with someone without parent around



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# INTERVIEW DOs & DON'Ts

- Don't be a parent
- Don't lecture
- Be open & non-judgmental
- Do NOT trivialize adolescent's concerns



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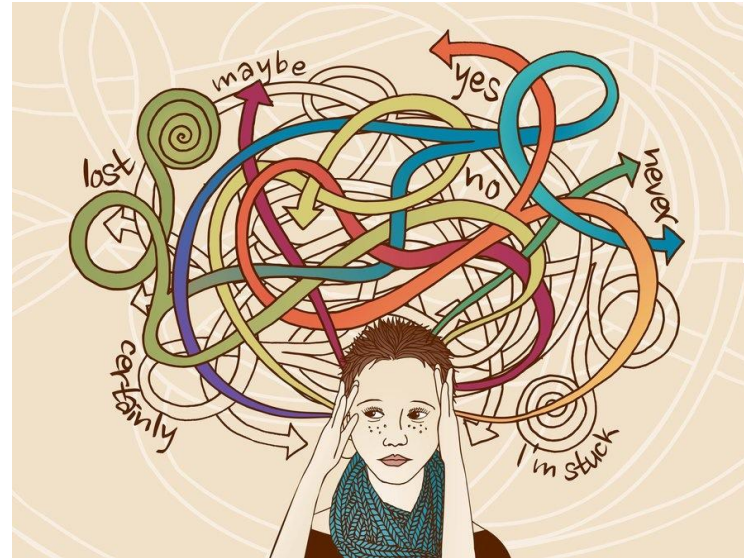
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# INTERVIEW DOs & DON'Ts

- Respect the adolescent's point of view
- Do NOT act like a peer
- Be a **professional**
- Do not use jargon
- Use clear & developmentally appropriate language



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# STEPS IN ADOLESCENT-FRIENDLY INTERVIEW

1. Introduce yourself to adolescent
2. Ask adolescent to introduce companion
3. See teen and parent together (FORMAT)
4. Define the basis of CONFIDENTIALITY and its limits
5. Negotiate to see the adolescent alone
6. Interview and Physical Exam
7. Discuss Plans with adolescent
8. Call in parent/ companion and wrap up
9. Set a follow-up date

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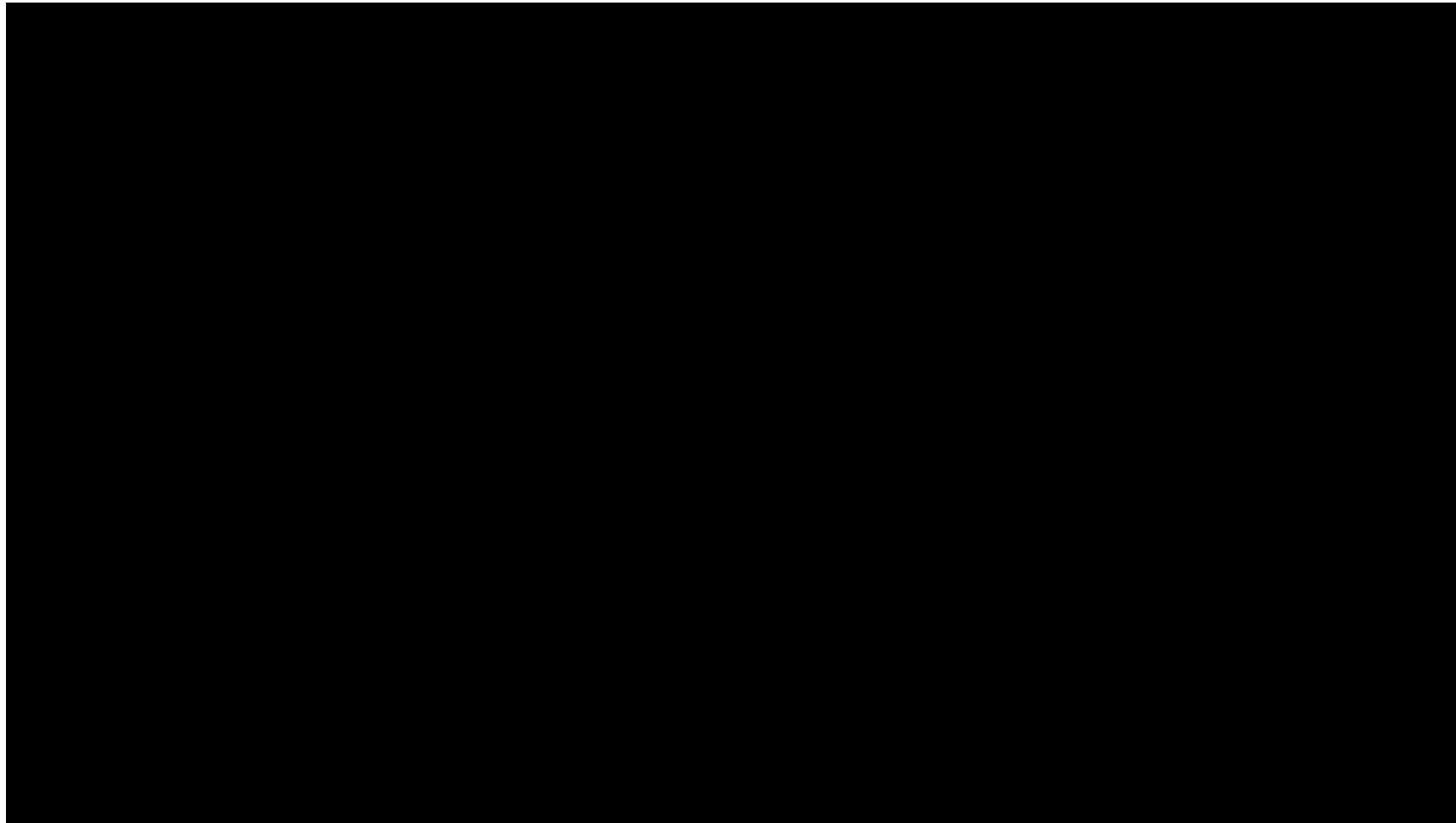
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# ADOLESCENT HISTORY TAKING



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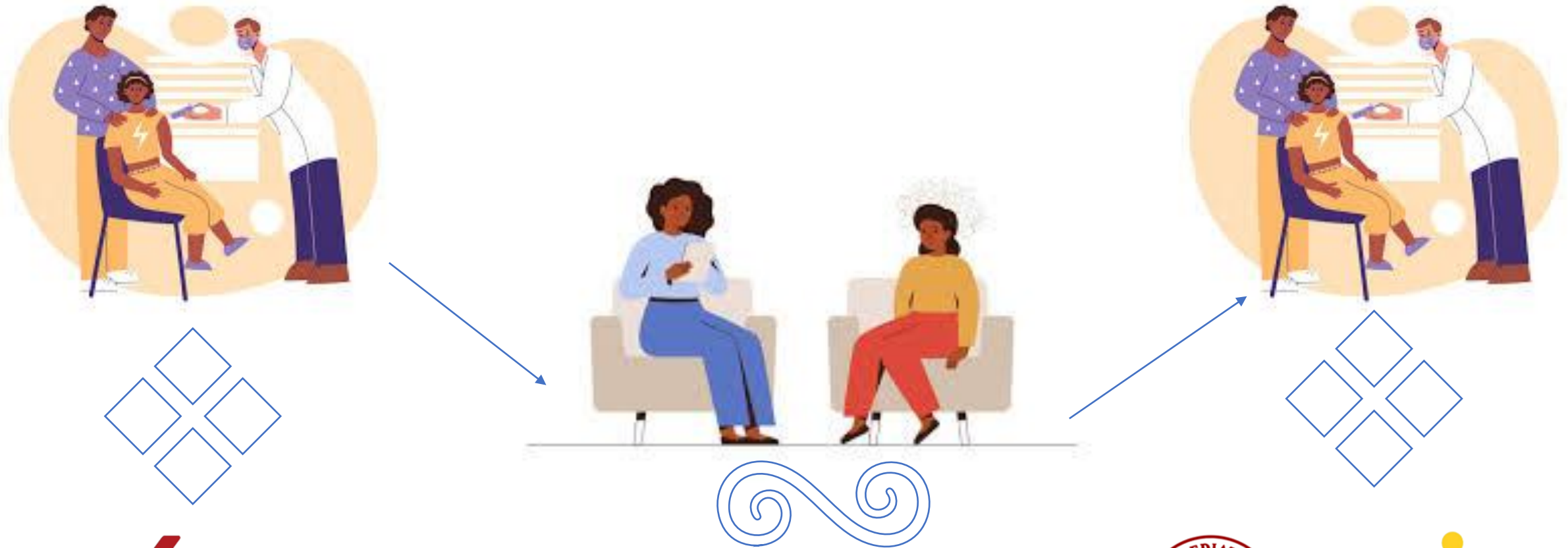
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# ADOLESCENT HISTORY TAKING

## Format



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# ADOLESCENT HISTORY TAKING

- Make adolescent feel COMFORTABLE
- Discuss **CONFIDENTIALITY** & limits **BEFORE** the start of the interview
  - Harm to self
  - Harm to others
  - Suspicion of abuse
- Have a form of words
- Ensure PRIVACY (clinic set-up)

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# ADOLESCENT HISTORY TAKING



A. Personal Data

B. Chief Complaint

C. History of Present Illness

D. Review of Systems

E. Past Medical History

F. Family Medical History

G. Birth & Maternal History

H. Immunization History

I. Nutritional History

J. Developmental History

**K. Menstrual History**

**L. Personal Social History  
(HEEADSSS Interview)**

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# HEEADSSSSS INTERVIEW

**H** - Home

**E** - Education/ employment,  
Eating

**A** - Activities

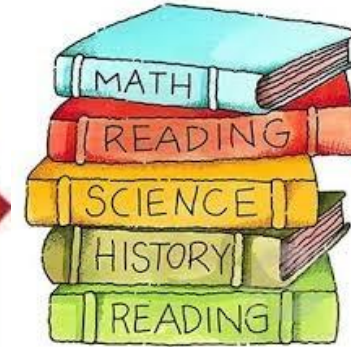
**D** - Drugs

**S** - Sexuality

**S** - Suicide

**S** - Safety

**S** - Spirituality



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# HEEADSSSS INTERVIEW

## Open-ended Questions:

"Tell me more about it..."

## Generalize/ Normalize:

"Many people your age have questions about...."

## Introduce more sensitive questions with:

"I ask all my patients these questions..Some of these questions may make you uncomfortable..."

## Third person approach:

"Have any of students in your class tried smoking...any of your friends, how about you...have you...?"

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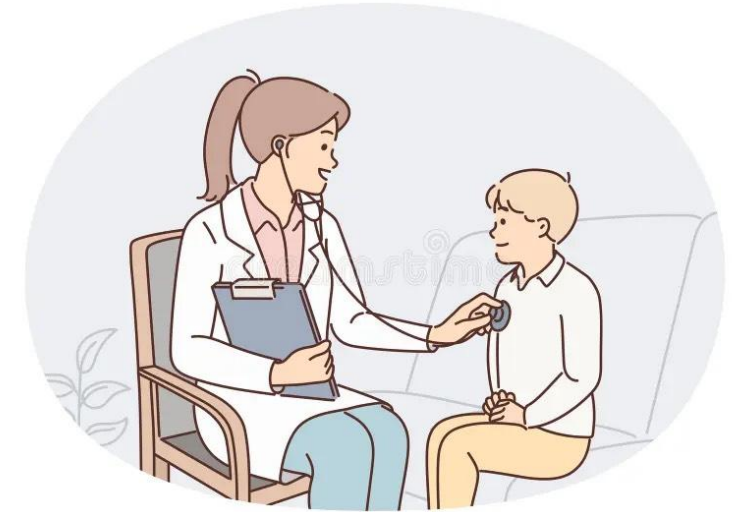
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# ADOLESCENT PHYSICAL EXAMINATION

- Comprehensive PE is done **annually**
- Ask permission
- Need a chaperone
- Use drapes
  - No need to undress fully (unlike babies)



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# ADOLESCENT PHYSICAL EXAMINATION

- ✓ General inspection
- ✓ Vital signs: BP, HR, RR, temperature
- ✓ Anthropometrics: height, weight, BMI
- ✓ Skin
- ✓ Head, eyes, ears, nose, neck, and throat



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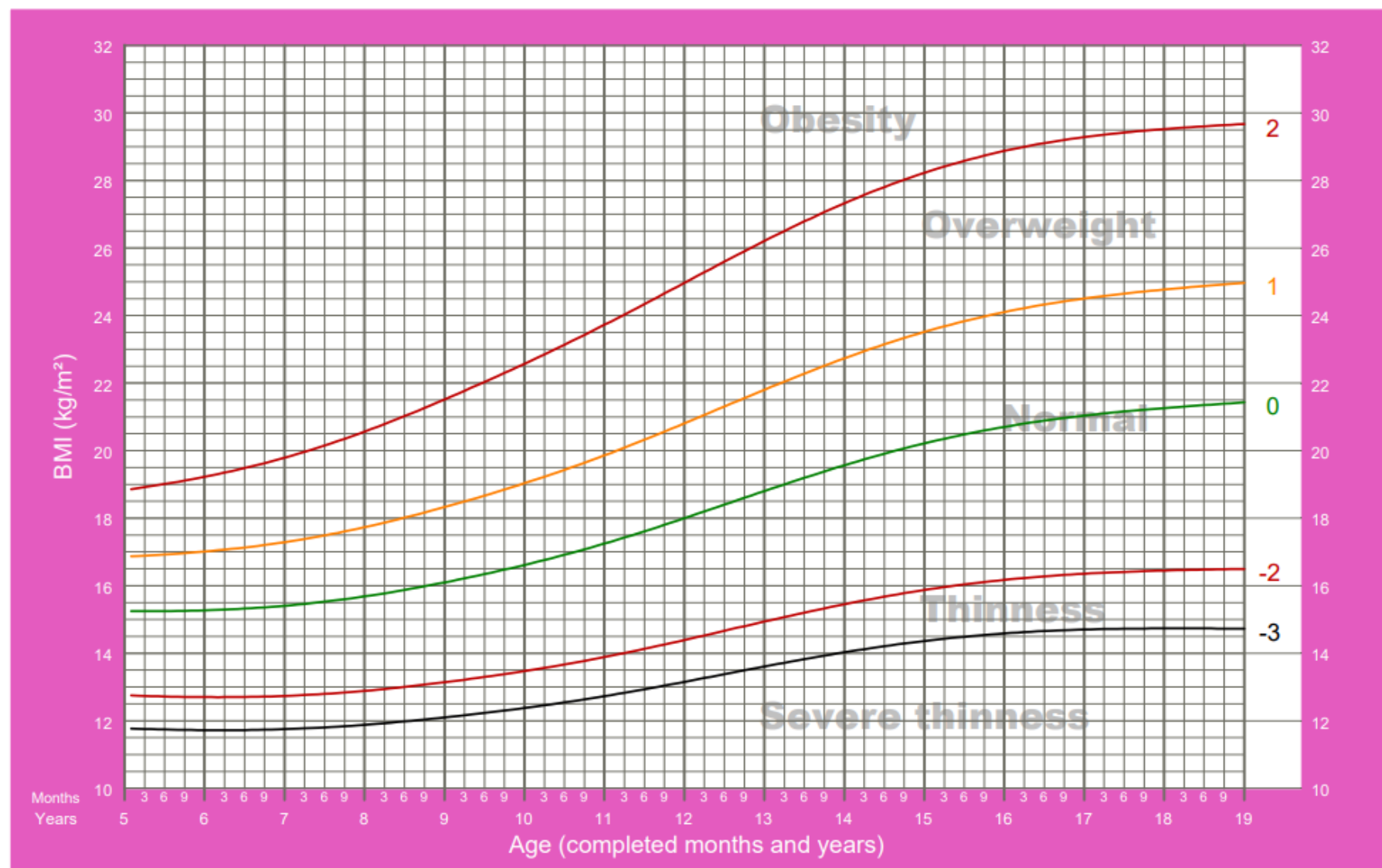


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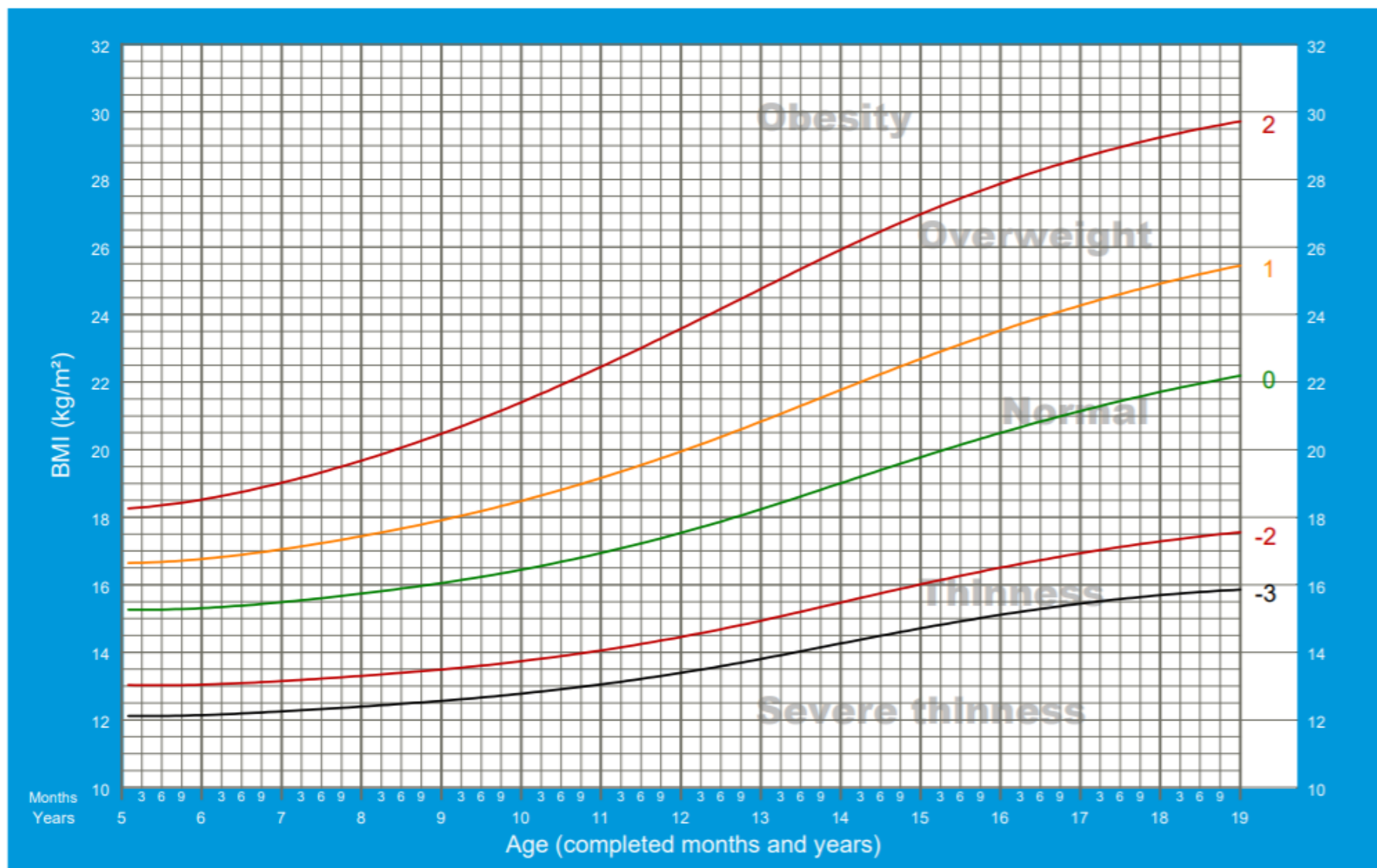
# BMI-for-age GIRLS

5 to 19 years (z-scores)



# BMI-for-age BOYS

5 to 19 years (z-scores)







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# ADOLESCENT PHYSICAL EXAMINATION

- ✓ Chest and lungs
- ✓ Breast
- ✓ Heart
- ✓ Abdomen
- ✓ Musculoskeletal- Adam Test
- ✓ Neurologic
- ✓ Genital (inspection)
- ✓ Tanner staging for all



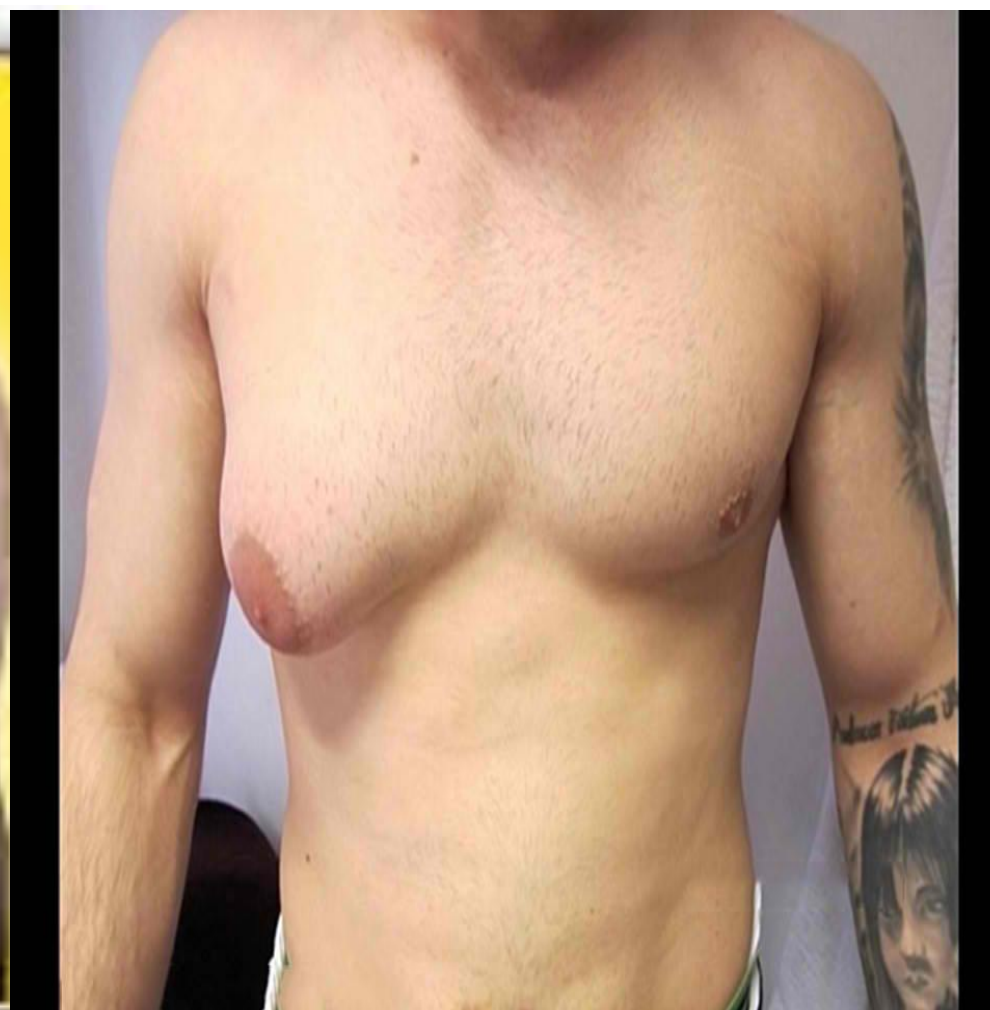
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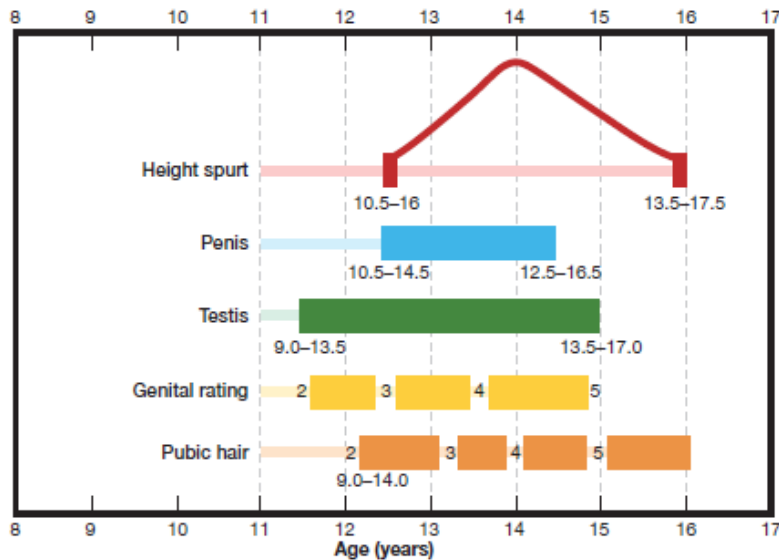


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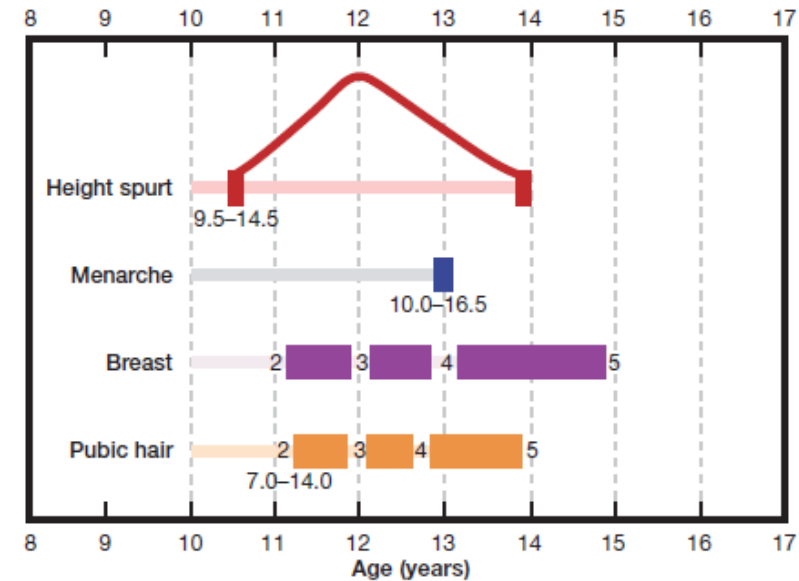


# Tanner Staging: Sexual Maturity Rating

## Why is SMR important?




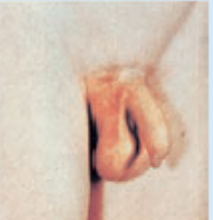


Male



Female

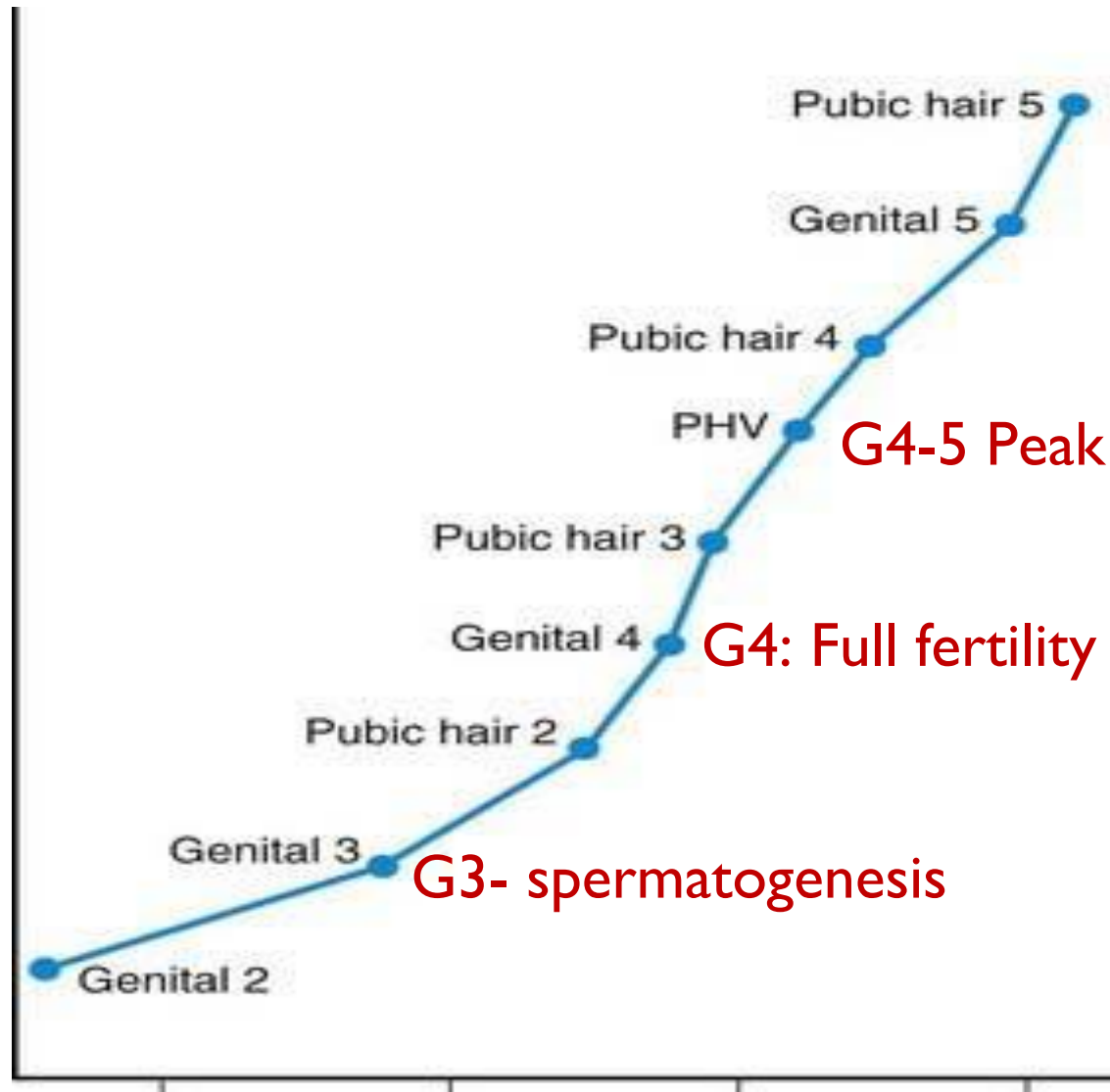
# Sexual Maturity Rating: Boys GENITALIA and PUBIC HAIR

In assigning SMRs in boys, observe each of the three characteristics separately because they may develop at different rates. Record two separate ratings: pubic hair and genital. If the penis and testes differ in their stages, average the two into a single figure for the genital rating.

		<b>Pubic Hair</b>	<b>Penis</b>	<b>Testes and Scrotum</b>
Stage 1		Preadolescent—no pubic hair except for the fine body hair (vellus hair) similar to that on the abdomen	Preadolescent—same size and proportions as in childhood	Preadolescent—same size and proportions as in childhood
Stage 2		Sparse growth of long, slightly pigmented, downy hair, straight or only slightly curled, chiefly at the base of the penis	Slight or no enlargement	Testes larger; scrotum larger, somewhat reddened, and altered in texture
Stage 3		Darker, coarser, curlier hair spreading sparsely over the pubic symphysis	Larger, especially in length	Further enlarged
Stage 4		Coarse and curly hair, as in the adult; area covered greater than in stage 3 but not as great as in the adult and not yet including the thighs	Further enlarged in length and breadth, with development of the glans	Further enlarged; scrotal skin darkened
Stage 5		Hair adult in quantity and quality, spread to the medial surfaces of the thighs but not up over the abdomen	Adult in size and shape	Adult in size and shape

Bates' Guide to Physical Examination and History Taking, 11<sup>th</sup> edition.

Photos reprinted from *Pediatric Endocrinology and Growth*, 2nd ed., Wales & Wit, 2003, with permission from Elsevier.



G4-5 Peak Height Velocity

G4: Full fertility

G3- spermatogenesis

Tanner Staging and  
Pubertal Events in  
Males



## Sexual Maturity Rating: Girls

### BREASTS

Bates' Guide to Physical Examination and History Taking, 11<sup>th</sup> edition.

#### Stage 1

Preadolescent. Elevation of nipple only

#### Stage 2



Breast bud stage. Elevation of breast and nipple as a small mound; enlargement of areolar diameter

#### Stage 3



Further enlargement of elevation of breast and areola, with no separation of their contours

#### Stage 4



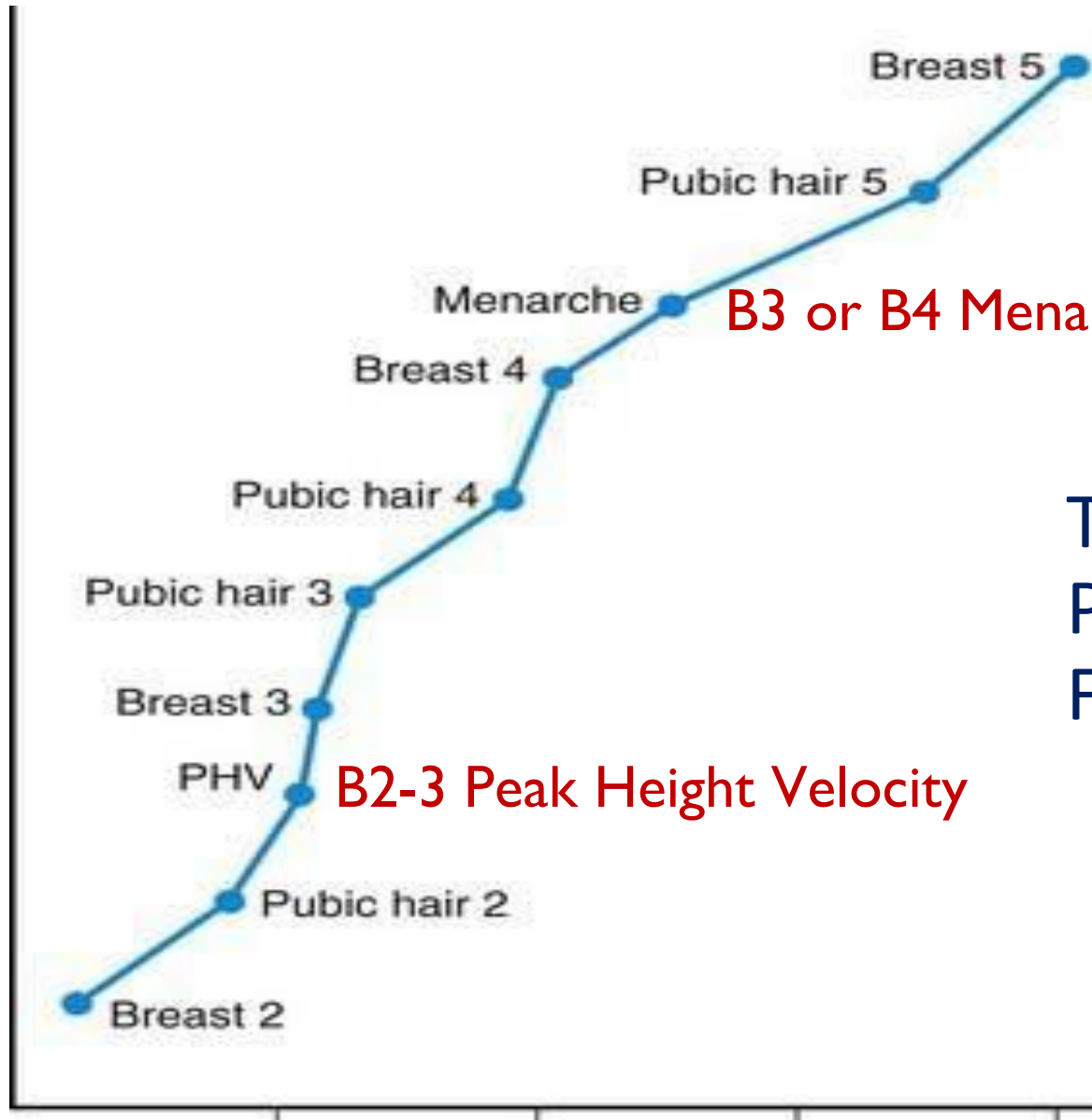
Projection of areola and nipple to form a secondary mound above the level of breast

#### Stage 5



Mature stage; projection of nipple only. Areola has receded to general contour of the breast (although in some normal individuals, the areola continues to form a secondary mound).

Photos used with permission of the American Academy of Pediatrics, *Assessment of Sexual Maturity Stages in Girls*, 1995.



B3 or B4 Menarche

B2-3 Peak Height Velocity

Tanner Stages and  
Pubertal Events in  
Females



# ANTICIPATORY GUIDANCE

- Sleep 8-10 hours/ day
- Physical activity
- Limit the screen time
- Proper nutrition:  
Pinggang Pinoy
- Safety/cybersafety



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# ADOLESCENT IMMUNIZATIONS



**TdAp: 1 dose**

**HPV: 2 doses (9-14 years old)  
3 doses ( $\geq 15$  years old)**

**MMR: 2 doses**

**Varicella: 2  
doses**

**Hepatitis A: 2 doses**

**Flu: annually**

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# SUMMARY

- Adolescent health care is a holistic primary care approach to health that focuses on providing essential, accessible, and affordable health services to improve health outcomes and reduce disparities.
- Adolescent-friendly health services are accessible, acceptable, appropriate, comprehensive, equitable, and effective.
- Psychosocial risk assessment (HEEADSSSS interview) enables doctors to identify the protective and risky behaviors of the teens to prevent and intervene early.

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- Bates' Guide to Physical Examination and History Taking, 11<sup>th</sup> edition.
- Bright Futures Guidelines for health Supervision of Infants, Children and Adolescents, 4<sup>th</sup> Edition
- Screening fo the Early Detection of Idiopathic Scoliosis in Adolescence. Retrieved from <https://www.srs.org/about-srs/news-and-announcements/position-statement---screening-for-the-early-detection-for-idiopathic-scoliosis-in-adolescence>

[https://www.who.int/health-topics/primary-health-care#tab=tab\\_1](https://www.who.int/health-topics/primary-health-care#tab=tab_1)

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