

Pediatricians as Adolescent Ambassadors

PRAMOD JOG

National President, Indian Academy of Pediatrics, 2016. *dr_pramodjog@yahoo.co.in*

Adolescence is one of the most beautiful and poignant phases of one's life; yet it is also one of the most difficult and turbulent phase. It is a time of growth, experience, and fulfillment associated with leaps and falls; a period when new relationships are made and old ones tested and strengthened. This is precisely that time when the individual yearns to touch the sky, rebels, and also starts risk-taking behavior with potentially serious consequences. Pediatricians, as gatekeepers, have the pleasant yet challenging responsibility of making this journey better and easier for teenagers, their parents and teachers. Pediatrician can be a person whom adolescents can trust and confide in, someone who can guide, and is non-judgmental.

And to accomplish this task we need to equip ourselves.

ROLE OF PEDIATRICIANS IN ADOLESCENT HEALTH

India is currently in an enviable position as far as the distribution of its population is concerned. The adolescents (age 10-19 y) [1] constitute almost one-fifth of the total population. At the time when most of the developed nations are reeling under the strain of looking after their predominantly elderly people, India has the advantage of a large proportion of young and potentially productive people. This huge number (253 million) [2], however, puts forth another demand – that of guiding and channelizing them! Who is the right person for this task?

The cut-off for pediatric patients has traditionally been 12 years. With time and experience, it has become increasingly clear that this definition is not practical. Pediatricians take care of health of children right from the time of birth. The children's little world is shaken by the storm called 'adolescence', and they are often shunted to a physician. Take a look at the physician's clinic. Mostly elderly patients, long queues, quick dispersal from the doctor's chamber and uninspiring interior – a patient used to the colorful and informal atmosphere of a pediatrician's office is confused and scared. To top it, the uncertainty of meeting a new doctor puts them into apprehensive state.

The physical changes during adolescence are alien and scary. A lot of confusion exists about what is normal and what is abnormal. The brain is undergoing pruning and restructuring. While the amygdala or the emotional and impulsive brain is developing fast, the cognitive brain is lagging behind. The last to mature is the prefrontal cortex. This gives rise to uncontrolled anxiety, bouts of aggression, poor impulse control, and frequent mood changes [3]. Peers and peer pressure dictate their lifestyle and decision-making. The predominant concrete thinking of early adolescence (10-13 y) becomes abstract by late adolescence (17-19 y). Adolescents are frequently misunderstood. The general perception is that they are rude, noisy and self-centered. But the fact is that they are confused and vulnerable behind their tough facade. The characteristic developmental stage is responsible for high risk behaviors such as rash driving, unsafe sexual practices, malnutrition, violence, addictions, and mental and psychosocial problems [4]. Parents of adolescents are in their late thirties or forties. They find it challenging to handle their adolescent children. The guidance from elders is missing due to the changing family structure. They want information and some guidelines to deal with the situation. A pediatrician can be the right person to make the parents aware that their child is growing and changing. The laws of nature can be explained to them well in advance, when the child enters into adolescence (around the age of 10 y). Pediatricians can be the advocates of adolescents as they have rapport with both the important parties, the parents as well as the adolescents – a unique opportunity! Besides, talking to adolescents is refreshing and rewarding. It can lend a fresh and interesting component to our practice.

CHALLENGES

However, most of the pediatricians find it difficult to deal with adolescents in their clinics. There are multitudes of reasons:

1. Pediatricians are often not trained to handle adolescents and their parents.
2. As individuals, we can be prejudiced and judgmental.

This attitude is a strict no-no for adolescent practice.

3. 'Time' is the greatest constraint. Adolescent care is time consuming. Sparing a lot of time for one patient is difficult.
4. The decor is meant for little children – colorful and loud. Children are crying in the waiting rooms; vaccines are being given. An already anxious adolescent might become more apprehensive in such atmosphere. They might feel out of place and unsure of being understood in such a clinic!

What can we do?

A few simple steps can help:

- Giving a separate time slot by appointment.
- If possible, make a separate waiting area, which will appeal to them.
- Giving them an Adolescent Card containing growth charts [height, weight and body mass index (BMI)], immunization schedule, Sexual maturity rating (SMR) charts, and yearly columns highlighting the need for regular visits.
- Training at undergraduate, postgraduate and office practice levels.
- The most important thing is to change our own attitude towards them. Non-judgmental attitudes with active listening, no preaching, responding (and not reacting), and ensuring confidentiality are all the prerequisites of a good adolescent ambassador.

Important areas to be addressed

1. During the first visit, it is important to develop a warm, comfortable rapport with the adolescent. An empathetic attitude, active listening and eye contact are necessary. A thorough **HEEADSSS** assessment [**H**- Home (information about home, family); **E**- Education/ Employment; **E**- Eating or dietary history; **A**- Activities including exercise, hobbies, screen time, media usage, *etc.*; **D**- Exposure to Drugs/ addiction; **S**- Sexual history; **S**- Suicidal ideation or self harm behaviors; **S**- Safety] [5], measurement of height, weight and BMI, and record of immunization status will allow the pediatrician to get the required basic information, and will also relax the adolescent.
2. Height, weight and BMI should be plotted on adolescent growth charts. Target height can be calculated using mid-parental height. Any deviation from normal should be noted.
3. Immunization charts should be updated. Tdap booster, Human papilloma virus (HPV) vaccine, Typhoid vaccine as well as other catch up vaccines

(Hepatitis A, Hepatitis B, Chickenpox, MMR *etc.*) are advised as needed [6].

4. Routine general examination should be done, especially for blood pressure, pallor, acne, goiter, gynecomastia *etc.*
5. SMR staging using Tanner's charts.
6. Any specific issue, such as scholastic problem, behavioral problem, relationship issues should be addressed.
7. These visits can be used to impart anticipatory guidance regarding media, addictions, attractions, individual variations in growth, and emotional management. The ten Life Skills recommended by WHO (self awareness, empathy, problem solving, decision making, critical thinking, creative thinking, coping with stress, coping with emotions, effective communication and interpersonal relationship) are very useful to get these things across to them.
8. Paren'teen'ing: "There isn't any formula or method of parenting. You learn to love by loving (Aldous Huxley)." One night a man had a dream. He dreamed he was walking along the beach with God. Across the sky flashed scenes from his life. For each scene, he noticed two sets of footprints in the sand; one belonging to him and the other to God. When the last scene of his life flashed before him, he looked back at the footprints in the sand. He noticed that many times along the path of his life, there was only one set of footprints. He also noticed that it happened at the very lowest and saddest times in his life. This really bothered him and he questioned God about it. "God, you said that once I decided to follow you, you'd walk with me all the way. But I noticed that during the most troublesome times in my life, there is only one set of footprints. I don't understand why when I needed you most you would leave me."

The God replied, "My precious, precious child; I love you and I would never leave you. During your times of trial and suffering, when you see only one set of footprints, it was then that I carried you."

Moral of the story... Let the adolescents overcome the period of crisis on their own. Let us, as parents, be with them, without their knowledge, and pay attention to them without being indulgent.

Pediatricians and parents need to work together for the adolescents' well being. Parents need to be informed about normal adolescent growth and development, normal range of variations, handling day-to-day frictions with adolescents, as well as the importance of imparting

gradual and watchful independence to the children. The importance of effective communication cannot be overemphasized. What an adolescent needs is **PITA-G** ...**Pyaar** (love), **I**nteraction, **T**ime, **A**nushaasan (discipline), and a **G**uru (teacher).

Parents are the role models. Their dietary habits, attempts at physical fitness, manner of behaving with the partner, language – and so many other things are imbibed by the adolescents. The parents must empower the adolescents to ‘say no’ and to ‘accept no.’ Parents must be aware that problems like declining scholastic performance, isolation, adolescent keeping quiet at dinner time, frequent expressions like ‘I want to die’, cash in the house getting stolen, addiction, rash driving, criminal activities, and attempt to suicide need urgent attention. Indian Academy of Pediatrics (IAP) Action Plan titled ‘Parenteening’ will address various aspects of parenting of adolescents.

Overlooking the health of adolescents is a key reason for unmet goals in the area of adult health. Adolescence is a significant opportunity to improve the health of a child in the second decade of his life. IAP has come forward to design such an initiative to address healthcare concerns among adolescents while suggesting preventive measures to help protect them from diseases. Healthy, educated adolescents will grow into a resource pool of valuable individuals with the potential to contribute to the betterment of their families, communities and country.

The Indian Academy of Pediatrics has launched **ACE** (Adolescent Care Endeavour) 10/10, a major healthcare initiative aimed at adolescents. The ACE 10/10 initiative aims to create ‘Adolescent Ambassadors’ (*kishore doot*) in the pediatricians’ community across each state for influencing the care and health needs of adolescents. The program will impart training to pediatricians across all the states, with the expertise from our own Adolescent Health Academy, with a view to impacting the well-being of adolescents in the country.

The ten teen parenting essentials that the ACE 10/10 program recommends are:

1. Ensure regular sound sleep of 8 hours every night.
2. Encourage eating balanced food and wholesome breakfast. This would include inculcating the habit of drinking at least 6-8 glasses of water/day, consumption of plenty of vegetables, salads and fruits, and discouraging foods high in sugar, fat and salt.
3. Ensure 60 minutes of daily physical activities.
4. Ensure annual health check up to monitor growth and development and psychological assessment.

5. Vaccinate boys and girls with Tdap vaccine and girls (10-12 y) with HPV vaccine.
6. Monitor school performance and studies.
7. Ensure communication and use teachable moments.
8. Monitor digital media usage every day and teach healthy use of media.
9. Know and stay connected with the friends of the adolescent.
10. Be observant of change in the behavior/mood.

Healthy parenting is the **PULSE** of adolescent care which demands **Parents’ Unconditional Love, Support and Encouragement**.

With 1 in 5 people in India being adolescents, there is a need is to ensure that the foundations laid during adolescence are strong enough as they are the future of the country. What takes place during the adolescent period affects health during the adult years and even influences the wellbeing of the next generation. Pediatricians, as trusted advisors to parents, play an important role in developing Adole’sense’. I am sure that the ‘Adolescent Ambassadors’ program will catalyze the collective strength of pediatricians as key influencers to effect an impactful change in the health and well-being of adolescents as a significant segment of our society.

REFERENCES

1. WHO. Maternal, Newborn, Child and Adolescent Health. Adolescent development. Available from: http://www.who.int/maternal_child_adolescent/topics/adolescence/development/en/. Accessed April 22, 2016.
2. Government of India. Ministry of Home Affairs. Office of the Registrar General & Census Commissioner, India. Adolescents and Youth In India: Highlights from Census 2011. Available from: http://www.censusindia.gov.in/2011-Documents/PPT_World_Population/Adolescents_and_Youth_in_India_Highlights_from_Census_2011.pptx. Accessed April 22, 2016.
3. Holland-Hall C, Burstein GR. Adolescent physical and social development. In: Kliegman RM, Stanton BF, StGeme JW, Schor NF (eds). Nelson Textbook of Pediatrics. 20th ed. Philadelphia: Elsevier; 2016. p. 926-31.
4. American Psychological Association. Developing Adolescents: A Reference for Professionals. Available from: <https://www.apa.org/pi/families/resources/develop.pdf>. Accessed April 22, 2016.
5. Goldenring JM, Rosen DS. Getting into adolescent heads: An essential update. *Contemp Pediatr*. 2004;21:64-90.
6. Centers for Disease Control and Prevention, United States. Birth-18 Years & “Catch-up” Immunization Schedules. Available from: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html. Accessed April 22, 2016.