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Discussion paper on preventive activities for adolescents

To all members of the working group on preventive activities.

Dear colleagues and friends!

Iona and I have made the following framework for a paper on preventive activities for adolescents as we agreed to in Stockholm.

Please consider this a very unfinished first try. We hope it will serve as a tool to trigger the discussion in Dubrovnik. After this discussion we will try to make a final paper that we hopefully can adopt in our meeting in Island.

Please consider particularly the following:

Is this way to build up the paper ok? (short introduction to each chapter, then the recommendations)

Is it to widespread? Should we make additional papers going into greater details on some of the topics?

Should we add any other chapters, or take some out?

We should focus on the recommendations.

What other recommendations should be added? Wich recommendations should be removed or reformulated? (Some chapters probably have too many, and some may have too few)

What are the most important recommendations to be specifically focused in the summary?

Looking forward to meet you all for a good and fruitful discussion in the working group

Sincerely

Eirik (Boe Larsen, Norway)

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TEENAGERS OF EUROPE HAVE THE RIGHT TO GOOD HEALTH

(we may need a better title?)

The UEMO policy statement on preservation of good health among teenagers.

Index: to be filled in later

Introduction

The years of adolescence are often thought of as the years of life with the best mental and physical health and the lowest need for health services. It may seem a paradox for the UEMO to pay special attention to this group of people, generally considered to be one of, or even the most, healthy part of the population.

Although this is true for the largest part of the teenager generation, it is well documented that a substantial part of them also suffer from different health problems and worries.

Loneliness, depression, suicidal- or self-harming behaviour, eating disorders, victims of violence or accidents, eating disorders, sexually related diseases, unwanted pregnancies, and alcohol- and drug abuse are examples of health-problems which are particularly prevalent in the adolescent period of life.

During these crucial years, young people develop from the dependent and irresponsible life of a child, to the independence and responsibilities of adult life. This is not always an easy task, and the way the young girl or boy copes with this is of great importance to their adult mental and physical health. Several investigations find that there is a high degree of stability of health problems and "problem creating" behaviour from adolescent- to adult life. It is well documented that those who score high on health problems as teenagers, are more likely to do so also as adults, while those who score low, continue to do so in adult life.

This same preservation of habits seems also to be true for other lifestyle risk factors like unhealthy nutrition, physical inactivity, obesity, smoking and similar. There is good scientific evidence to support the view that habits laid down in adolescence, tend to follow us for the rest of our lives and create the foundation of our future health.

This makes these vulnerable and crucial years a very important arena where adequate preventive and supportive activities are likely to be of great importance to future health. Unfortunately, the health services, and other arenas for health promoting activities like the schools etc, do not always function as well as they should in these respects.

Sadly, we have less knowledge about health problems and their prevention in the young generation, than we do when adults are concerned.

We have known for a long time that although the results of inadequate prevention of health risks sooner or later will be a task for the health services, other arenas are equally, or even more important, sites for preventive activities. The efforts of preventive activities therefore should be shared by skilled workers of many different professions, politicians and others. This should be borne in mind, even if this statement concentrates on the contribution of doctors in general practice.

The primary focus of this paper will be on the agegroup of 13 - 19 years, but it will also draw attention to younger adolescents when thought appropriate.

For practical purposes we will not make rigorous distinctions between primary-, secondary- and tertiary preventions.

The following is not intended to be a complete overview of health risks to adolescents, but a brief focus on some of the most important areas of special concern, and some proposals about how to prevent negative effects on teenagers' health.

We know that knowledge alone is not enough to change behaviour when dealing with adolescents. Therefore information alone probably is of limited value, although still widely used as the main preventive activity. It is necessary to do something about the social influences on adolescents, support their ability to meet and handle social pressure, and to some degree change their opinions on what is normal behaviour. (If they believe that it is actually normal to be drunk every weekend, they are more likely to adopt such behaviour.)

Summary - main proposals (to be filled in later)

The order of the chapters should be set up later, the following order is completely random...

Accidents

According to a report from UNICEF (Innocenti Research Centre in Florence) traffic- and other accidents are the most important causes of death for children between 1 and 15 years in the industrialized world. More than 20.000 children and adolescents die from different accidents each year in the western world. The chance for a child being born in the industrialized world today, of dying from an accident before 15 years of age, is estimated to be approximately 1 to 750.

41 % of these deaths were caused by traffic accidents, 15% were caused by drowning, 14% by violence and 7% by fires.

A substantial proportion of the traffic accidents involving teenagers happens late at night during weekends. A young car driver is more likely to be involved in traffic accidents during the first 6 months after obtaining a drivers license, than later.

UEMO recommends that:

- Prevention of traffic accidents should have a high priority.
- Driving schools and parents should cooperate to improve the quality of driving education.
- Learning to drive should start at an early age, thereby increasing the amount of hours of supervised driving. These lessons should be shared between driving schools and parents.
- The aspects of safe driving should be given special attention in driving schools, and parents should participate together with the teenagers in these sections.
- Cheap public transport should be available at late hours in weekends in all parts of each country
- Frequent police checks for driving at excessive speed or while drunk late at night during weekends.
- Trauma teams with high competence should be available in hospitals in all regions of each country.
- All pupils more than 10 (?) years old should have learned how to swim.

Tobacco

Smoking tobacco causes some 4 million premature deaths each year, and is the single factor with the most negative effect on health. It is the only legal "means of pleasure" that causes health damage if used as intended.

Regular smokers often started at the age of 13-15 years, therefore this is an important age for preventive activities. In Norway approximately 10% of 15-years old pupils in school smoke on a regular basis, and 15-20% smoke occasionally.

There has been a decrease of regular smokers among teenagers during the last 30 years, but the decrease seems to have flattened out in many countries lately.

UEMO recommends that:

- All kind of advertising for tobacco should be prohibited
- All tobacco subsidies should be phased out
- There should be high taxation of tobacco products
- There should be effective health warnings on all tobacco products
- Exclusions of tobacco from national price indices
- Elimination of non-smokers' exposure to environmental tobacco smoke by ensuring smok free public places
- All schools should be declared "non-smoking-areas" where smoking is prohibited
- There should be an age limit of 18 years for buying tobacco
- Shops should need a license to sell tobacco, and the license should be withdrawn if the age limit is not respected.
- Effective campaigns aimed at teenagers with the message that "smoking is out" should be set up, using the participation of different trendsetters etc. Schools should be actively engaged in this

Abuse of alcohol

The way alcohol is used varies widely within Europe. Drunkenness is more common in the northern countries. Those who start drinking early tend to have higher alcohol consumption both as teenagers and in adult life. There has been a great increase in alcohol consumption among adolescents during recent years. 50-60% of 15 years old report haveing been drunk at least once during the previous 12 months. Being drunk increases the risk of accidents and behaviour that can lead to health damage, sexuelle transmitted diseases, unwanted pregnancies etc.

UEMO recommends that:

- The minimum age for drinking alcohol should be set out.
- Effective campaigns focusing on "being drunk is not cool" should be set up, using the positive participation of trend setters
- Alcohol should not be sold to persons under the age of 18
- Shops, restaurants etc should need a license to sell alcohol, and the license should be withdrawn if the age limit is not respected, or if alcohol is sold to drunken people.

- The health services ability to diagnose and treat patients with alcohol problems needs to be upgraded.
- Specialized health services for the treatment of people with alcohol problems need to be developed.

Narcotics (and drugs?)

Narcotics can seriously damage health and often lead to mental disturbances. In Norway 19% within the age group of 15-19 years reports having experimented with hashish or marijuana, and 3-4% reports to have tried amphetamine or ecstasy.

UEMO recommends that:

- All narcotics should be treated as illegal.
- Teenagers should be warned against experimenting with narcotics.
- Teenagers at risk of being users of narcotics should be identified early and offered help to avoid addiction.
- Parents, teachers, nurses, GPs and others dealing with teenagers should be better educated to spot early signs and symptoms of drug addiction.
- GPs should be offered possibilities to learn more about treatment of young drug addicts and teenagers at risk as a part of their CME.
- Specialized health services for the treatment of drug addiction needs to be developed.
- Campaigns focusing on "narcotics are out" should be set up, involving the participation of trendsetters.

Nutritional habits

Adolescents have nutritional habits which are similar to adults. Generally they eat too much fat, salt, sugar and too little fibre, vitamins, minerals, fruit and vegetables. However they tend to eat more sugar than adults do, mostly through sweet drinks and confectionery. Many families do not have regular meals where the whole family eat together, and many teenagers eat at irregular times and often drop one of the meals during the day. Bad nutritional habits predispose to several diseases and bad health.

UEMO recommends that:

- Prices of favourable food should be reduced, and prices of unfavourable food and sweet drinks increased through taxes.
- All schools should offer their pupils free fruit, vegetables and juice or water daily and sufficient time to have lunch in suitable surroundings.
- Schools are important arenas for teaching good nutritional habits
- All teenagers should know the importance of eating breakfast every day

Physical activity/inactivity

Inactivity and excessive weight are closely linked together. 30-40% of the population in Europe are overweight, 10-15% severely. The increase in body weight is so large that WHO describes the growing inactivity as a global epidemic with significant importance for public health. Physical inactivity and obesity predispose to several diseases, and inactivity among teenagers correlates well with several self-reported physical and mental health problems. The amount of physical activity drops steadily through the adolescent period of life. In the age-group 11-15 years only 14% are physically active less than once a week, but in the age-group 16-24 years this percentage has risen to 32%, and at 50 the percentage is more than 50%.

UEMO recommends that:

- All pupils in schools should have at least 1 hour of physical activity a day. There should be a wide range of alternative activities offering variable degrees of competition.
- Governments should stimulate widespread distribution of facilities for physical activities aimed at all ages, but particularly adolescents.

Puberty, unwanted pregnancies and sexually transmitted diseases

Although general knowledge about these subjects among adolescents is higher than before, several investigations show that many teenagers lack basic information on puberty, sexually transmitted diseases and the prevention of unwanted pregnancies.

At the age of 14 only 4% of the girls and 2% of boys have had their sexual debut, these figures rise to 24% and 15% respectively at the age of 16, and at the age of 18 62% of girls and 47% of boys have had their sexual debut. Good knowledge about sexuality and prevention is shown to postpone the age of sexual debut and reduce the number of teenage pregnancies.

UEMO recommends that:

- Every school should have consultant health personnel (nurse and GP) on a regular (for example weekly) basis. They should among other tasks cooperate with the teachers about giving the pupils necessary information on puberty, sexually related diseases and prevention of unwanted pregnancies. They should also give individual advice and prescribe contraceptive pills etc. Prescription should be a medical responsibility.
- The contraceptive pill should be free for teenagers at the age of 16-20 years.
- Consulting a GP should be free (paid by the Government) during working hours for all adolescents in the agegroup of 13 - 20 years, particularly when concerning prevention.
- Condoms should not be expensive, and easily accessible to teenagers

- All investigations and treatment of sexually transmitted diseases should be free (paid by the Government)
- The advice to all teenagers should be; set your own limits, use prevention, and if having casual sex with someone who is not a regular partner, use condoms as well.
- All forms of sexual mutilation should be abandoned.

Violence

Youth violence includes a range of aggressive acts from bullying, intimidation and physical fighting to more serious forms of assault and homicides. In all countries, young males are both the principal perpetrators and victims of homicide.

Involvement in youth violence is predicted by early onset of delinquent behaviour often resulting in exclusion from school. Antisocial behaviour has a very strong tendency to continue from childhood to adolescence and approximately half of all children aged 8-10 who show antisocial behaviour will continue to have this problem at 14. Similarly, troublesomeness at 8-10 years strongly predicts truancy, bullying, and aggression at 12-14. Longitudinal studies have confirmed that the likelihood of conduct disorder in young children continuing into adolescence is much greater if the conduct disorder is associated with hyperactivity.

Adolescents may be both victims or perpetrators of domestic violence or may be caught up in violence between adults in the household.

UEMO recommends that:

- Children who are failing at school should be identified early and offered intensive support.
- Young people should be provided with access to a range of stimulating and challenging leisure activities.
- Access to weapons including knives and guns needs to be strictly controlled.
- Children need education which includes understanding of the rights and dignity of others.

Depression

Children with depressive disorders lack interest in activities they previously enjoyed, criticise themselves, and are pessimistic or hopeless about the future. They may feel sad or irritable. Problems at school arise from indecision and difficulties with concentration. Depressed children tend to lack energy and have problems sleeping. Depression may progress to suicidal thinking and even suicide attempts.

Depression in children usually arises from a combination of genetic vulnerability, suboptimal early developmental experiences, and exposure to stresses. Depressive syndromes sometimes occur as sequelae to physical illness such as viral infection and may overlap with fatigue syndromes.

The average duration of a depressive episode in young people is about nine months, with a 70% probability of relapse within five years. Evidence shows continuity between childhood

depression and depression experienced in adulthood, with the phenomenology becoming more "adult-like" as the child progresses through adolescence.

UEMO recommends that:

- There should be clear referral pathways between schools and primary care and between primary care and child psychology and psychiatry services.
- Specialist expertise and advice should be easily available to general practitioners.
- Mental health services for children should be provided in accessible and non-stigmatising settings.

Eating disorders

Reports of anorexia nervosa and bulimia nervosa are more common in industrialized nations where food is plentiful and where thinness for women is correlated with attractiveness. For example, the prevalence of AN in Greek girls living in Germany was double the rate for those girls living in Greece and Turkey where they remained less exposed to Western values equating thinness with beauty. Eating disorders are much more common in adolescent girls than in boys and are associated with depression and with a history of excessive dieting. The prevalence of eating disorders in adolescent girls is about 4%.

Recognition of individuals at risk and early intervention can prevent the development of full-blown eating disorders. Severe eating disorders are potentially life-threatening.

UEMO recommends that:

- General practitioners have a high index of suspicion to promote the early diagnosis of eating disorders in adolescents.
- General practitioners should be supported by ready access to specialist expertise in the care of adolescents with eating disorders.

Exclusion and isolation

Social exclusion and isolation is both the result and the driver of many other adolescent health problems. Children whose parents have significant mental health problems or who are dependent on narcotics or alcohol are at serious risk of developing behaviour problems which are compounded and exacerbated by social isolation.

UEMO recommends that:

- Adolescents at risk of damaging social exclusion should be actively identified by both schools and primary care teams.
- Leisure activities including sport, music, drama and art should be made available to young people at risk of social isolation in settings which incorporate social and emotional support.

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Health services

Many reports indicate that today's health services are not organised in an optimal way to meet the needs of adolescents.

Health workers often lack skills of communication and understanding.

UEMO recommends that:

- Preventive activities and health promoting work for adolescents need to be developed and strengthened.
- Adolescents should be allowed to cooperate in the planning of preventive activities.
- All preventive activities should be evaluated and quality controlled to assure the efforts are effective.
- It should be possible for adolescents to access quality controlled health information through their own communication channels (internet SMS)
- Health services in schools should be developed and be a primary arena for preventive activities for children and adolescents.
- Consulting a GP should be free (paid by the Government) for adolescents between the age of 13-20 during regular opening hours.
- GPs should be able to offer adolescents an appointment with very short waiting time and consider having opening hours some days after school.
- GPs should offer adolescent patients high standards of confidentiality and should inform adolescents of their right to confidential health care.
- All GPs, and other health care professionals, should have the possibility, as part of their regular CME, to be further educated within the fields of preventive activities, communication, diagnosing and treatment of adolescents.
- Regional competence centres on "adolescent medicine" should be developed around the three specialities of general practice, paediatrics and psychiatry.
- The capacity of specialized psychiatric health services for adolescents needs to be increased.

Literature: to be filled in later