

CURRICULUM: ADOLESCENT MEDICINE

Overview

Adolescent Medicine is a core component of many General Internal Medicine practices. Few diseases are specific to adolescence but the General Internist must be acquainted with chronic diseases of adolescence which persist into adulthood. Adolescent medicine includes a large behavioral/psychosocial component.

I. Goals

To provide Internal Medicine residents appropriate opportunities to learn adolescent medicine and to care for, with supervision, adolescent patients so as to be prepared to provide good care in the future.

II. Content

- A. What's normal (variations of normal pubertal development)
- B. Development issues:
 1. Independence
 2. Sexuality (contraception, infections of the male and female reproductive tract, prenatal DES Exposure, dysmenorrhea, pubertal delay)
 3. Problem behaviors: acting out, violence, depression and suicide, homeless and runaway youth, substance use and abuse
- C. Specifics
 - Understand and become comfortable with diagnosis and management of common adolescent health
 - Problems: vaginal discharge, URI's asthma, chest pain, etc.
 - Skills in assessing adolescent behavior (counseling and interviewing of adolescents; learn basic interviewing skills useful in talking with adolescents and special considerations in their physical examination)
 - Basic health maintenance supervision in adolescents
 - Legal issues: minor's rights to consent to medical care; mandatory parental consent to abortion
 - Miscellaneous conditions: Acne, scoliosis, nutrition (eating disorders, obesity) athletics (pre-participation exam and injuries)
 - Chronic illnesses including handicapped youth, mentally retarded, the seriously ill or dying adolescent

III. Teaching Method

- A. Conferences are presented by faculty members of the Departments of Internal Medicine and Pediatrics on basic topics of adolescent care
- B. "Bedside" teaching on a case-by-case basis as patients present in various clinical experiences including private office settings, school-based and/or school-linked adolescent health clinics and inpatient and/or outpatient treatment programs for disturbed and/or chemically dependent youth, including the Juvenile Detention Center. Medical problems are obviously dictated by the cases as they present. Emphasis is placed on the resident obtaining a history and performing a physical exam on adolescent patients. These activities are observed and suggestions for increasing these skills are given. The thought process used in the selection of a laboratory database and developing other plans for patient care is discussed with the supervising attending.

Common Clinical Presentations

Abdominal pain	Headache
Amenorrhea	Irregular vaginal bleeding
Delayed development	Poor school performance
Depression	Risk-taking behavior
Fatigue	Weight gain/loss

BIBLIOGRAPHY

1. THE ADOLESCENT PATIENT: NORMAL AND VARIATIONS OF NORMAL PUBERTAL DEVELOPMENT
2. Fine LL. WHAT'S A NORMAL ADOLESCENT? A GUIDE FOR THE ASSESSMENT OF ADOLESCENT BEHAVIOR
3. Schubiner HH. PREVENTIVE HEALTH SCREENING IN ADOLESCENT PATIENTS
4. American Medical Association. GUIDELINES FOR ADOLESCENT PREVENTIVE SERVICES
5. MINOR'S RIGHTS TO CONSENT TO MEDICAL CARE
6. Silber TJ. ADOLESCENT SEXUALITY: AN ETHICAL ISSUE FOR THE PEDIATRICIAN
7. Jenkins RR. ADOLESCENT SEXUALITY AND THE FAMILY
8. Rosenthal MB. SEXUAL COUNSELING AND INTERVIEWING OF ADOLESCENTS
9. Turetsky RA, Strasburger VC. ADOLESCENT CONTRACEPTION
10. Slap GB. THE PERIODIC HEALTH EXAMINATION AND ADOLESCENT PREGNANCY: 1988
11. Council on Ethical and Judicial Affairs, American Medical Association. MANDATORY PARENTAL CONSENT TO ABORTION
12. Brookman RR. INFECTIONS OF THE MALE AND FEMALE REPRODUCTIVE TRACTS
13. NCI DES Summary, Clinical Pediatrics. PRENATAL DIETHYLSTILBESTROL EXPOSURE
14. Alvin PE, Litt IF. CURRENT STATUS OF THE ETIOLOGY AND MANAGEMENT OF DYSMENORRHEA IN ADOLESCENCE
15. Litt IF. MENSTRUAL PROBLEMS DURING ADOLESCENCE
16. Strauss JS. UPDATE ON ACNE
17. Bunnell WP. SPINAL DEFORMITY
18. Winter RB. ADOLESCENT IDIOPATHIC SCOLIOSIS
19. US Preventive Services Task Force. SCREENING FOR ADOLESCENT IDIOPATHIC SCOLIOSIS REVIEW ARTICLE
20. Comerci GD. EATING DISORDERS IN ADOLESCENTS
21. Birnbaum CS, Herzog DB. EATING DISORDERS
22. Story M, Alton I. CURRENT PERSPECTIVES ON ADOLESCENT OBESITY

23. Hulse E, Strong WB. PREPARTICIPATION EVALUATION FOR ATHLETICS
24. American Academy of Pediatrics. FOR THE PRACTITIONER: ORTHOPAEDIC SCREENING EXAMINATION FOR PARTICIPATION SPORTS
25. Dymment PG. ATHLETIC INJURIES
26. Coupey SM, Cohen MI. SPECIAL CONSIDERATIONS FOR THE HEALTH CARE OF ADOLESCENTS WITH CHRONIC ILLNESSES
27. Easson WM. THE SERIOUSLY ILL OR DYING ADOLESCENT: SPECIAL NEEDS AND CHALLENGES
28. Su TP, Pagliaro M, et al. NEUROPSYCHIATRIC EFFECTS OF ANABOLIC STEROIDS IN MALE NORMAL VOLUNTEERS
29. ANDROGEN DISORDERS: HYPOANDROGENISM IN CHILDREN. *Pediatrics in Review*.
30. Herzog DB, Copeland PM. EATING DISORDERS
31. Brent DA. SUICIDE AND SUICIDAL BEHAVIOR IN CHILDREN AND ADOLESCENTS
32. Teicher JD. CHILDREN AND ADOLESCENTS WHO ATTEMPT SUICIDE
33. Blumenthal SJ. YOUTH SUICIDE: THE PHYSICIAN'S ROLE IN SUICIDE PREVENTION
34. Schonberg SK. CAN ADOLESCENT SUICIDE ATTEMPTERS BE DISTINGUISHED FROM AT-RISK ADOLESCENTS?
35. Swedo SE, Rettew DC, et al. CAN ADOLESCENT SUICIDE ATTEMPTERS BE DISTINGUISHED FROM AT-RISK ADOLESCENTS?
36. Council of Scientific Affairs. HEALTH CARE NEEDS OF HOMELESS AND RUNAWAY YOUTHS. *JAMA*.
37. Anglin T. HELPING RUNAWAYS IN OHIO
38. American College of Physicians. HEALTH CARE NEEDS OF THE ADOLESCENT
39. MacDonald DI. PATTERNS OF ALCOHOL AND DRUG USE AMONG ADOLESCENTS