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Adolescents: Providing Anticipatory Guidance for Parents and Teens

Developed by Courtney Tromburg and Dr. Simone Lebeuf for PedsCases.com
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Introduction:

Hi, my name is Courtney Tromburg (she/her) and I am a class of 2024 medical student at the University of Alberta. This PedsCases podcast was developed in collaboration with Dr. Simone Lebeuf (she/her). Dr. Simone Lebeuf is a Pediatrician, Adolescent Medicine specialist, and maybe more importantly - a parent to an adolescent. We are very lucky to be joined today by said adolescent.

This podcast is directed towards healthcare providers who care for adolescents. Doctors and parents alike tend to express a lot of worry about the teen years, but adolescents are amazing! People tend to focus on the 'what to expect when you're expecting' baby books and miss out on all the fun that adolescents bring into the equation. There are unique challenges and milestones that are important to address in the adolescent population, both as healthcare professionals and as parents

Objectives that will be covered in this podcast include:

1. Review key adolescent developmental milestones
2. Differentiate: early, mid and late adolescent developmental tasks
3. Discuss key aspects of adolescent anticipatory guidance
4. Outline unique and opportunistic aspects of the adolescent physical examination

There are two fantastic podcast episodes you can listen to on taking a psychosocial history that will be linked below to the description of today's episode. Additionally, we will reference and link the Greig Health Record: an evidence-based clinical tool to be used in preventative care visits for children and adolescents 6 to 17 years of age.¹⁻³

Adolescent Development Overview

Let's start by talking about **adolescent cognitive development**. Adolescence isn't just a period of physical change, but also cognitive growth and development. Just like milestones for early childhood, there are some key milestones that adolescents should be completing. There are several core tasks of adolescence, some examples include:

- Expanding cognitive development that allows young people to think in new, more complex ways
- Achieving independence from parents

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- Accepting body image
- Adopting peer codes and lifestyles
- Establishing identity

There are generally three stages of adolescence: Early, middle, and late adolescence.

Early Adolescence - the main highlights of this period are the increased need for privacy and black/white thinking. Needing privacy and space from parents is normal - often parents are worried this may represent some behavioural issue in their adolescent. There may be some early exploration of sexuality and gender, but generally dating is quite limited.

Middle Adolescence – is all about the exploration of identity and trying to fit in with peers. Thinking is a bit more flexible, but that isn't always applied in the moment. Exploration of identity can include career, gender, sexuality, and morals, so it is often a time that includes significant change.

Late Adolescence – is a time when identity is more stable, and thinking is more flexible. Youth in this stage are creative thinkers and are making plans for the future. They have more introspection.

Just like early childhood milestones, this development can be delayed - things like trauma, untreated mental health concerns, chronic illness, pandemics -- these challenges can interfere with an adolescent's trajectory of achieving the tasks of adolescence.^{4,5} It can be helpful to understand these phases and if youth are not following the expected progression, consider looking further into what might be getting in the way.

Anticipatory Guidance

We will be discussing a few hot topics that parents and teens often bring up with their healthcare team.

Sleep

Sleep is one of the most important things for brain health, and the vast majority of teens do not get enough. Most adolescents report sleeping about 7 hours per day.⁶ However, the recommended duration for adolescent sleep is 9 to 10 hours. Another issue is adolescent sleep latency - naturally the circadian rhythm shifts later, creating many issues for teens trying to fall asleep.

Why is sleep so important for teens?

A lack of sleep over time is associated with weight gain, and an increased risk of obesity, glucose intolerance, and diabetes. In teens, sleep problems have also been shown to predict poor mental health and suicidal ideation. On the flip side, longer sleep duration and better sleep quality are associated with better cognitive and school performance, working memory, memory consolidation, and emotional regulation.⁷⁻¹⁶

How can we promote better sleep for adolescents?

The first thing that we encourage folks to try is a "sleep hygiene intervention" which involves optimizing personal sleep habits and the sleep environment.

- A consistent bedtime routine
- Keeping sleep and wake times the same - even on weekends
- Avoid daytime napping
- Try to create a relaxed setting at bedtime for yourself. This includes trying to avoid media or electronics in the bedroom.
- Avoid stimulating things before bedtime -- including caffeine, exercise, and screen time.
 - Physical activity during the day may improve sleep, but vigorous exercise within 3 hours of bedtime should be avoided.
 - Ideally, no caffeine (including soft drinks or teas) after 4 PM.^{17,18}
 - Limiting screen time is difficult for adolescents - celebrate small changes

Teen perspective: Most teens naturally want to go to bed around midnight, but school usually starts between 8-9. Meaning, it is practically impossible to get the recommended amount of sleep. I know my mental health is better when I get more sleep. I try hard to get enough sleep, and I still don't most of the time despite my best efforts. It's important to get enough sleep, but we aren't set up to succeed in this area.

What about supplements or medications?

Melatonin has some benefit when used for disorders of initiation and maintenance of sleep, but more research is needed to determine the impact of melatonin use in adolescents. Generally, I suggest it as a short-term intervention to assist sleep hygiene changes and maybe re-establish some routine wake-sleep times.^{19,20}

Healthy Activity

The current recommendation for physical activity from the Canadian Paediatric Society is at least 60 minutes per day of moderate-intense activity (activities that work up a sweat, breathing getting a little heavier) PLUS vigorous physical activity at least 3 days per week PLUS muscle and bone strengthening activities at least 3 days per week.²¹⁻²³

There are many benefits to exercise for teens, including cardio-metabolic health, strengthening muscle and bone density, cognitive function, self-esteem, and social connection.^{24,25}

How can teens integrate activity into their days?

- Healthcare providers should be aware of local opportunities to access physical activity <https://cps.ca/en/active-actifs/resources-in-your-community>
- Teens with chronic illness should likely discuss activity limitations or modifications with their healthcare team
- This is a great opportunity to review safety equipment use appropriate to sports

Teen perspective: Joining a team was a great way for me to get physical activity in. It held me accountable to other people and built some social connections. Most days are busy, so it can be hard to balance. I know joining a team is not possible for everyone, so it has also been great to try lots of different things like dance workouts on YouTube, walking, and jogging - I even did a couch to 5K thing! The only way you will ever stick with an activity is if

you like it. I know the recommendation is 60 minutes, but something is always better than nothing, so at the least, I always try and get 15 minutes of some sort of activity in my day.

Technology

There is a whole podcast “Digital Media: Promoting healthy screen use in school-aged children and adolescents” that we recommend you listen to, we’ll touch on a few salient points.²⁶

- <https://www.pedscases.com/digital-media-promoting-healthy-screen-use-school-aged-children-and-adolescents-%E2%80%93-cps-podcast>
 - Technology is actually important for adolescents and it is not going away. It can help them be more efficient and effective with their time, connect them to their social networks, and help them learn new skills.
 - The optimal amount of time is 2-4 hours daily. More than that it starts to be less useful.
 - I also encourage teens to engage in more active content - things where you are engaging with others or creating, rather than passive scrolling. Passive scrolling tends to be associated with poor self-esteem, depression, and anxiety.
 - Encourage your adolescent to make social connections outside of using technology. Technology can help supplement but shouldn’t substitute in-person interactions or hobbies.
 - Additionally, while the internet can be a wonderful thing, there are also risks of using it in the modern world. Try to talk to your adolescents about internet safety. There are increasing rates of fake accounts that start conversations with young adults and then start asking for things like explicit photographs or to meet up in person. Counsel your teen on being wary of talking to folks they don’t know on the internet, especially if they ask anything of them. Let them know that they can talk to you about anything that seems suspicious to them.
 - What are some of the good things and bad things about technology?

Teen perspective: Technology is a social thing for most teens. The only way I can get a hold of friends sometimes is through Discord or Instagram. Technology gets condemned a lot, but it can be a positive thing when used in moderation. On the flip side, it’s important to not forget about the people around you and get sucked too far into the online world and keep social media in balance with other things. Also, obviously, don’t give out your personal information online.

Nutrition

Adolescence is a critical period in the development of healthy eating habits. It can be a time when teens are at risk of developing obesity as their activity levels can decrease and sedentary behaviour increases. It can also be a time when eating disorders or disordered eating can stem from concerns about body image and self-esteem, especially around the time of puberty.

How do you recommend we talk to teens about eating and nutrition?

It's important to talk with teens about how they feel about their bodies and if they have any thoughts about changing it in some way. Ask if they have been engaging in any weight-control behaviours, or are spending a lot of their time thinking about food, their weight, or body shape, as a part of your confidential HEADS interview. Early intervention into any of these problematic eating behaviours is key to recovery. Take parents/teens seriously if they bring up concerns about eating behaviours or weight change.

Teen boys can often be forgotten when it comes to body image but remember that there are unrealistic expectations for them too and these conversations should be had with them.

What is considered healthy eating for adolescents?

Most clinicians recommend lowering the intake of saturated fats and consuming ample amounts of fruits, vegetables, whole grains and legumes. It's also important to not skip breakfast even with how busy schedules can be!

Things like skipping meals, calorie counting, frequent weighing, cutting out whole food groups/types, and sudden weight changes are reasons to start asking more questions about a teen's eating habits.

We recommend families eat regular meals together - eating together can be a time for social bonding and exchange.^{27,28} Try to avoid eating in front of the television and take this opportunity to connect and support the adolescent in making healthy food choices. Additionally, cooking can be a great way to engage in positive times as a family. Learning this skill will help teens gain independence, and who knows -- it may become a favourite hobby of theirs!

Teen perspective: Most teens have some worries about their body image at one time or another. It is important to be thoughtful when discussing nutrition and weight because teens are sensitive about this. Teens get told what NOT to do a lot, but that just makes it harder. I've found it more helpful to focus on adding healthy choices rather than taking things out. Instead of eating an entire box of chocolate, I'll have some chocolate, some fruit, and some peanut butter to keep me full longer. The Canada food guide is great. And it can be helpful to talk to parents because a lot of teens don't get to make choices about food.

Suggested listening:

<https://www.pedscases.com/approach-eating-disorders>

Effective Communication and Discipline

What questions do parents raise about communication with their teens?

Adolescence is a time when young people redefine their relationships and this can result in a lot of frustration for parents who are used to things being a certain way. Consider how you react and respond to your adolescent's behaviours and emotions. Remember that you are a model for so much of their behaviour. If you feel upset or frustrated, it's *okay* to ask for a timeout so you can be in a headspace to have a better conversation with them. If they ask for a timeout that is also okay. It's better to hit the pause button than for the situation to continue heating up and words may be exchanged that were better left unsaid. When you

discuss things with your teen, try to use “I” statements. For example, “I don’t like when you do that” is a lot different than “What’s wrong with you?”.

What types of mistakes do you see parents make when communicating with their teens?

The biggest parenting error I think I see in practice is not validating an adolescent. I think parents can make the mistake of not trying to see things from their adolescent’s perspective -- acknowledging what is important to them, what might seem unfair or hurtful -- basically to empathize with the feelings they might have about something. Their feelings are valid. When you evoke their perspective, *listen* to it. You don’t have to agree with a feeling to recognize it as valid - saying things like “I can see why you would feel that way” even if you don’t understand makes sure a teen is heard. Do not interrupt them and repeat what they have said to you to show that you have paid attention and understood what they have shared with you.

What advice would you give about discipline?

It’s important to emphasize that discipline isn’t about punishment. It’s about teaching. It can include providing encouragement for positive behaviours -- telling your teen what they’ve been doing well and pointing out to them how their actions have been productive, kind, or positive. As strange as it might sound, try to involve your adolescent in the discipline. Discuss what they think would be a fair and appropriate consequence or outcome. This not only helps your teen think more deeply about the situation but can help them develop some problem-solving skills. Lastly, physical punishment -- slapping, hitting -- and shaming hurts your adolescent, and it damages the relationship. These tactics should never be used, and they are not effective forms of discipline.

Teen perspective: Nobody likes to be punished. But if I make a mistake, natural consequences are important because that’s what helps people learn. Teenagers spend a lot more time being told what they are lacking, rather than what they have. Try hard to look for the good stuff too.

Immunizations

By adolescence, the rate of vaccine administration tends to slow, but there are still important immunizations to receive in this age group. Immunization schedules are province-dependent. Most immunizations in this age group are given at school, but parents and teens may still have questions that they bring forward to their health team.

A first dose of the meningococcal C vaccine (or a quadrivalent meningococcal vaccine depending on local supply) is recommended in early adolescence. This is true even if the adolescent was previously vaccinated as a baby. Meningitis tends to occur between 15 to 24 years of age so another dose at 11 or 12 with a booster at 15 or 16 helps provide long-lasting protection for when they enter these years.²⁹

It is also recommended that anyone between the ages of 9 and 26 is vaccinated against HPV. Certain strains of HPV are associated with cancer (cervical, penile, anal, oral, oropharyngeal), and with genital warts. Several different vaccines in Canada target the different strains of HPV.³⁰ Parents often ask when their teen will need a pap smear - this is not indicated until their 20s.

Lastly, we recommend COVID-19 immunization in all adolescents, as well as the yearly flu vaccine. Both offer protection from getting infected and protect them from getting severely ill if they do get it.³¹

Additional Screening

The Greig Health Record also recommends screening for several other issues like environmental hazards. This includes second-hand smoke exposure, use of common household items like pesticides, and prevention of disability from environmental hazards.

Other things to screen for include peer relationships and bullying, mental health, substances and addictions, sexual health, and injury prevention and safety concerns. While parent collateral can be helpful, most of these topics are likely best covered using the adolescent psychosocial SSHADESS or HEEADSS history. SSHADESS is an acronym for asking adolescents about important things in their lives like their strengths and interests, school and employment, home life and relationships, activities and hobbies, drugs and substances, eating and emotions, sexuality, and safety. We have a whole podcast on the SSHADESS history we would recommend you review.

- <https://www.pedscases.com/approach-adolescent-history-taking-part-1>
- <https://www.pedscases.com/approach-adolescent-history-taking-part-2>

These conversations should be confidential, and we should take care to explain what that means to adolescents. For example, “Confidentiality means that everything we talk about will be kept between your healthcare team. It will not be passed along to anyone else, including your parents. The only exceptions are: 1) if you are going to endanger your own life, 2) if you plan on harming someone else, or 3) if someone else is harming you. Examples of such scenarios include physical, emotional, or sexual abuse or neglect. In such cases, we can decide together how to involve the appropriate people to ensure everyone is safe.” Even if a teen doesn’t share anything during this time, they need to know they have access to confidential care in the future if the need arises.

Teen Perspective: It’s really important to get parents out of the room - 99% of the time a teen won’t want to discuss anything sensitive in front of their parents. It could become a major health risk to miss that stuff. Just because I’m close with my parents, doesn’t mean I want them to know every single detail. I have a lot of friends who are in environments where it isn’t safe to talk about gender or sexuality in front of their parents. It also helps build good skills for life to talk to a doctor by yourself.

Routine Physical Exam

Are there specific physical exam considerations in this age group?

Teens don’t often present for routine health visits, so we need to be a little bit opportunistic to screen for additional concerns. If they are presenting for a specific issue, you would want to perform a related physical exam, but also consider some additional components. Check the adolescent’s height and weight at every visit to track growth. The absolute weight isn’t always helpful, but the general trajectory is a good indicator of health concerns. I would suggest weighing patients backwards, so they don’t have to see the number on the scale. This has been shown to be helpful for patients who have developed eating disorders.

Check their blood pressure. This is a great time to identify early concerns with cardiovascular health.

Vision screening is important in this age group, as visual changes occur more rapidly with increased linear growth. You can also inquire if they have recently seen an optometrist.

Examine the spine for any irregularities. Although it is debated whether screening for scoliosis is recommended, I have personally identified significant idiopathic scoliosis that has gone unnoticed by the teen and their family, that would benefit from treatment.^{32,33}

What are your recommendations on intimate exams in adolescence?

Generally, inspecting the genitals in adolescence is not recommended as a part of routine screening.^{34,35} With that said, I often suggest occasional self-examination, so a teen gets familiar with what their normal is. Testicular and pelvic exams should be done if indicated according to the clinical complaint and context. Without exposing the adolescent, it is possible to examine for normal breast development in females, and inappropriate breast development in males (gynecomastia). However, closer examination would be necessary in the presentation of a breast mass.

Conclusion:

The development of adolescence is divided into 3 stages: early, middle, and late adolescence which all have their goals and milestones.

Sleep

- Recommendation: 9 to 10 hours per night. Sleep hygiene interventions are paramount, and more research is needed to guide the use of melatonin in adolescents.
- Pearl: When it comes to sleep hygiene, set achievable goals and celebrate small wins!

Health activity

- Recommendation: 60+ minutes per day of moderate-intense activity PLUS vigorous physical activity at least 3 days per week PLUS muscle and bone strengthening activities at least 3 days per week
- Pearl: Joining teams and programs can help meet these targets

Technology

- Recommendation: <4hrs/day
- Pearl: Engaging in active content rather than passive scrolling or watching is encouraged

Nutrition

- Recommendation: Lower intake of saturated fats and consume ample amounts of fruits, vegetables, whole grains, and legumes.
- Pearl: Eat regular meals as a family.

Effective Communication and Discipline

- Recommendation: Validation of feelings is key. Discipline is recommended to encourage positive behaviours.
- Pearl: Use “I” statements during communication to convey feelings. Adolescents

being involved in conversations around discipline can develop problem-solving skills.

Immunizations:

- Recommendation: Follow your public health agency's guidelines and recommendations.
- Pearl: Don't forget about yearly vaccines for the flu!

Additional Screening

- Use the SSHADESS acronym for asking adolescents about important things in their lives like their strengths and interests, school and employment, home life and relationships, activities and hobbies, drugs and substances, eating and emotions, sexuality, and safety.

Routine Physical Exams

- Track growth using height and weight
- Blood pressure
- Vision screening
- Indicated by presenting complaint

Thank you for listening to this PedsCases podcast and stay tuned for more great podcasts!

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