



*HOSPITAL DISTRICT OF
HELSINKI AND UUSIMAA*

Adolescent Medicine

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PEDIATRICIAN

DIVISION OF ADOLESCENT
MEDICINE

“Conflict of Interest”

2014 the ECO congress in Bulgaria (obesity) paid by Novo Nordisk

Content:

PART ONE, why "adolescent medicine"

normal development

morbidity in youth

how to interview

PART TWO, adolescent medicine in Finland

Adolescents, 12-22 years...

The time when a child grows
to be an adult

Period of time with
important developmental
purposes



Fields in adolescent medicine

"common" chronic disease / illness: asthma and allergies, DM I, hypothyreosis, hypercholesterolemia etc

Mental problems

Eating disorders

Sexual health

Drugs and alcohol

Sports (stress injuries)

Puberty/growth/skin

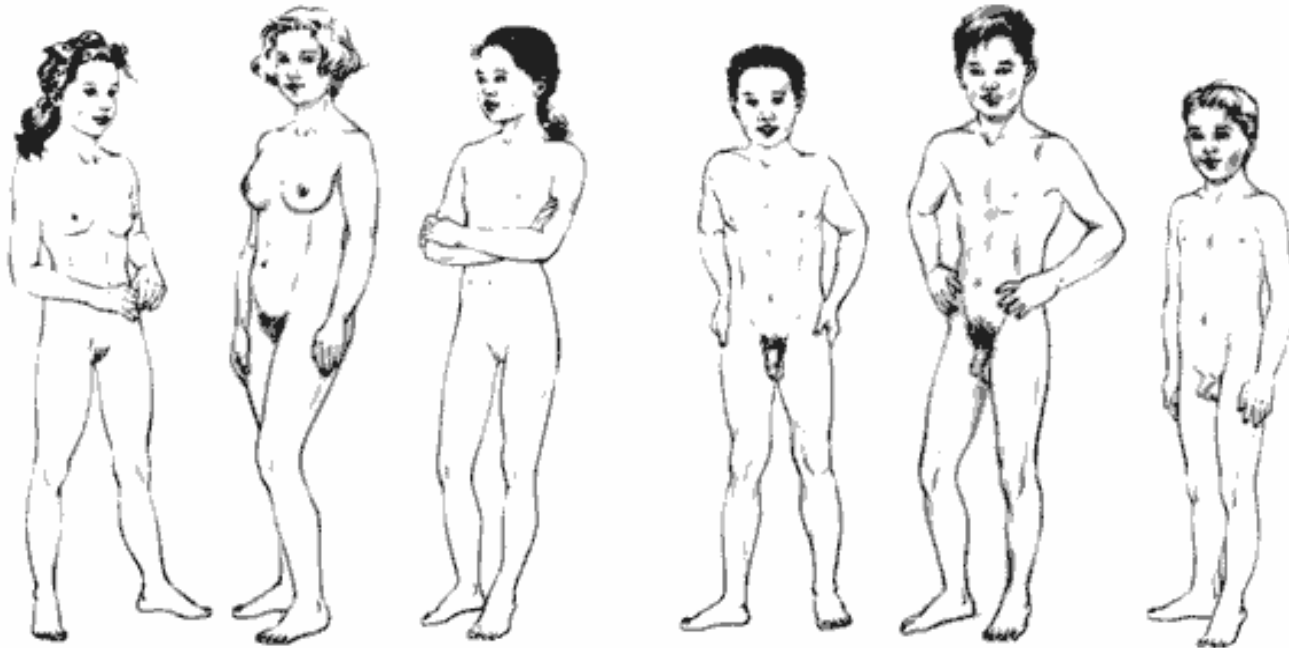
Surveying for risks / prevention

What happens?

What is so special in adolescence ?

Pubertal metamorphosis

Gro
phy
psy
em



All three of these young women will be 13 in three months - their bodies are developing at different rates.

All three of these young men will be 13 in three months - their bodies are developing at different rates.

Developmental purpose of Adolescence

Early adolescence 11-13

Realisation of differences from parents

Beginning of strong peer identification

Early exploratory behaviours

Mid adolescence 14-16

Emotional separation from parents

Strong peer group identification

Exploratory/risk behaviours

Sexual peer interests develop

Early notions of vocational future

Late Adolescence 17+

Development of social autonomy

Development of intimate relationships, acceptance of sexuality

Development of vocational capability

Developmental purpose of Adolescence, behaviour

Early-adolescence 12-14-y.

Independence, quarrels, questioning

Mid-adolescence 15-17-y.

The development of adult type sexuality

Late-adolescence 18-22-y.

Structures of life, thoughts, believes, future

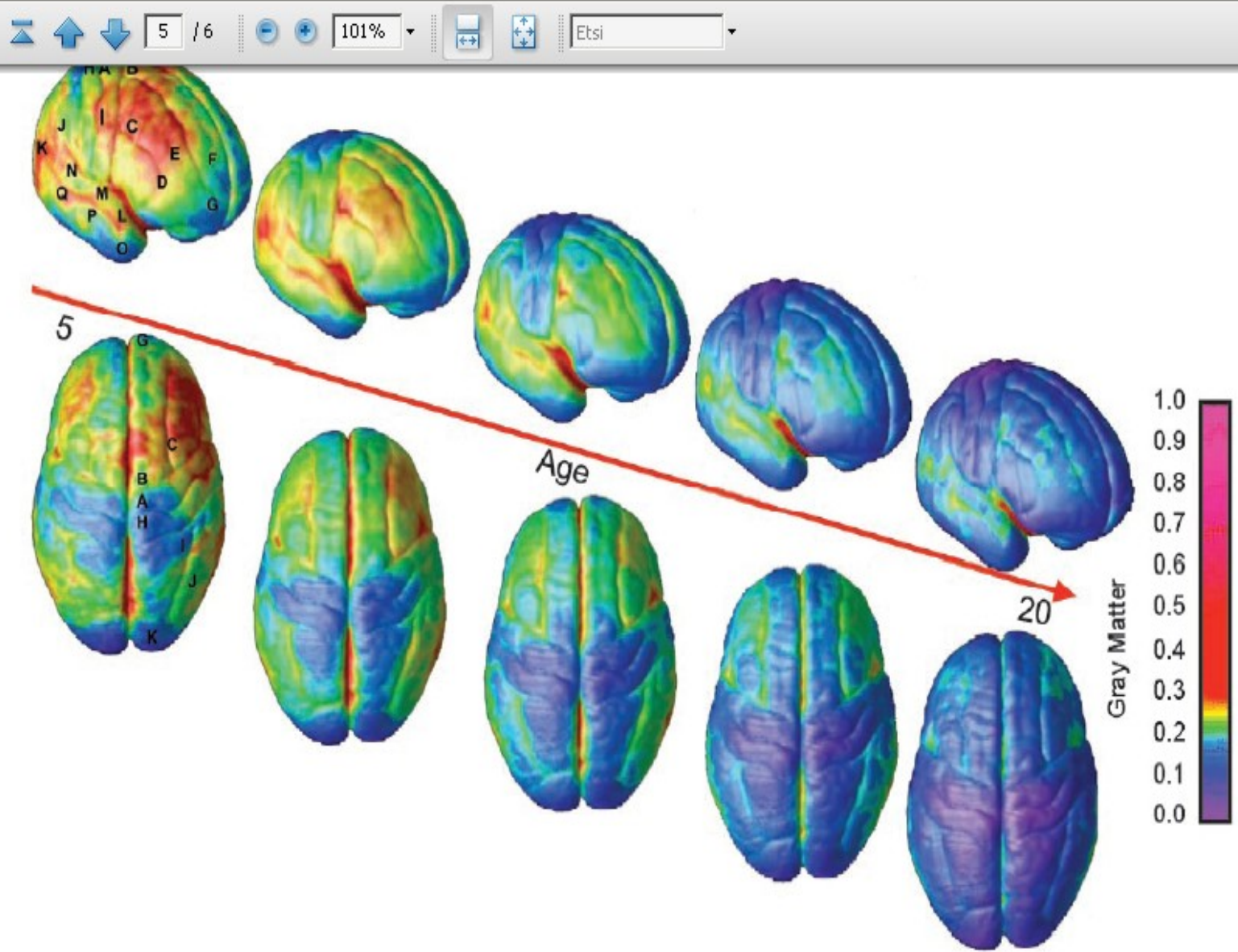


Fig. 3. Right lateral and top views of the dynamic sequence of GM maturation over the cortical surface. The side bar shows a color representation in units of GM volume. The initial frames depict regions of interest in the cortex as described for Fig. 1. This sequence is available in Movies 1–4 in the supporting information.

Sexual health and adolescence

- **Family planning**
 - prevention of un-wanted pregnancies -> contraception
- **Fertility** (around 12 y.)
 - Prevention of infertility in order to be able to conceive when one wishes => testing, curing and preventing sexually transmitted diseases (STD)
- **Sexual rights**
 - individual rights and duties

Growth and development

- physical, emotional and social growth
- **Enjoyment**

Sexual abstinence only programmes to prevent HIV infection in high income countries: systemic review Underhill et al BMJ 2007

13 studies on the impact of sexual health education programs. Studies included **16 000** US adolescents

Not one of these abstinence only programs had any impact on the time of first intercourse, number of partners, amount of unsafe sex or use of a condom.

Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People Throughout the World

Douglas B. Kirby, B.A. Laris, Lori A. Rolleri

Journal of Adolescent Health 2007, 40: 206-217

Reviews 83 studies that measure the impact of curriculum-based sexuality education programs on sexual behavior and mediating factors < 25 years anywhere in the world.

Sexual education works

Two out of three programs had a positive influence on sexual behaviour.

Results strongly suggested, that sex education does not accelerate or make adolescents start sex earlier, but on the contrary some programs reduce and transfer later the start of sexual intercourse and accelerates the use of contraceptives.

Challenges and difficulties

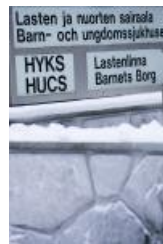
Teenagers want to be

NORMAL

LIKE OTHERS

They definitely do not want
to be chronically ill

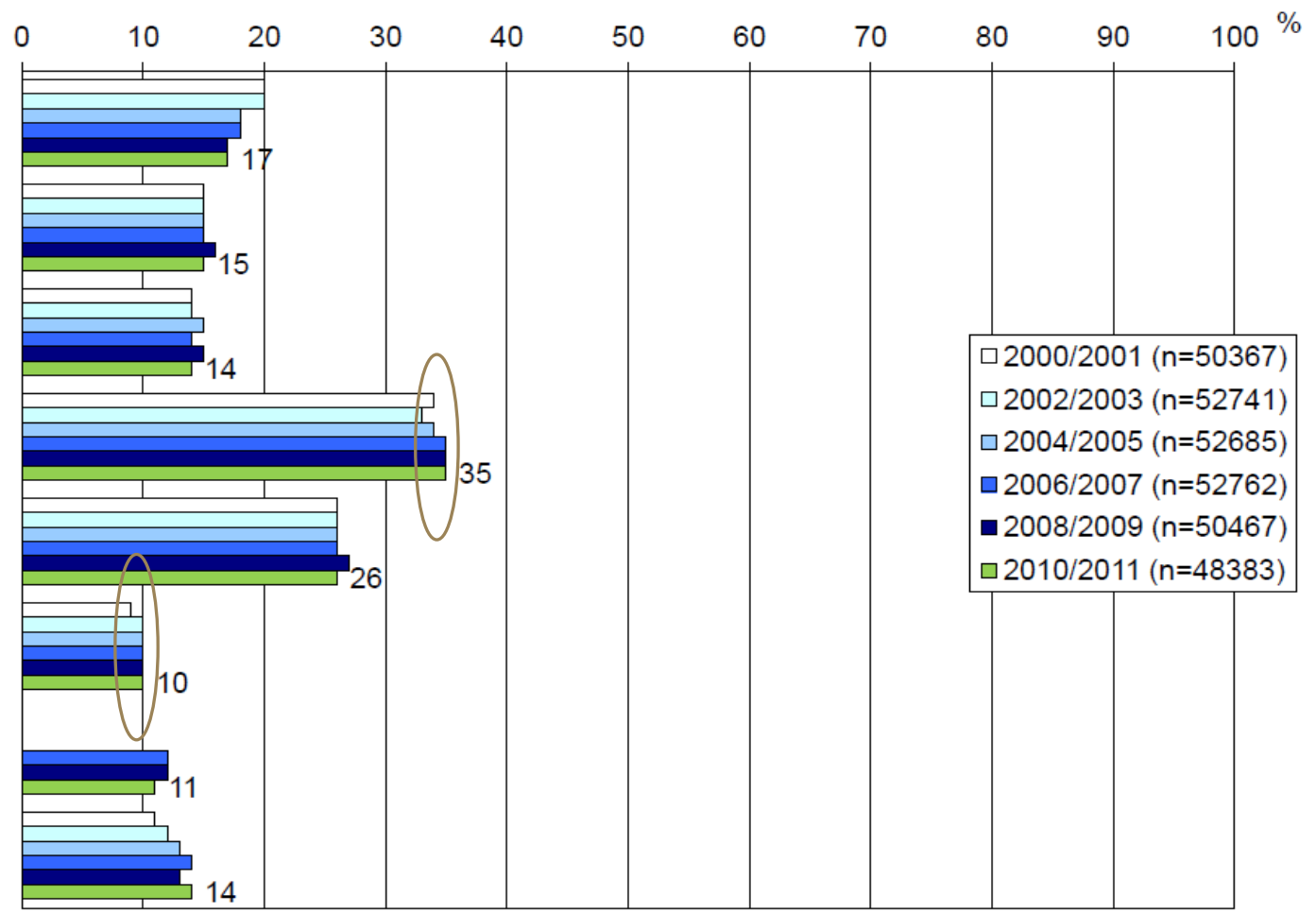
Chronic illness



KOETTU TERVEYS

Vakioidut prosenttiosuudet

Koko maa, yhdistetyt vuodet



Over 10% of adolescents have a chronic illness (?)

90% of children with a chronic disease become adults

Patients have more social isolation, depression and suicidality than healthy mates

Challenges with chronically ill

Physical

Emotional

Social

Home, Education, Activities, Drugs,
Sexuality, Suicide



History

Home: where, with who?

Education: school, future plans

Activities: hobbies, friends

Drugs: how much, be precise?

Sexuality: Are you dating someone, have you ever had a “crush” on anybody? Is there a risk of STD’s?

Suicide: Is there something on your mind that bothers /makes mad /makes sad? Have you thought of it, how?

+ Naturally how the disease/illness is doing, drugs (How often do you forget to take your medicine?).

When to see your doctor alone?

No absolute truth

12-13y?

But to get honest answers to the above mentioned questions, surely one needs to be alone with the teenager!

Difficulties in counseling:

Adolescent thinking is
concrete

Values differ

Risky behaviour

Trying new things

Teenagers live in a moment

Denial is commonly used

Concrete thinking

“I didn’t take my pills today and yesterday, and I feel ok”

vs

“I forgot my pills, but in the long run it will be harmful although now I feel normal”

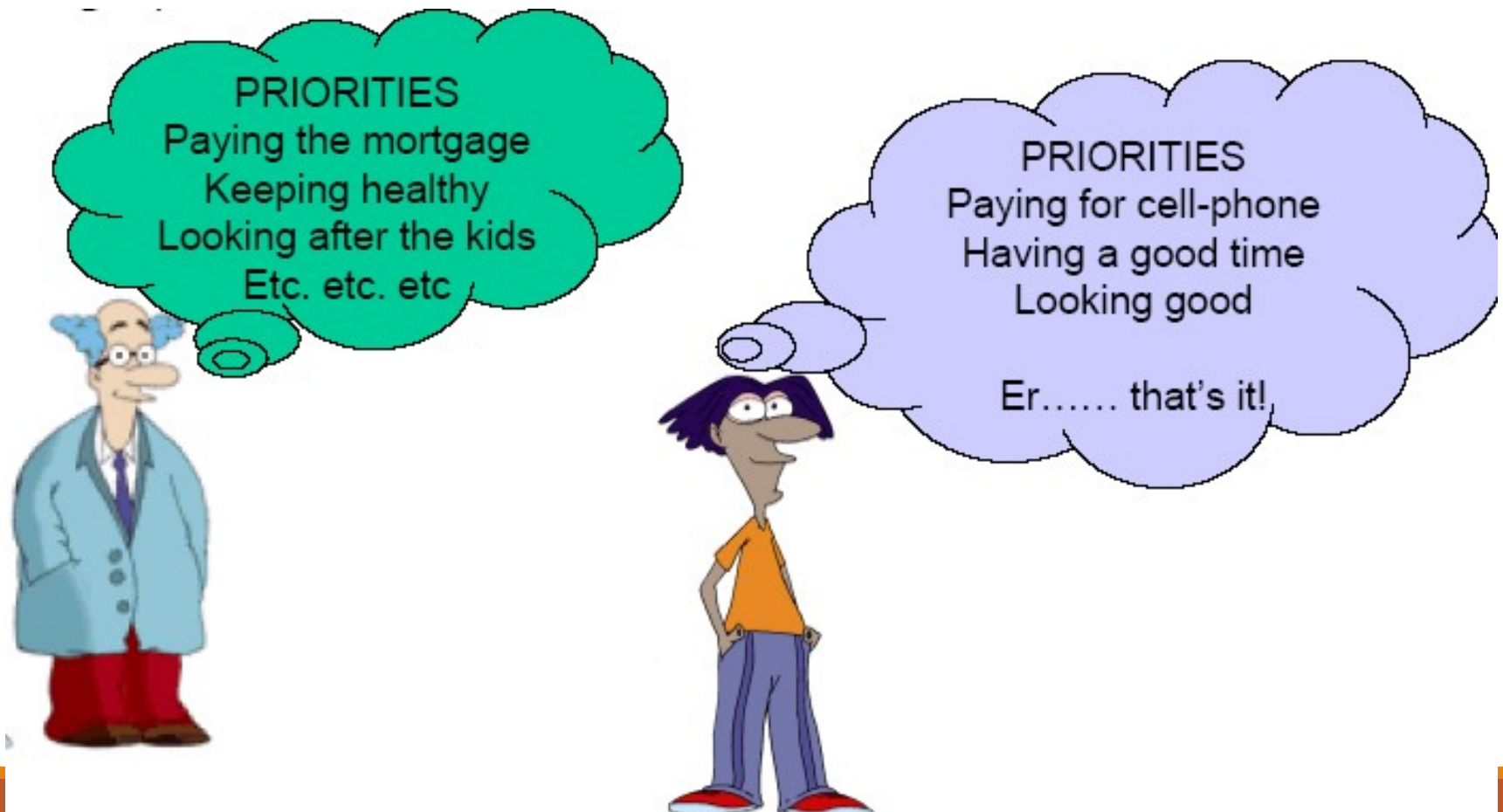
Denial

Every time I visit my doctor, she keeps on talking about what's wrong with me. She says that I ought to know everything 'bout my disease, so that I can make informed choices and have a better control over my disease.

I do not want these continuous reminding's of what's wrong with me. When she's not reminding me, I can live my life normally and feel normal like others.

Kaufman M. Easy for you to say 1995

Values differ



Main ideas when treating an adolescent patient

Growing independency

Need for privacy

Need for guidance, permission and understanding

Effect of puberty on the treatment commitment ...

End of part 1

Special competence in adolescent health in Finland

The authorized specialization programme for **special competence in adolescent health** is for licensed physicians who have received a Specialist Degree in Medicine in Finland and are members of the Finnish Medical Association

History



September 2011 a decision to establish an Association for Adolescent medicine

The Finnish Association for Adolescent Medicine was founded in 2012 to establish a program for special competence in Adolescent health

Facebook 1/2013

First two-day-summit 2013

June 2014 The Finnish Medical Association accepted the program.

First eight degrees of special competence were granted 12/2014.

Anna Kotiranta
Muokkaa profiilia

- Utiset
- Viestit 15
- Tapahtumat 4

RYHMÄT

- Helsinki Roosters J... 2
- Lola talo Mari Päiv... 1
- Klementjeff 5
- Ruokaa with love
- Suomen Nuorisol... 1
- Wedding 2015!!!! 1
- Polttarit
- Olin teini 70-luvulla 20+
- Ainamot 1
- Jooga Enkelit 1- Yo... 4
- Lääkäreiden Loist... 20+
- Munkkalaiset 20+
- Hallitse ryhmiäsi
- Luo ryhmä
- Löydä uusia ryhmiä

SOVELLUKSET

- Pelit
- Kuvat
- Maat, joissa olen k...
- Peliuutiset 20+

KAVERIT

- HUS, Lastenkl... 1
- University of Helsin... 1
- Helsingin Suomal... 1

KIINNO STUKSEN KOHTEET

- Sivut ja julkisuude...

TAPAHTUMAT

- Earth Hour 2015 - ...



Keskustelu Jäsenet Tapahtumat Kuvat Tiedostot Hae tästä ryhmästä

Kirjoita julkaisu Lisää kuva/video Kysy Lisää tiedosto
Kirjoita jotain...

VIIMEAIKAINEN TOIMINTA

Elina Hermanson
6. maaliskuuta kello 19:52
Ilkka-lehti oli keksinyt kirjoittaa tällaista. Kival!



Nuorisolääkäri ansaitsee erityislääkäriin
Lääkärit voivat hankkia erityispätevyyksiä, joita Lääkäriliitto myöntää. Suomessa on kaikkiaan 38 lääketieteen erityispätevyyssaluetta. Näistä uusin on nuorisolääketiede.

ILKKA.FI | HENKILÖLTÄ I-MEDIAT OY

Tykkää - Kommentoi - Jaa
4 henkilöä tykkää tästä. Nähty 8

Silja Kosola Hyvä Ilkka!
7. maaliskuuta kello 7:22 · Tykkää
Kirjoita kommentti...

Miila Halonen

RYHMÄN TIEDOT

JÄ SENET 18 jäsentä

Lisää ihmisiä ryhmään



Viesti - Kutsu sähköpostitse

KUVAUS
Suomen Nuorisolääkärit ry kehittää ja edistää nuorten kanssa toimivien lääkäreiden ammattitaitoa... Näytä lisää

LUO UUSIA RYHMIÄ

Ryhmiä ansiosta jakaminen kavereille, perheenjäsenille ja tiimin jäsenille on helpompaa kuin koskaan. Luo ryhmä

RYHMIEN VIIMEAIKAISET KUVAUS Näytä kaikki



General outline of the program

16 objectives are listed in the program

8 areas that a participant should master at some level (growth, legislation, sexual health etc.)

Practical training, two years in tasks that mainly include adolescents.

Theoretical training, 80 hours

Recommended literature

NO exam, but a portfolio with 10 patient cases

<http://www.laakariliitto.fi/koulutus/erityispatevyydet/nuorisolaaketiede/>

E. Hermanson et al: PROGRAM FOR FINNISH PHYSICIANS TO GAIN SPECIAL COMPETENCE IN ADOLESCENT HEALTH, oral presentation



Thank You!

