LA MÉDECINE DE L'ADOLESCENCE

Il y a plus de trente ans, la médecine des adolescents était intégrée à la médecine pédiatrique. Cependant, au fil du temps, avec les changements économiques et socioculturels, l'émergence de la sexualité des adolescents qui sortait de la clandestinité, les drogues, le divorce des parents, les troubles alimentaires, le suicide, la dépression et l'expansion des réseaux sociaux grâce à Internet, la nécessité de créer une branche de la médecine distincte de la pédiatrie s'est imposée.

Vous trouverez, dans ce numéro, des articles qui vous aideront à mieux prendre en charge certains problèmes difficiles de la médecine de l'adolescence.

L'adolescence, période de la vie à mi-chemin entre le monde de l'enfance et de l'âge adulte, est difficile, complexe et fascinante. Elle comporte aussi son lot de maladies et de traitements qui lui sont propres.

L'adolescence est un moment de l'existence où tout peut basculer dans le bon comme dans le mauvais sens et où la médecine préventive de première ligne devra se pencher de plus en plus sur le suivi de ces êtres à l'apparence indépendante, mais qui sont au fond bien vulnérables.

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“Le medecin du Quebec” Articles

- L’entrevue avec un adolescent
- L’évaluation du risque de suicide chez l’adolescent
- Tristesse, crise, dépression
- Le TDAH à l’adolescence
- La consommation de drogues et d’alcool à l’adolescence

Consider This Before Using Antidepressants with Teens

- Antidepressants appear to be *in*effective (beyond placebo effect) with mild to moderate depression
- Only 1/3 helped by antidepressants beyond placebo
- Yet, 6X more teens would benefit from treatment with antidepressants than would be harmed
- **Best outcomes generally from combining antidepressants with CBT**

When to Prescribe Antidepressants?

- If the teen has severe or persistent depression with:
  - Significant impairment and/or
  - frequent suicidal ideation or specific suicide plan or clear intent or recent attempt

Or

- If teen cannot or chooses not to engage in psychotherapy and suffers moderate to severe depression

Which of these symptoms can be part of a positive screen for depression a teenager?

1. Often bored
2. Often angry
3. Lack of energy
4. Lack of concentration
5. Disturbed sleep

What additionally should you screen for before prescribing an antidepressant?

1. Level of suicide risk
2. hyperglycemia
3. Past manic episode
4. Tourette’s

What additionally should you screen for before prescribing an antidepressant?

1. **Level of suicide risk**
2. hyperglycemia
3. **Past manic episode**
4. Tourette's

Seek a psychiatric consult before prescribing antidepressants if personal history of a manic episode or first-degree relative with bipolar disorder

Which of these antidepressants have been approved for use in adolescents in Canada?

1. Fluoxetine
2. Sertraline
3. Effexor
4. Escitalopram

Which of these antidepressants have been approved for use in adolescents in Canada?

Answer:

None

As of August 2022, antidepressants have not been approved by Health Canada for the treatment of depression in children & adolescents.

Synthesis of Recommendations from FDA and Canadian Network for Mood and Anxiety Treatments

- 1st line = CBT or IPT (for mild to moderate dep'n)
- 1st line meds: Fluoxetine (Prozac), Escitalopram (Cipralex), Citalopram (Celexa) & Sertraline (Zoloft)
- 2nd line = Other SSRIs but *not* Paroxetine (Paxil)
- 3rd line = Venlafaxine (Effexor) (higher risk estimate for suicidality)

- **Best Rx = Antidepressants with CBT**

Clinical case

- 14-year-old female patient
- Past medical hx :
  - generalized anxiety disorder
  - Obesity
  - Eating disorder : Bulimia & probable anorexia: Binge-eating/purging subtype
- During COVID gained 40 lbs → BMI = 33
- Developed diabetes type 2
- Suicide attempt → hospitalized x 1 month
- Asks for Bupropion for her depression; helped two best friends
- Is Bupropion a good choice for her?

Order these questions to efficiently screen for an eating disorder in a non-obese teenager

a. Are you making yourself vomit?
b. Are you on a special diet or restricting your calories?
c. How do you feel about your weight or appearance?
d. What are you doing to change your appearance or weight?
e. How often are you exercising and for how many hours each time?

Referring Adolescents for Psychotherapy

- Send a referral via the DSIE or GASMA system to the patient's local CLSC/CIUSSS.
- If patient/family can afford it or has private insurance, give them names of private practice psychologists
  - Typically charge $120-180 on Francophone side; $140-$220 per session on anglophone side.

Handout of Online Resources for Psych Issues

SUICIDE RISK ASSESSMENT- Herzl

Suicide plan – ***do you have thoughts or a plan to end your life?***

☐ 1= None / occasional thoughts
☐ 2= Frequent thoughts with plan of where and how, BUT not when
☐ 3= Frequent thoughts with plan of where, how and when, IN MORE THAN 24 hrs from now & maybe "preparation" i.e suicide letter
☐ 4= Where, how and when are chosen and accessible & IN LESS THAN 24 hrs from now- Imminent danger*

Is there anything that would push you to act on it *(to assess the seriousness)****?***

Suicide attempts- ***have you ever attempted suicide (if yes-when)?***

☐ 1= Never attempted
☐ 2= Attempted over 8 weeks ago
☐ 3= Attempted less than 8 weeks ago OR currently feels similar to the last suicide attempt BUT *is relieved to be alive*
☐ 4= Attempted less than 8 weeks ago OR currently feels similar to the last suicide attempt BUT *is disappointed/angry to be alive*

Hope for change ***-Do you have hope for change/do you feel you have a purpose/reasons to live?***

☐ 1= You have hope, reasons to live, feel purposeful, can see yourself in the future (Suicide not
☐ an option)
☐ 2= You can be discouraged, but can imagine a change in the future. Suicide is an option, but you consider ways for change
☐ 3= You doubt yourself, feel useless, little hope. Suffering is increasingly intolerable. Not many options apart from suicide.
4= You have no reason to live, no hope, suicide is the only option

Substance use (alcohol/drugs): ***Can you describe your use/abuse of alcohol and/or drugs?***

☐ 1=No drugs/alcohol use in more than 6 months (or little consumption)
☐ 2= Could have a stable routine of consumption, or may have restarted consuming/drinking after being sober for 6 months
☐ 3= Presently intoxicated but coherent; has used stimulants (cocaine, ecstasy, speed, crack) in the last 48 hours, feels guilty because of consumption relapse
☐ 4= Presently intoxicated and incoherent and may need medical attention-Imminent danger*

Self-control: ***On a scale of 1-10, to what extent do you feel in control of your actions right now, with respect to a suicide plan?***

☐ 1= You do not anticipate losing control (on scale=8-9-10)
☐ 2= You use tools to avoid losing control or to take back control (on scale=6-7)
☐ 3=You see yourself as impulsive, that you will lose control. You have displayed aggression, agitation and quick change of mood in the past (on scale=3-4-5)
☐ 4=You are losing control, feel rage, aggressive, agitated, speaking quickly and loudly OR you have voices telling you to kill yourself or someone else (***voices pose imminent suicide Risk***)(1-2)

Support: do you have support? Can you count on someone?

1= You have someone close to you who is aware of your S.I, who supports you
2=You have someone you trust who can support you, and with who you can talk
3= You consider your support system to be weak and you refuse to talk about your S.I
4=You isolate yourself, refuse contacts, believe you cannot count on anyone and believe you are a burden (feeling shame and guilt)

Self-care: How are you able to take care of yourself?

☐ 1= You have energy and are involved in regular activities, compliant with your medical plan and believe it can help you
☐ 2= You maintain eating-sleeping-and hygiene (even if low energy); you accept to see your Dr or other help, and consider meds. You believe resources can help
☐ 3= You are letting go of your basic needs (sleep and eating) and your personal activities. Refuse or non-compliant with meds. Collaboration is fragile; you doubt you can be helped
☐ 4=Not sleeping and not eating for a few days, no energy, no medication, refuses all help

Final estimation:

Absence or no risk: More 1s and 2s
Low risk: Mostly a combination of 1s and 2s, AND if there are 3s and 4s they can be brought back to 1-2.
Short term imminent risk: More 3s, (could have 4-2-1) AND capable of having hope, self-control and feel secure during the intervention
Imminent and serious risk: More 4s than 3s (can have 1-2) AND without any hope, rigid negative thinking, does not believe can control themselves. Bring to ER

Recommended laboratory studies	
	CBC
	Albumin, Total Protein
	Glucose Random
	Creatinine, BUN
	Sodium, Potassium, Chloride, Bicarbonate
	ALT (Alanine aminotransaminase);
	AST (Aspartate aminotransaminase) if alcoholic
	Calcium, Magnesium, Phosphate
	B12
	HbA1c (if diabetic)
	TSH
Other recommended tests	
	Electrocardiogram (ECG)
Patient information	
	Name:
	Age:
	Height:
	Weight:
	Body mass index (IMC) :
	Vital signs:
	-Temperature: -Orthostatic blood pressure and pulse:
	Medications:
Physician Information	
	Name:
	Address :
	Telephone : Fax:
	Date of exam:
	Consent
	Name:
	Date:
	I authorize that the requested results and information be sent to Dr. Mimi Israël, at the Douglas Institute Eating Disorders Program.

Name:____**U#**________________________

Treating physician: ______________________ **Co- followed:**________________________

Diagnoses (according to medical notes):

- **Eating Disorder Subtype:**____________________________________
- **Psychiatric comorbidities:**____________________________________
- **Medical Comorbidities:** ____________________________________

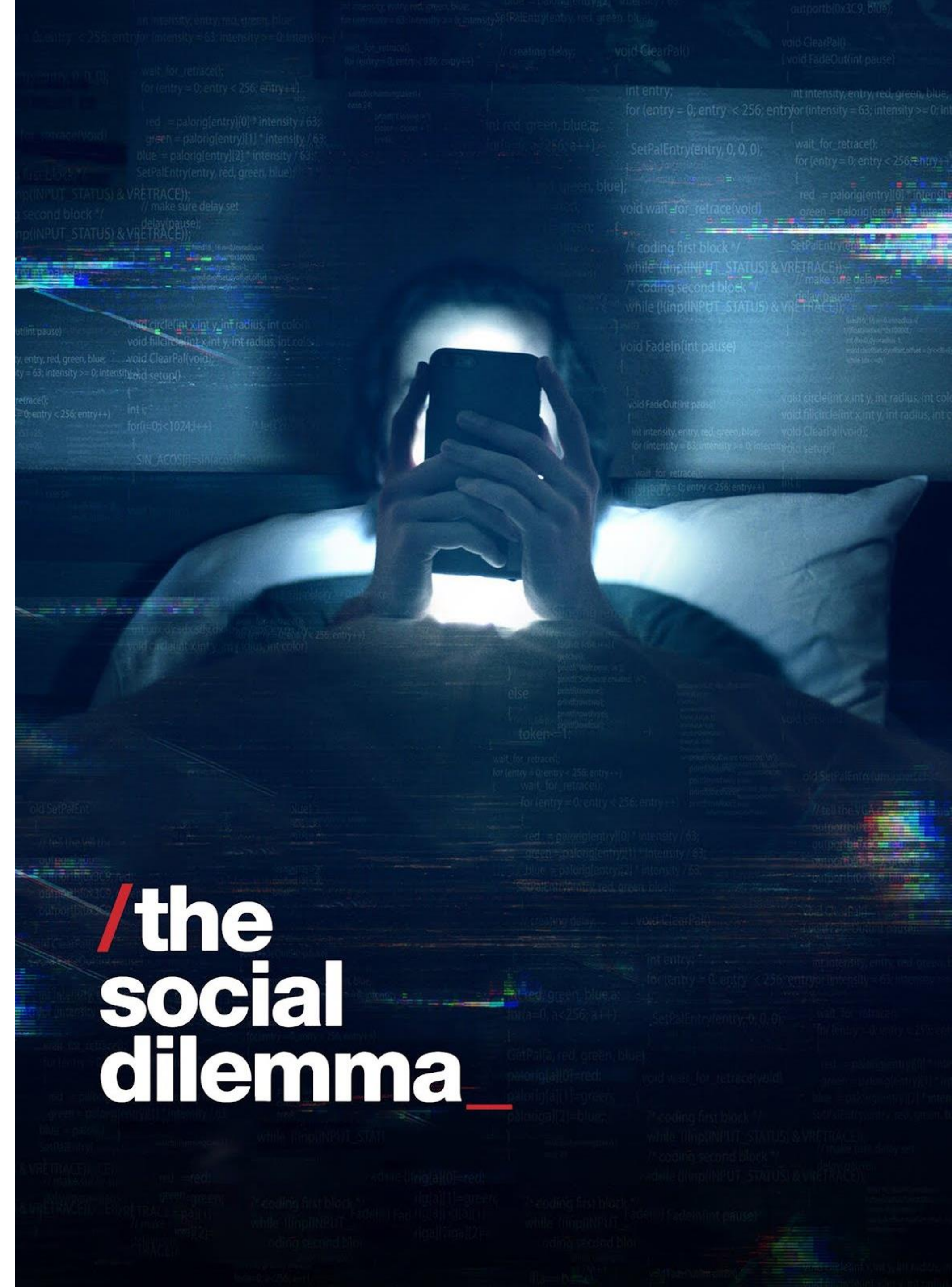
Date of visit: **Health Professional visit:**	**Meds:**
History: Mood:____________ ____________________ Sleep:________________________________ Physical symptoms: ______________________ ________________________________ ________________________________ ________________________________ ________________________________ **Behavior (amount x frequency):** Restricting:______________________________ Exercise:______________________________ Bingeing:______________________________ Vomiting: ____________ Laxatives: ____________ Emetics:____________ Diuretics:____________ Diet pills:______________________________ Drugs: ______________________________ Alcohol:______________________________ Suicidal thoughts:__________________________ Self-mutilation:__________________________ Food diary: Yes / No Other: ________________________________ ________________________________ ________________________________	**Physical Examination** T °:_____PO BP lying: ________ /________ HR:________ BP standing:________/________ HR:________ Resp: ______________________________ Sat (%): ______________________________ WT:____________ Changes:____________ BMI:____________ **Laboratory abnormalities:** ________________________________ ________________________________ ________________________________ **High Risk (consider transfer to ER):** □ Weakness □ Syncope □ Orthostatic changes: BP drops by ≥ 20; Pulse increases by ≥ 20 □ HR ≤45 □ QTC prolonged □ T °≤ 35°PO □ Wt loss: ≥ 1kg/wk x 3mo □ K≤:3.0 □ LFT's abnormal □ Suicidal risk Order Labs: EKG:
Impression:	**Plan:**
Follow-up RDV: ______________________________	**Signature:** **Supervising Physician:**

What question best assesses the quality of a teen’s social connections with peers?

What question best assesses the quality of a teen’s social connections with peers?

- How many friends do you have that you feel close enough to and trust enough to confide very personal things to?

Recommend Watching "The Social Dilemma"



Parents and families alone cannot be expected to address sharp increases in screen time during the COVID-19 pandemic and beyond. Policies and resources are needed to promote accessible and safe alternatives to screen time. However, there are strategies at the individual level which can promote healthy screen hygiene.

Set and monitor consistent time limits on device use, by setting a schedule of use and sticking to it.

Talk about the effects of screen use, particularly with older children and adolescents.

Designate specific times during the day that are always screen-free, such as mealtime, bedtimes, and during intentional family recreational or play time.

Take frequent breaks from screen use.

Promote "active" screen use activities that emphasize learning, socialization with friends and family, creativity, or practicing skills, rather than screen use with no clear intent or purpose.

Incorporate movement throughout the day during extended periods of screen use.

Encourage parents to model healthy screen hygiene by limiting their own personal screen time.

Consider tapering screen use.

Useful Links

- perry.adler@mcgill.ca
- bana192003@yahoo.com
- HEEADSSS 3.0: The psychosocial interview for adolescents updated for a new century fueled by media, David A Klein MD MPH, John M Goldenring MD MPH JD, William P Adelman MD, Contemporary Pediatrics, January 01, 2014
- http://www.batshaw.qc.ca/sites/default/files/filling-report-with-dyp-08-838-01A.pdf
- Lewin, W. et al. (2009) Evaluating the efficacy of a primary care pre-visit questionnaire designed to better detect and address adolescent issues and concerns. Canadian Family Physician, 55(7), 742-3.e1-4.

Time for questions and comments