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Teenager - a challenge in family medicine practice

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Background: Adolescence represents a crucial stage of life for individual and a major period, to those who care for teenager-parents, doctors, teachers.

Aim: Short analysis of adolescent care in family medicine practice from Romania regarding:

1. Adolescence physiology
2. Adolescence pathology
3. Communication with teen

Method: It was conducted a small retrospective observational study, based on documents from practice. The evaluated period 1997-2006, included 640 teenagers ages 10-18 years. Report girls/boys= 0.96, provenance- urban 94% rural-6%, scooled 93%, organized family 74%, monoparental 11%, institutionalized 1.5%, 13.5%- care of relatives (parents abroad). The medical team received training in communication and prevention.

Results: They were evaluated elementary aspect of adolescence physiology -weight, height, blood pressure, seeing, hearing, puberty, sexualization, pathology: Still spinal disorders 30% from witch 20% kyphosis, sight disorders 35% -from witch 15% without correction. Respiratory tract infections-medium 4 episodes/year, asthma 2%. Nutrition-obesity 25%, (BMI>30) associated with 1.2% with hypertension Tooth decay 25% (13%- no dental examination in history). Behavioral disorders - 15% teenagers coming from dysfunctional families (anxiety, depression), suicide (4). Sexual debut-13,5 years girls, 15 years boys, pill-free 75% of cases. Unprotected sexual intercourse 50% of cases, unwanted pregnancies 12%. 21% of girls 1 abortion before age 18 Sexually transmitted diseases (STDs) 5%, urinary tract infections, B hepatitis, peak between 16-18 years. Addictions-smoking- 30% from age of 12, from 13 years- alcohol, drugs 0.5% (personal statements) 50% of them left school, non-compliant for treatment, absent income.

Conclusions:

1. Adolescence is accompanied by physical and mental changes Strong recommendation- GP.s annual evaluation
2. The Adolescent Medicine require a National Educational Preventive Programs targeted on teenager problems, involving family medicine team, parents, teachers, Media, decidents
3. In order to prevent behaviors at -risk: STDs development, addictions, dropout, unwanted pregnancies, proper communication and adolescent permanent counseling is essential.