HIGH RISK BEHAVIORS FOR ADOLESCENTS & YOUNG ADULTS WITH SPECIAL HEALTHCARE NEEDS
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DISCLOSURES

- No Disclosures to report
OBJECTIVES

- Ways to assess AYA for risk taking behaviors
- Define e-cigarette and understand current youth trends
- Discuss challenges of addressing sexual health with adolescents
- Learn current screening tools for depression and anxiety

ADOLESCENT BRAIN

WHAT ABOUT THOSE WITH CKD…

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FOR THOSE WITH CKD

- Children with CKD are at risk for cognitive dysfunction (CKiD study)
- Deficits on neurocognitive testing and academic achievement
  - Tested below grade level in comparison to healthy children
  - Lower ratings in executive functioning (memory, recall, processing, etc)
- Some other suggested causes, besides renal disease, may include
  - Anemia
  - Hyperlipidemia
  - Hypertension

IMPACT OF CKD/ESRD

- CKD diagnosed often as child
  - Frequent illness/hospitalizations/treatment
  - Reduced/limited interaction with peers & school interruption
  - Feelings of anger & guilt
  - Focus on body & biological functions & survival
- Can impact brain development and cognitive/executive functioning
- Impact of chronic illness can present like trauma and chronic stress
- During this extremely challenging time…focus changes from family as social support to peers
ASSESSING FOR HIGH RISK BEHAVIOR

RISK TAKING

Although it is a normal part of adolescence....

- It can be dangerous and may require intervention when:
  - It effects and interferes with their everyday life
  - It puts the AYA health and safety at risk
  - Leads to disconnect or damages relationship with family, peers & others.
HEEADSSS – A PSYCHOSOCIAL RISK ASSESSMENT TOOL

- Home & Environment
- Education & Employment
- Eating
- Activities
- Drugs
- Sexuality
- Suicide/Depression
- Safety

STARTING THE INTERVIEW

- Meet with adolescents alone (either based on age or development)
- Explain the purpose of meeting with patients alone to parents.
  - Create clinic wide policy – easier if it is done with every patient.
- Explain confidentiality
  - Be sure to explain the exceptions in the beginning
  - It get truthful and honest answer…they must trust you


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**Potential first-line questions**

**Sensuality**
- Have you ever been in a romantic relationship? Tell me about the person that you’ve dated.
- How many of your relationships have been sexual relationships (e.g., kissing, hugging, or touching)?
- Are you attracted to anyone outside of your relationship?
- How does your sexual relationship fit into your life?
- Are you interested in boys? Girls? Both? Neither yet?

**Question: First-time or if relationship was new**
- Are your sexual adventures enjoyable?
- How many sexual relationships have you had?
- What was the first “safe sex” you had?
- Have you ever been told that you are the best sexual partner ever?
- Have you ever been found to be undocumented? What was the last sexual act that you didn’t want?
- Have you ever been raped, under or any other type?
- How many sexual partners have you had altogether?
- Have you ever been pregnant or do you want to be pregnant?
- Have you ever gotten someone pregnant or do you want to be pregnant?
- What are you using for birth control? Are you satisfied with your method?
- Do you enjoy condoms every time you have intercourse?
- What gets in the way?
- Have you ever had a sexually transmitted infection or weakness that you had an infection?

**Suicide/depression**
- Do you feel “stressed” or anxious more than usual, or more than you did before?
- Do you feel sad or down more than usual?
- Are you having trouble getting to sleep?
- Have you thought about hurting yourself or someone else?
- Do you feel like “it’s all over” or like “you’ve come to a dead end” in life?
- Do you feel like you want to reach out to someone or talk to a friend?
- Do you feel that you are losing control of your life?
- Is there a part of your life that you would like to change?

**Alcohol**
- Have you ever ridden in a car driven by someone who was high on alcohol?
- Have you ever used alcohol or drugs to relax, feel better about yourself, or feel better about being alone?
- Do you ever use alcohol or drugs when you’re alone?
- Do you forget things you did while using drugs or alcohol?
- Do you use drugs or alcohol in the presence of others?
- Have you ever gotten into trouble while using drugs or alcohol?

**TABLE 5 The CRAFFT questions**

Two or more “Yes” answers suggest high risk of a serious substance-use problem or a substance-use disorder.

- **C** Have you ever ridden in a car driven by someone who was high on drugs or alcohol?
- **R** Have you ever used alcohol or drugs to relax, feel better about yourself, or feel better about being alone?
- **A** Do you ever use drugs or alcohol when you are alone?
- **F** Do you forget things you did while using drugs or alcohol?
- **F** Do your family and friends ever tell you that you should cut down your drinking or drug use?
- **T** Have you ever gotten into trouble while using drugs or alcohol?

**Abbreviation:** CRAFFT, Car, Relax, Alone, Forget, Friends, Trouble. Knight JR, et al.22


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TOBACCO AND E-CIGARETTE PREVENTION

E-CIGARETTES

- Electronic cigarette (e-cigarette): handheld devices that produce an aerosol from a solution typically containing nicotine, flavoring chemicals, and other additives for inhalation through a mouthpiece by the user.
- E-cigarettes were introduced to the US market in the mid-2000s, and the design of these products has evolved over time, varying considerably in price, quality, and design.

*Are a potent nicotine delivery system*
DEFINITIONS

The term “e-cigarettes” encompasses the wide variety of devices that are known as vapes, “mods,” tanks, and pod systems, including currently popular brands, such as JUUL.

Secondhand aerosol: e-cigarette emissions that are discharged into the surrounding environment with e-cigarette use both directly from the e-cigarette and exhaled from the lungs of the user.

Thirdhand aerosol: e-cigarette emissions that remain on surfaces and in dust after e-cigarette use.

YOUTH TOBACCO TRENDS

- Current e-cigarette use increased considerably among high school students during 2017-2018.

- Adolescents are more likely to engage in experimentation with substances such as cigarettes, and are physiologically more vulnerable to addiction.

- The earlier in childhood an individual uses nicotine-containing products, the stronger the addiction and the more difficult it is to quit.
YOUTH TOBACCO TRENDS CONT’D

- E-Cigarettes are the most commonly-used tobacco products among youth, and use is rising at an alarming rate.

- In 2018, 21% of high school students and 5% of middle school students reported having used e-cigarettes in the last 30 days. This represents an increase of 1.5 million youth from 2017-2018.

- Youth who use e-cigarettes are more likely to use cigarettes or other tobacco products.

HEALTH EFFECTS

- E-Cigarette heat a liquid into an aerosol that then gets inhaled by the user and those around them. Nicotine is the major component of e-cigarette solutions.

- The solution can also contain other harmful chemicals including ultrafine particles that can be inhaled into the lungs. Which may increase the users risk of wheezing, asthma exacerbations and ultimately lung disease.

- There is a wide discrepancy between the labeled amount and actual amount of nicotine. Nicotine addiction during adolescence can lead to addiction and harm a still developing brain.

- The long term effects of e-cigarettes is unknown. Scientists are still working to understand the full health effects and the harmful doses of e-cigarette contents once they are turned into an aerosol and inhaled.
OTHER RISKS...

- Brain is still developing...
  - more likely to take risks with their health and safety.
  - Nicotine changes the way synapses are formed, which can harm the parts of the brain that control attention and learning.
  - Addiction is a form of learning and adolescents can get addicted more easily than adults.
  - Some evidence suggests that e-cigarette use is linked to other substance use including alcohol and marijuana.

STUDIES SHOW THAT FLAVORS PLAY A MAJOR ROLE

A government study found that 81% of kids who have ever used tobacco products started with a flavored product, including 81% who have ever tried e-cigarettes and 65% who have ever tried cigars.

Youth also cite flavors as a major reason for their current use of non-cigarette tobacco products, with 81.5% of youth e-cigarette users and 73.8% of youth cigar users saying they used the product “because they come in flavors I like.”

Since most tobacco users start before age 18, flavored tobacco products play a critical role in the industry’s marketing strategy. Flavors can also create the impression that a product is less harmful than it really is.

Flavors improve the taste and reduce the harshness of tobacco products, making them more appealing and easier for beginners – often kids – to try the product and ultimately become addicted.
E-CIGARETTE: GATEWAY TO TRADITIONAL CIGARETTE USE

AYA who use e-cigarettes, compared with those who do not, are at higher risk of transitioning to traditional cigarettes.

They are 3.6x more likely to report using traditional cigarettes at follow-up compared with those who had not.

AYA are often unaware of their nicotine exposure and the numerous dangers of nicotine addiction.

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NEW REPORTS OF SEVERE LUNG DISEASE

ACTIONS FOR HEALTHCARE PROFESSIONALS

- Screen for e-cigarette use and exposure and provide prevention counseling in clinical practice.
- Provide preventative counseling that homes, cars, and places where children and adolescents live, learn, and play should have comprehensive tobacco-free bans that include e-cigarettes as well as combustible tobacco products.
- Do not recommend e-cigarettes as a tobacco-dependence treatment product for parents or AYA.
TOBACCO CESSATION COUNSELING

Clinicians should be clear in their messages about tobacco use and secondhand smoke exposure with both children and families.

Adult tobacco users should be advised to quit and given proper materials to do so.

Helpful cessation materials may include the state quitline, web sites, text-to-quit programs, apps, in-person programs, and nicotine replacement therapy such as medication, patches, lozenges, or gum.

The adoption of smoke-free rules in homes and cars is one way a tobacco user who will not quit can still protect the rest of the family.

Electronic nicotine delivery systems (ENDS, or e-cigarettes), which are not approved by the US Food and Drug Administration as an approved cessation device, should not be recommended to help smokers quit.

RESOURCES

National:
- www.smokefree.gov
- Quitlines
- Smartphone Apps
- Smokefree Text programs
- Center for Disease Control
  - https://e-cigarettes.surgeongeneral.gov/default.htm
- Fact Sheets – English and Spanish
- Parent Tip Sheet – English and Spanish
- NBC News – More Info
  - NBC Think Again - Juul
SEXUAL AND REPRODUCTIVE HEALTH

SEXUAL HEALTH AND DEVELOPMENT

- All adolescents are sexual beings!!!
  - With or without special health care needs (SHCN)
- Once puberty hits the adolescents focus becomes on interpersonal development & relationships
  - Adolescent/Young Adults (AYA) with CKD often experience puberty later than peers
    - They may feel isolated, shame and/or experience self-esteem and body image issues
- Sexual behavior is socially learned
  - But taught by whom?
  - They must learn normative sexual development vs. abuse and exploitation
SEXUAL HEALTH

It's not just about birth control….

- Healthy Relationships
  - Do they feel safe with the person they are with?
- Sexual Orientation
  - Are they questioning who they are attracted to?
- Gender Identity
  - Do they have questions about their gender identity?

CHALLENGES

- YSHCN's or family resistant to discussing uncomfortable topics.
- Our own discomfort
  - Make eye contact
  - Ask in a why that shows you actually want to know
- Medical team's lack of time
- Turf – who's responsibility is it?
  - PCP vs Specialty MD?
  - MD, RN or MSW?
- Privacy and confidentiality
  - Asking parents to step out
  - Communicating outside the office
COMPARISON

AYA without SHCN

- Ego Centric
- Healthy Sexual Identity
- Recognizing Sexual Orientation
- Sexual Activity
- Normal Goals for future
- Developmental Needs met

AYA with SHCN

- Self-image issues
- Assumption of Asexuality
- No Sex Education
- High-Risk Behaviors
  - STD's – dangerous for those immunocompromised
  - Pregnancy – Hi-Risk, need to change medications
- Parental fears
- Silent Care Team


MYTHS ABOUT SEXUALITY FOR YOUTH WITH SHCN

- They're not having sex.
- They are not interested in sex; sexuality is not a priority.
- They suppress their sexual needs & thoughts because of their SHCN.
  - Embarrassment & awkwardness
  - Fear of burdening caregivers
- They are not at risk for abuse, coercion or solicitation.
- They do not need education about sexuality/STD/Fertility/contraception.
- That's the families job.
THE TRUTH COMES OUT

- YSHCN have the rates of sexual activity similar to healthy peers.¹
- They show earlier initiation of sexual activity as a way to be accepted or feel “normal”
  - Less likely to say no or insist on condom use
- There is an increased risk associated with infection, STD’s, and pregnancy
  - Makes education and prevention even more important

WHAT DO THEY KNOW ABOUT SEX?

- Not enough!
- Learn about sex from peers, media, self-exploration, school & HCP’s.
- 50% of pediatric nephrologists interview adolescents separately from parents.
- 50% ask adolescents about sexual history.

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WHAT CAN WE DO AS A HEALTHCARE TEAM?

- Comprehensive health education is critical.
  - Do you have information available at your practice?
  - Is condom use promoted? Are they available at your clinic?
  - Is STI testing available? Where can they go for treatment?
- Youth frequently have questions about sexuality.
  - Will they feel comfortable asking you?
  - How can you open up discussion and make them feel safe?
- Educate parents about the dangers of not providing education.
  - Overprotective parents may be fearful of letting go and fear discussing sexuality encourages independence.
  - They may view adolescent as dependent and asexual
    - “They are not interested in sex”
  - Parents may be reluctant to even discuss the basics of puberty due to fear of making a mistake because of SHCN.

SUICIDE – DEPRESSION/ANXIETY
DEPRESSION LOOKS DIFFERENT IN ADOLESCENTS

- Irritable or angry mood – more predominant than sadness
- Unexplained aches and pains
- Extreme sensitivity to criticism and rejection
- Isolation and withdrawing

SCREENING TOOLS FOR DEPRESSION

- Patient Health Questionnaire (PHQ)
  - Asked about symptoms over the last 2 weeks
  - Positive response to these questions leads to a more in-depth screening – PHQ -2
    - Little interest or pleasure in doing things
    - Feeling down, depressed or hopeless
  - PHQ – 9
  - PHQ – 9 Adolescent
- Becks Depression Inventory
SCREENING TOOLS FOR ANXIETY

Anxiety

- Generalized Anxiety Disorder
  - GAD – 2
    - Feeling nervous, anxious, or on edge
    - Not being able to stop or control worrying
  - GAD – 7
- Pediatric Symptom Checklist – PSC – 17
- Screen for Child Anxiety Related Disorders (SCARED)
  - Completed by parents
WHAT NEXT?

Once a patient screens positive then what?
What are your clinics currently implementing to assess mental health?

QUESTIONS??

Thank you for time!!!!

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