

Silent Pathologies in Adolescent Health

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ARGENTINA

Pathology?

“The branch of medicine concerned with the study of the nature of diseases and especially of structural and functional changes produced by them”

... pathology for whom?

- For the adolescent community?
- For the adolescent?
- For his/her family?
- For his/her peers?
- For the healthcare providers?

Let's take the example of
marijuana

Silent for whom?

- For the adolescent community?
- For the adolescent?
- For his/her family?
- For his/her group of peers?
- For the healthcare providers?

Let consider puberty...

- Normal and delayed puberty
- Normal and early puberty.
- Different sizes of breast.
- Leucorrea.
- Asymmetric development of breast
- Normal and delayed puberty.
- Normal and early puberty.
- Gynecomastia
- Different sizes in genitals.

Organic Pathologies

- Hypothyroidism or hyperthyroidism
- Celiac disease
- Klinefelter syndrome
- Ectopic testes. Testicular cancer.
- Ferropenic anemia.
- Eating disorders.
- Chronic abdominal pain.
- Scoliosis.
- Saturnism, asbestosis.
- Oftalmol6gical or hearing problems.
- Blood pressure.
- STD: HPV, HIV/AIDS

Psicopatología

- Sleep Disorders
- Anxiety disorders.
- ADHD
- Phobias, OCD, Bipolarity.
- Schizophrenia.
- Depression
- Post traumatic stress
- Suicide Ideation.
- Tabaquism Alcohol and drug abuse.
- Family violence.
- Sexual Abuse.

Social Pathologies

- Cultural undernutrition
- Social exclusion
- Margination
- School failure or drop out
- Family violence.
- Bullying

Carlos: 15 year-old boy who presents for medical attention referred by one of the psychologists of the adolescence team. The psychologist has previously mentioned that Carlos has periodically referred doubts and concerns as regards his sexual orientation. There is no father figure to identify with, as Carlos lives only with his mother. Thus, it is deemed advisable for him to be seen by a male physician.

Physical examination is normal, appropriate for age, with Tanner stage 3. Testicular volume, as measured with an orchidometer, is 3-5 ml with hard texture. Height: 172 cm. Weight: 61 Kg. Genetic height: 181 cm.

Dialogue maintained with the adolescent is excellent. Routine laboratory testing is performed.

Presumptive diagnosis: Klinefelter's syndrome

Physician's approach: Postpone diagnostic information; accompany the adolescent in his growth and developmental process.

The adolescent's sexual orientation process is followed in subsequent interviews and during psychotherapy. The boy decides to discontinue psychotherapy when he is 16.

When he is 17 years old, decreased testicular development is noted at the clinical visit, and genetic testing is performed. His next visit is two years later, when he reports being dating someone. At that moment the presumptive diagnosis is made, and a new chromosome study is performed which confirms the diagnosis: 47 XXY, Klinefelter's syndrome.

Ethical dilemma:

- Is it acceptable for the physician not to reveal the diagnosis?
- Is it acceptable for the healthcare team not to do so?
- Which ethical principles are at stake and which come into conflict?

Cristina: A 16 year-old girl presents to the hospital with her mother because, having just started high school, she has learning problems. As it is routine practice in our Adolescence Program, the social worker admits her to the hospital and orders a physical examination, which yields normal results. Later on, the adolescent is interviewed by the education specialist.

The adolescent undergoes various tests that yield normal results, but during the interview she is found to be extremely withdrawn and distressed.

She has recently started dating someone, but has not had sexual intercourse yet. The practitioner offers the adolescent the option of sexual health counseling, but she refuses and bursts into tears, saying she does not want to become sexually active.

The practitioner does not insist, but in the next interview the young girl reveals that she was abused as a child by her stepfather. In view of this, psychotherapy is offered, and the adolescent agrees to this intervention. A few months later her mood and school performance substantially improve.

Ricardo, a 15 year-old adolescent is brought by his mother and enters the Adolescence Program. They come from Peru. The chief complaint is behavior problems and difficulty integrating with peers. From the beginning, a good relationship is established with the team's female psychologist, and the boy starts expressing worry about his genital development. The psychologist requests consultation with the team's female clinician. The adolescent expresses his worry about his penis size to this practitioner, and complains his penis "does not grow" as it should during erection. In order to prove this statement, he begins to masturbate in front of her. She interrupts the physical examination and explains how inappropriate his behavior is. After a psychiatric consultation, the boy is diagnosed with schizoid traits. The team decides to refer the adolescent to a psychiatric institution so that he may undergo more intensive treatment.

As Director of the Program, I organize a meeting with the adolescent's mother and the treating psychologist. We ask the mother how she thinks her son is doing, and she answers she is extremely satisfied since improvement is evident. We ask her more questions about the boy's childhood history, from which several experiences of bullying and rejection emerge, all related to the boy being a foreigner and "different". I consequently come to the conclusion that a referral would imply a new rejection, this time from the very institution the adolescent feels supported by. We decide a psychologist and a psychiatrist will continue treating him, while I address the biological aspects of his puberty.

With this interdisciplinary approach, in nearly 3 months the boy's improvement becomes evident in multiple aspects.

For silent pathologies

- Provide support and understanding
- Consider the adolescent as a whole
- Consider the adolescent's uniqueness
- Establish a psycho-affective and confidence relationship
- Visualize the adolescent
- Never ridicule
- Always understand without necessarily sharing