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Early adolescent predictors of health in emerging adulthood: A comment on Helgeson et al

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The first year after high school is characterized by multiple developmental transitions, increasing independence, and changes in relationships with parents and peers (1). Youth in this period of early emerging adulthood demonstrate increased engagement in risky behaviors that may have serious health consequences, particularly for youth with chronic illness (2–4). Examination of predictive factors associated with health and risk behaviors in emerging adulthood is a critical area of research that can directly inform intervention efforts.

Helgeson et al. takes a novel approach to evaluating emerging adult health by linking parent and peer relationships in early adolescence (age 12) with outcomes in emerging adulthood (age 19) (5). This longitudinal study included youth with and without type 1 diabetes, allowing the authors to highlight risk and resistance factors that may differentially predict health behaviors. Emerging adults are often difficult to recruit and retain in research studies given discontinuity in medical care, housing, and education. Impressively, this study retained over 89% of study participants from early adolescence into emerging adulthood, allowing for comprehensive evaluation of early relationship variables and later health outcomes.

By including early and concurrent measures of parent and peer relationships in analyses, Helgeson and colleagues were able to isolate the lasting influence of early adolescent relationships on health. Better relationships with parents in early adolescence predicted fewer depressive symptoms in emerging adulthood. Associations among perceived parental control and health demonstrated disease-specific effects. High parental control predicted greater engagement risk behaviors and increased depressive symptoms for control emerging adults, but better disease-specific self-care and decreased depressive symptoms for emerging adults with diabetes.

Early adolescence may be a critical period for disease management, as youth are beginning to accept increasing responsibility for self-care and relationships with parents shift. Decreased adherence to the diabetes regimen begins in early adolescence (6), and increased parental involvement in disease management throughout adolescence has been associated with better adherence and health outcomes (7). Helgeson et al. adds to this literature by demonstrating that healthy parent relationships and parental control early in adolescence

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may set in motion a trajectory of health behavior that persists into adulthood. Thus, to lay the foundation for a healthy transition to adulthood, intervention efforts may need to begin much earlier at the transition period from childhood to adolescence.

Study findings suggest important avenues for future research and highlight the need for longitudinal research across the evolving period of adolescence and emerging adulthood. There are a number of empirically-supported interventions to promote family functioning and diabetes management in adolescence (8, 9). However, it is yet unknown if benefits of intervention in early adolescence will persist into adulthood. Questions also remain about the broader implications of parental control for youth with diabetes. It is possible that negative health outcomes are delayed in emerging adults with diabetes due to continued parental involvement and difficulty relinquishing health responsibility to emerging adults. Ongoing longitudinal research with this cohort can illuminate developmental processes into young adulthood and beyond.

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