Communicating with adolescents

Many adolescents and health professionals feel that communication between young people and medical professionals is often highly problematic. Working with young people is the only time in clinical practice when doctors do not deal directly with adults. Adult medicine consists of adult clinicians communicating with other adults, who share largely similar social values and norms about health, even taking account of cultural differences. In paediatrics, professionals negotiate treatment decisions with the parents, with children's participation obtained by explanation and parental authority.

In contrast, in consultations with adolescents, we are faced with the challenge of communicating with a personality undergoing rapid psychological and social changes who may not share an adult's understanding of society or adult cognitive abilities to decide between treatment alternatives in the light of future risks to health. The many versions of "youth culture" that coexist in our increasingly multicultural and ethnically diverse society reinforce this challenge.

Many doctors are not comfortable dealing with adolescents, and general practice studies show that teenagers receive shorter average consultation times from their family doctors than do children or adults. Fortunately, doctors can improve their clinical and communication skills with adolescents through training in adolescent development and in the health needs of adolescents.

Further reading and resources

- Neinstein LS. *Adolescent health care: a practical guide*. 4th ed. Baltimore: Williams and Wilkins, 2002.
- Strasburger VC, Brown RT. *Adolescent medicine: a practical guide*. 2nd ed. Philadelphia: Lippincott-Raven, 1998.
- *Bridging the gaps: healthcare for adolescents*. (Report of the joint working party on adolescent health of the royal medical and nursing colleges of the UK.) London: Royal College of Paediatrics and Child Health, 2003.
- www.euteach.com and www.adolescenthealth.org (for resources for teaching and training in adolescent health).

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Practical points for communicating and working with adolescents

- See young people by themselves as well as with their parents. Do not exclude parents completely, but make it clear that the adolescent is the centre of the consultation. Do this routinely as a way of respecting their healthcare rights
- Be empathic, respectful, and non-judgmental, particularly when discussing behaviours such as substance misuse that may result in harm to the adolescent
- Assure confidentiality in all clinical settings
- Be yourself. Don't try to be cool or hip—young people want you to be their doctor, not their friend
- Try to communicate and explain concepts in a manner appropriate to their development. For young adolescents, use only "here and now" concrete examples and avoid abstract concepts ("if... then") discussions
- If appropriate, take a full adolescent psychosocial history (the HEADSS protocol is helpful for this—see next box)

HEADSS protocol

- *H—Home life including relationship with parents
- E—Education or employment, including financial issues
- A—Activities including sports (also particularly note friendships and social relationships, especially close friendships)
- A—Affect (mood, particularly whether mood is responsive to situations)
- D—Drug use, including cigarettes and alcohol as well as drugs
- S—Sex (information on intimate relationships and sexual risk behaviours may be important in both acute and chronic illnesses in adolescents)
- S—Suicide, depression, and self harm
- S—Sleep

*Adapted from Goldenring et al. *Contemporary Pediatrics* 1998;Jul:75-80

The ABC of adolescence is edited by Russell Viner, consultant in adolescent medicine at University College London Hospitals NHS Foundation Trust and Great Ormond Street Hospital NHS Trust (rviner@ich.ucl.ac.uk). The series will be published as a book in summer 2005.

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Q&A

Stinging sensation after a bath

Question

If a distressing stinging body sensation after a bath is unresponsive to antihistamines, what might be the cause of the stinging sensation?

Akin T Akinlade, registrar, Department of Medicine, Lagos State University Teaching Hospital, Lagos, Nigeria

Answer

Sounds like it could be Uhthoff's phenomenon, a symptom characteristic of demyelinating disorders such as multiple sclerosis.

Andrew Clegg, medical senior house officer, Leeds

Answer

Could it be scabies?

W Havinga, general practitioner locum, Gloucestershire

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