Slight Uptick Seen in Teen Pregnancy Rates

VITALS

Major Finding: The rates of teen pregnancy, birth, and abortion increased in 2006 after declining every year since 1990.

Data Source: Data compiled from national-level and state-level sources.

Disclosures: Preparation of the report was funded by the Brush Foundation, the California Wellness Foundation, and the Annie E. Casey Foundation.

BY ROBERT FINN

Teen pregnancy rates increased 3% in the United States in 2006 after declining every year since 1990, according to a report from the Guttmacher Institute.

In addition, teen births rose 4% and teen abortions rose 1% between 2005 and 2006, according to the report, which the institute compiled from a variety of national and state-level sources.

The teen pregnancy rate hit its peak in 1990, with 117 pregnancies per 1,000 women aged 15-19 years. By 2005 it had declined 40%, to 70/1,000. But in 2006, the rate increased to 72/1,000.

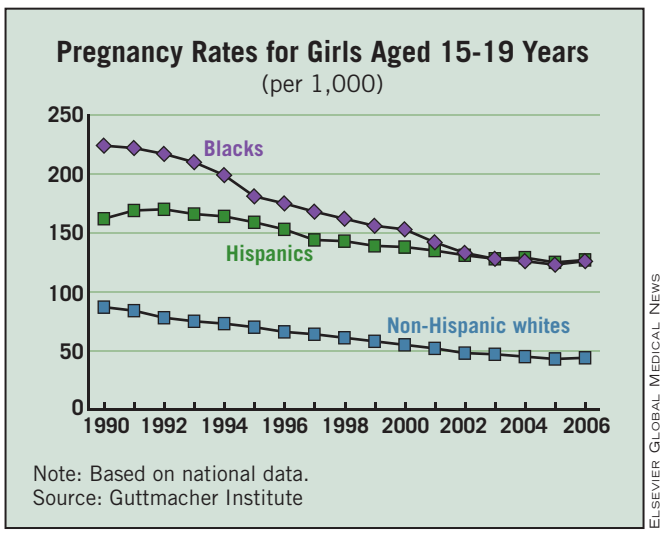
"After more than a decade of progress, this reversal is deeply troubling," Heather Boonstra, a senior public policy associate at the Guttmacher Institute, said in a prepared statement. "It coincides with an increase in rigid abstinence-only-until-marriage programs, which received major funding boosts under the Bush administration. A strong body of research shows that these programs do not work. Fortunately, the heyday of this failed experiment has come to an end with the enactment of a new teen pregnancy prevention initiative that ensures that programs will be age appropriate, medically accurate, and, most importantly, based on research demonstrating their effectiveness."

Two experts interviewed by this news organization weren't so sure that the increase in pregnancy rates could be attributed to abstinence-only sex education. "The temporal association between the increase in abstinence-only programs and the increase in the pregnancy rate definitely deserves closer attention," said Dr. Lee Savio Beers, a pediatrician who is director of the healthy generations clinic at Children's National Medical Center, Washington, D.C. "I don't know that anyone knows for sure whether it's directly related, but the two kind of came together. It's such a multifactorial issue that we may never have an answer on that."

Dr. Melissa Kottke, who is with the department of ob.gyn. at Emory University and is director of the Jane Fonda Center for Adolescent Reproductive Health, both in Atlanta, said, "I think there's going to be a lot of things contributing to [increases in teen pregnancy rates], and I don't think we're going to know what all of those are."

Dr. Kottke listed some of the other possibilities: teenage sexual activity, poverty, the media, parenting, funding for care, and funding for family planning services. "All of those things are going to contribute," she said, "and I don't think we're going to be able to point our finger at one thing or the other."

About the Guttmacher Institute, Dr. Beers said, "They're a well-respected organization. Their policy views tend to be on the liberal side. But I think everyone pretty much agrees that their facts are good, and their numbers are good, and for pregnancy numbers, they're better than pretty much anyone."



Note: Based on national data.
Source: Guttmacher Institute

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Although the long decline and recent uptick in teen pregnancy rates were seen in blacks, Hispanics, and non-Hispanic whites, there were some substantial racial and ethic differences. Among black teens, the pregnancy rate declined by 45%, from 224/1,000 in 1990 to 123/1,000 in 2005, and then increased 2.4%, to 126/1,000 in 2006.

Among Hispanic teens, the pregnancy rate declined by 26%, from 170/1,000 in 1992 to 125/1,000 in 2005, and then increased 1% to 127/1,000 in 2006.

And among non-Hispanic whites, the rate declined by 51%, from 87/1,000 in 1990 to 43/1,000 in 2005, and then increased 2% to 44/1,000 in 2006.

State-level data were not available for 2006, but in 2005 the highest teen pregnancy rates were in New Mexico (93/1,000), Nevada (90/1,000), and Arizona (89/1,000). The lowest rates were in New Hampshire (33/1,000), Vermont (49/1,000), and Maine (48/1,000).

Although there has been a long decline in the teen pregnancy rate in the United States, even at their low point in 2005, the U.S. teen pregnancy, birth, and abortion rates were still way above those for all other developed nations, Dr. Beers said.

And Dr. Kottke said that there's already evidence that the 1-year uptick is not a statistical fluke. She's seen preliminary data for 2007 indicating that the increase in teen pregnancy, birth, and abortion rates increased for a second year.

Physicians have a unique opportunity to help turn these numbers around, she said. "What we know is that young people still trust their physicians, and they look to their physicians for important education. Physicians who are serving young teens need to make sure they are an avenue for education, for care, and for confidentiality."

The Guttmacher Institute's report was funded by the Brush Foundation, the California Wellness Foundation, and the Annie E. Casey Foundation. ■

The full report is available at www.guttmacher.org/pubs/USTPtrends.pdf.

Complications Seen Early in Diabetic Teens

BY MIRIAM E. TUCKER

NEW YORK — Early diabetes complications were seen in a significant proportion of 821 adolescents with type 1 diabetes for just 2-5 years.

Up to 1 in 5 of these adolescents already had early indicators of eye, kidney, and/or nerve complications. The findings support early screening for diabetes complications as recommended by some—but not all—published consensus guidelines, Dr. Yoon Hi Cho said at a joint meeting of the Lawson Wilkins Pediatric Endocrine Society and the European Society for Pediatric Endocrinology.

All of the 821 patients were seen at the Children's Hospital at Westmead, Sydney, between 1990 and 2006. They were aged 11-17 years, with a type 1 diabetes duration of 2-5 years (median 3.8) and a median hemoglobin A_{1c} level of 8.9%.

Early retinopathy, defined as one microaneurysm or hemorrhage on seven-field stereoscopic fundus photography, was detected in 9% of the patients. Albumin excretion rate (AER) was measured for overnight urine collections. Early nephropathy, defined as a borderline elevation of AER of 7.5 to less than 20 mcg/min, was seen in 22% of the adolescents.

Microalbuminuria, defined as an AER of 20 mcg/min or greater, was identified in 3%. Peripheral nerve abnormalities on thermal and vibration thresholds at the feet—measured by thermal threshold tester and biothesiometer—were found in 22% of the patients, said Dr. Cho, a clinical endocrinology fellow at the hospital.

The proportions who had borderline AER elevation rose from 16% of those aged 11-13 years to 23% of 13- to 15-year-olds to 25% of those aged 15-17 years.

There was no significant effect of age for retinopathy (seen in 6%, 10%, and 11% of the three groups) or for peripheral nerve abnormalities (seen in 27%, 19%, and 22%). The rates of microalbuminuria remained low (4% or below).

There was no significant difference in hemoglobin A_{1c} levels between the three age groups (8.2%, 8.5%, and 8.6%), Dr. Cho said.

Retinopathy was significantly related to an elevated diastolic blood pressure level. A mean AER of 7.5 mcg/min or greater was associated with increased age, diabetes duration, and systolic blood pressure. Peripheral nerve abnormalities were correlated with a higher body mass index.

There was no significant relationship between any of the complications and hemoglobin A_{1c} level, cholesterol level, sex, insulin dose, or insulin regimen, she said.

Guidelines from the International Society for Pediatric and Adolescent Diabetes and from the Australian Pediatric Endocrinology Group both advise screening children for diabetes complications after a diabetes duration of 5 years in prepubertal children and after 2 years in adolescents.

The American Diabetes Association recommends retinopathy screening within 5 years of the onset of diabetes and nephropathy screening after a diabetes duration of 5 years in children aged 10 years and older.

"Longitudinal analysis will help define predictors of early complications and the potential for modifying [their] natural history," Dr. Cho said. ■

Disclosures: *Dr. Cho stated that she had no relevant financial disclosures.*

Resources for Parents of Adolescents

The Substance Abuse and Mental Health Services Administration (SAMHSA) is offering a free, high-quality CD, "The Teen Years: A Road Map for Parents," that provides expert advice on adolescence and guidance to help teens through this transitional time.

For more information, visit http://ncadistore.samhsa.gov/catalog/ProductDetails.aspx?ProductID=17459.

SAMHSA is also offering a free booklet, "Keeping Your Kids Drug Free: A Family Guide," to help parents keep their kids away from marijuana and other illicit drugs. It also is available in versions tailored for the Hispanic and African-American communities.

For more information, visit http://ncadistore.samhsa.gov/catalog/ProductDetails.aspx?ProductID =17293. ■