Teens' Hardships Overlooked in Office Visits

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VANCOUVER, B.C. — Adolescents are seldom screened for health-related social problems, and opportunities for referral are missed, research suggests.

Among 362 patients, aged 15-25 years surveyed in an urban, adolescent/young adult medicine clinic, the rate of screening in the previous year by any health care provider averaged 40% per health-related social domain.

Adolescents experience a broad range of social problems that can deleteriously affect their health, Dr. Eric W. Fleegler said at the meeting. "We need to implement universal screening for health-related social problems, and we need to develop the systems that will provide our patients with the needed referrals."

Yet office visits during adolescence are often limited by insurance protocols, even though these young people may need more frequent visits during certain times of transition and major life changes, he said.

He added that context is important, as screening may not be appropriate in the setting of an acute illness, but better suited to a well-child visit.

Among the nine domains (housing problems, food insecurity, nutrition and fitness, education, substance abuse, interpersonal violence, safety equipment, income security, and health care access), 9% of patients were screened for all and 15% were screened for none.

Screening rates were lowest for housing problems and food insecurity at 29% each.

The top three screening rates were for nutrition and fitness at 66%, education at 56%, and substance abuse at 52%.

Without screening, adolescents may miss opportunities for referral.

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DR. FLEEGLER

Currently, there are no data available on actual referral needs for social problems among adolescents, said Dr. Fleegler, a pediatric emergency physician at Children's Hospital Boston and a pediatrics instructor at Harvard Medical School, also in Boston.

In the current analysis, the majority or 62% of adolescents required one referral for a health-related social problem. In addition, 38% of patients had at least one unmet referral need in the previous 12 months, he said.

Referrals were lowest for interpersonal violence at 11% and for safety equipment and substance abuse at 14% each. The highest domains for referrals were nutrition and fitness at 46%, income security at 35%, and education at 31%.

The analysis was part of a larger study evaluating the efficacy of the Online Advocate, a self-administered, Web-based screening and referral tool for health-related social problems.

The cohort was mostly female (69%), and aged 18-25 years (57%). The ethnic groups were black (56%), Hispanic (28%), white (9%), and multiracial or not identified (7%).

Significantly more 18- to 25-year-olds than 15- to 17-year-olds were screened for income security (47% vs. 25%) and for problems with interpersonal violence (44% vs. 27%).

Males were significantly more likely than females to be screened within the past 12 months for housing problems (41% vs. 24%), income security (49% vs. 32%), and violence (47% vs. 32%).

Whites were significantly more likely to be screened for substance abuse (64%) than were blacks (52%) or Hispanics (43%).

Referrals were significantly more likely to be given to 15- to 17-year-olds than 18- to 25-year-olds for health care access (71% vs. 49%) and for housing problems (68% vs. 44%), he said. ■

Disclosures: *Dr. Fleegler reported no relevant disclosures.*