Annotation: Preventive Screening for Health Risks among Adolescents

As I turned off the radio to start writing this annotation, a child expert was saying, "Adolescents have many serious questions about their health and about related aspects of their lives that they would like to discuss with their doctors, but usually are not given the chance." In this issue's "Don't Ask, They Won't Tell: The Quality of Adolescent Health Screening in Five Practice Settings," Blum and colleagues examine the frequency with which physicians in different practice settings ask questions about risk behaviors that would encourage adolescents to voice these concerns.[1]

The authors examined a total of 788 charts of adolescents aged 13 to 17 years randomly selected from five practice settings: private pediatric and family practices, a community family practice clinic, a high school clinic, and a community teen clinic. Blum et al. measured the frequency with which questions were recorded concerning 21 health risks derived from the Guidelines for Adolescent Preventive Screening (GAPS). These included biomedical, physical, and psychological risks, substance abuse, and sexual behavior.

The total proportion of the 21 risks screened and recorded varied from 19% in the private practice settings to 67% in the teen clinics. Contrary to their expectations, the extent of screening did not differ by age or sex.

As a pediatrician on the periphery of the specialized fields of adolescent medicine and epidemiology, I believe this is an important study. It serves as an example of the value of an epidemiologic enquiry of a medical-sociologic problem about which there are commonly held but unmeasured assumptions. In this case, the findings not only support the assumption that health screening of adolescents is inadequate, but also, for the first time, provide data on the extent of the problem, thereby underscoring the urgency of meeting it.

The focus in this study was solely on the frequency of screening in different clinical settings. Future investigations by the authors or by others using their protocols could provide valuable data on several other variables. The authors discussed but did not assess the attitudes, education, and training of physicians in different practice settings and suggested reasons why physicians in private practice are more reluctant to ask questions and discuss social and behavioral issues that underlie the major causes of adolescent morbidity and mortality. The reasons include inadequate relevant medical education and resident training, time limitations, and mistaken biases that high-risk behaviors are less likely to occur among the predominantly middle- and upper-income adolescents in their practices than among inner-city youth often seen in community and school teen clinics.

Several of my younger colleagues with whom I discussed the paper, including some in private practice, insisted that they had been well prepared and that they not only felt comfortable in discussing all aspects of preventive care of adolescents recommended by GAPS, but also considered it an important and a rewarding part of their practices. This response was voiced most emphatically by physicians in the teen clinics, suggesting that medical education and resident training designed for students preparing for such careers should be given greater emphasis in programs for all students. If this were done, more physicians would *ask* and more adolescents would *tell* and seek help about many of their most serious unvoiced concerns. □

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Reference

1. Blum RW, Beuhring T, Wunderlich M, Resnick MD. Don't ask, they won't tell: the quality of adolescent health screening in five practice settings. *Am J Public Health.* 1996;86: 1767–1772.

Editor's Note. See related article by Blum et al. (p 1767) in this issue.

Comment: Genetics and Public Health

The demonstration about 40 years ago that an inborn error of metabolism, phenylketonuria (PKU), could be diagnosed at birth so that children treated with an appropriate diet would avoid becoming mentally retarded exploded two myths about genetics: first, that genetic effects are immutable and, second, that "nature" and "nurture" were competing explanations, rather than interacting factors, in health and disease.

The introduction of prenatal diagnosis of specific chromosomal and inherited disorders about 25 years ago provided tools for determining whether a particular baby was affected or not affected with the disorder about which the prospective parents had reason to worry. No longer were genetic counselors and caregivers restricted to probabilistic statements about the recurrence or occurrence of the particular disorder. These developments stimulated an avalanche of important and clinically useful advances in human genetics.

Nevertheless, both of these examples presented complications. In the diagnosis of phenylketonuria, we were slow to recognize that increased levels of phenylalanine in the blood of the newborn could be due to multiple mutations, not just phenylketonuria, reflecting the general rule of heterogeneity of etiology and heterogeneity of mutations. Only about half of the infants who were positive on the screening test actually had phenylketonuria, and some, fortunately rare, infants had a mutation that made them need more than normal phenylalanine in the diet to develop normally. In prenatal diagnosis, we had to take great pains to emphasize to parents, referring physicians, and the media that no test could guarantee a "normal child"; the tests were directed at specific diagnosable conditions, which are still a minority of those for which reliable diagnoses are desired. Meanwhile, the capacity to test the chromosomes made possible the determination of the sex of the fetus, with the specter that some parents might use this test to choose the sex of their baby. That proved to be quite infrequent and was discouraged. Controversy did arise, of course, from the fact that parents facing a diagnosis of a severe, untreatable condi-

Editor's Note: See related article by Khoury et al. (p 1717) in this issue's Public Health Policy Forum.