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Age limits and adolescents

Medical practitioners involved in the care of adolescents must often deal with an arbitrarily set, chronological threshold between adolescence and adulthood, which varies from province to province and even between jurisdictions within a province. However, while adolescence is a recognizable phase of life, its end is not always easily demarcated. This poses problems for practitioners when adolescent patients require care in facilities with restrictive age limits.

The medical care of adolescents requires knowledge and clinical skills that have traditionally rested with the practice of paediatrics. The Canadian Paediatric Society believes that a definition of adolescence based solely on chronological age is unjustified and impractical. The Society favours a more functional definition based on the

biopsychosocial readiness of young people to enter adulthood.

A DEFINITION OF ADOLESCENCE

Adolescence begins with the onset of physiologically normal puberty, and ends when an adult identity and behaviour are accepted. This period of development corresponds roughly to the period between the ages of 10 and 19 years, which is consistent with the World Health Organization's definition of adolescence.

Those responsible for providing healthcare to adolescents must allow sufficient flexibility in this age span to encompass special situations such as the emancipated minor or the young person with a chronic condition leading to delayed development or prolonged dependency.

BIBLIOGRAPHY

1. Canadian Paediatric Society. Office practice guidelines for the care of adolescents. <www.cps.ca/english/statements/am/am94-04.htm> (Version current at October 16, 2003).
2. World Health Organization. Young people's health – a challenge for society. Report of a Study Group on Young People and Health for All by the Year 2000, Technical Report Series, No. 731. Geneva: World Health Organization, 1986 <http://whqlibdoc.who.int/trs/WHO_TRS_731.pdf> (Version current at September 8, 2003).
3. Braverman PK, Strasburger VC. Office-based adolescent health care: Issues and solutions. *Adolesc Med* 1997;8:1-14.
4. World Health Organization, World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP). Guidelines for research on reproductive health involving adolescents. From the Programme's document Preparing a Project Proposal, Guidelines and Forms (Third Edition) <www.who.int/reproductivehealth/hrp/guidelines_adolescent.en.html> (Version current at September 8, 2003)
5. Mackenzie RG. Adolescent Medicine: A model for the millenium. *Adolesc Med* 2000;11:13-8.
6. American Academy of Pediatrics, Council on Child and Adolescent Health. Age limits of pediatrics. *Pediatrics* 1988;81:736.
7. Neinstein LS. *Adolescent Health Care, A Practical Guide*, 4th ed, Philadelphia: Williams & Wilkins, 2002.
8. Tanner JM. *Foetus Into Man. Physical Growth From Conception to Maturity*. Cambridge: Harvard University Press, 1978.
9. Paone MC, Whitehouse S, Stanford D. The challenges of transition: Coping with a chronic condition. *Br Columbia Med J* 1998;40:73-5.
10. Hein K. Issues in adolescent health: An overview. Carnegie Council on Adolescent Development Working Papers. New York, NY: Carnegie Corporation of New York, 1988.

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The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.

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