

CORRESPONDENCE

The J1 Adolescent Health Check-Up: Analysis of Data From the German KiGGS Survey

Dr. phil. Bernd Hagen, Dr. med. Stefan Strauch in volume 11/2011

Non Sequitur

It is important to determine the take-up and results of the adolescent health check-up (KiGGS survey data). The conclusions drawn by the authors do not follow.

The take-up of the J1 depends on:

- How often adolescent patients present to their doctors. According to studies by statutory health insurers, 12–14 year old girls, for example, visit their doctor an average of 1.3 times a year. If during the winter months they contract an acute infection and the J1 is mentioned, this recommendation quickly pales into oblivion.

- Parental attitudes

On the one hand, I see in my practice adolescents with the “best risks,” that is, healthy children from intact families with good integration at school and in a social context. These patients are often known to the practice. Abnormal findings are rare. On the other hand, other problems exist whose further discussion might take place within the context of the J1 (migraine, asthma, etc). Those who really need such screening examinations are not interested. This includes adolescents from dysfunctional family backgrounds with extreme media consumption; experience with alcohol, nicotine, or drugs; early sexual activity; known existing comorbidities such as obesity and its sequelae; or poorly controlled conditions such as asthma and eczema. Among the data the authors analyzed, adolescents with known obesity or nicotine misuse problems, for example, were underrepresented.

- Billing options for the adolescent health check-up
The J1 is financially supported for adolescents aged 13–14. The association of statutory health insurers for Berlin has abolished the J1 for 15-year-olds. Since physical and mental developments happen at very different times and in different ways, it would make sense to approve health check-ups for adolescents aged 15 or 16 years. It may not make sense to talk to every 14-year-old boy about alcohol, drugs, sex, and contraception, but if a boy is aged 16, it usually does make sense.

- Time restrictions in routine practice
In the first quarter of 2011, 1450 patients presented in my practice some 3100 time. 255 screening examinations U2 to U9 were undertaken. In the context of the practice’s opening times, this translates as a consultation time of 5.07 minutes.

I gladly take part in adolescent health check-ups, but the reality in daily practice does not really leave any spare capacity for such examinations.

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Conflict of interest statement

The author declares that no conflict of interest exists.

Incorrectly Coded

I was surprised to read the article about the J1 adolescent health check-up in issue 11. I belong to an almost extinct species of pediatricians in the countryside who treat more than 2000 patients every quarter, with a correspondingly high number of adolescents among them. I stumbled over the 51% comorbidity diagnosis for otitis media. Obviously, general practitioners code incorrectly in this context. Otitis media is extremely rare in adolescents; the Eustachian tube is usually sufficiently wide by then, and I cannot remember having coded a single case of otitis media in connection with the J1.

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Georg Hommer has been reimbursed for conference delegate fees and hotel expenses by Pasteur-Mérieux.

In Reply:

Hommer is spot-on in calling otitis media in adolescents a rarity. The data of the KiGGS study are based on surveys of patients and their parents (1). The study is not based on any doctors’ documentation or accounting data, and incorrect coding (by general practitioners) is therefore not possible. When surveying a 14-year-old, for example, what is captured is whether a certain diagnosis was made in the preceding 14 years, but not at which particular point in time it was made. In view of

how common otitis media is in infants and toddlers (2), the claim that at the age of 14, more than half of those surveyed have had a minimum of one episode of otitis media in their lives is not at all surprising and correlates well with routine experience in clinical practice. The reported frequency is therefore not a comorbidity at the time when the J1 is executed. If we did not characterize these data on frequencies of diseases as “cumulative” variables unanimously enough, we apologize to our readers and are grateful for this opportunity to clarify this.

One would certainly have to agree with Lüder that the “wrong people” attend screening examinations. Especially adolescents with particular risk factors, such as smoking or misuse of illegal drugs are not that likely to participate in the J1. An understanding of the benefit of preventive measures and a health-conscious lifestyle are likely to exist in a reverse proportional relation. It has already been noted elsewhere that children and adolescents from families with a low socioeconomic status or migration background participate less commonly in the screening examinations U3–U9 (3). The parents’ formative influence is a particularly contributing factor in this setting. It is therefore even more important for doctors to point out the benefits of the J1, in order to examine as many adolescents as possible and capture the hidden health problems that were uncovered in the article. It would be absolutely fatal if obstacles for conducting the J1 arose from the medical side. We wholeheartedly support Lüder’s idea to offer screening to 15–16-year-olds. The newly introduced J2 (from age 16) sets a positive new trend, albeit one that has been implemented by far too few statutory health insurers.

This further screening measure will hopefully be included in the standard services offered by all statutory health insurers at the very earliest opportunity. The KiGGS data do not provide any answers to questions about medical fees and practice organization; we did not report on these ourselves. Accordingly, our article does not provide a discussion base for this topic.

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Conflict of interest statement

Dr Hagen declares that no conflict of interest exists.

Dr Strauch has received honoraria for acting as an adviser and travel and hotel expenses from Wyeth Pharma. Furthermore he has received honoraria for conducting vaccination studies from Wyeth and GSK.