# Guidelines for Adolescent Preventive Services: Screening Tool for A Student Wellness Program *

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## INTRODUCTION

Human development is "a process of enlarging people's choices to lead a long and healthy life, to be educated and to enjoy a decent standard of living" (UNDP 1990). Basic services such as health, social welfare, education and housing are essential to achieve this.

Health is a very powerful element for social protection and inclusion. Good health enables individuals to work and participate fully in their communities, allow people to have better chances for employment and support themselves financially.

The World Health Organization (WHO) defined health as the state of complete physical, mental and social well being, it is not merely the absence of disease or infirmity.[1] It includes emotional stability, clear thinking, the ability to love, to create and embrace change, exercise intuition and experience a continuing sense of spirituality.[2]

Adolescence is a transition stage between childhood and adulthood. According to WHO, an adolescent is any person between the ages 10 and 19, an age range that falls within WHO's definition of young people, those between ages 10 and 24. Early stage of adolescence is from age 10-14 and older adolescence is from 15-19.

It is a stage when an individual undergoes many changes physically and emotionally. Hormonal changes occur during this stage of puberty. It is also in this stage when childhood values, attitudes and behavior are modified to culturally acceptable adult practices. Behavior is an essential factor in adolescent health since such can cause non-communicable diseases later in life.

Most adult chronic illnesses start in childhood and adolescence, and this is due to risky behaviors. Therefore, reduction of illness in adulthood may be achieved by preventive measures reducing both behavioral and medical health risks in childhood and adolescents, at the personal and community level.

The hospital is a venue for empowering people to care for their health, achieve wellness and have security of life. Primary care physicians can play a critical role in preventing adverse outcomes and promoting healthy lifestyles.

Wellness is a lifestyle, a way of living to attain good health and this is observed throughout ones lifetime. It is the harmonious interlocking relationship among physical, emotional (mental), intellectual, social, environmental, and spiritual health dimensions. It is a self-directed evolving process through which a person becomes responsive to, so that he can make choices to achive his full potential. It is an integrated method of functioning which is oriented towards maximizing the potential of an individual. High-level wellness means this is achieved while remaining in balance with the environment.[4]

An individual cannot be totally blamed for their health because the individual's characteristics and behaviors are shaped by the conditions of the social, economic, and political resources at global, national,

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[1] (WHO, 1947) http://www.who.int/about/en/index.html
[2] Alliance for Integrated Medicine downloaded @ http://www.meta-ehealth.com/site/office/index.jsp
[3] Difference Between Health and Wellness | Difference Between | Health vs Wellness http://www.differencebetween.net/science/health/difference-between-health-and-wellness/#ixzz2s9L7pYDy
[4] Dunn (1960)

and local levels.[5] Addressing the modifiable risk factors thus, will decrease the occurrence of disease.

Health promotion among adolescents can produce healthy outcomes, not just during this age but also until adulthood.

It is then the purpose of this paper to take a closer look into the Guidelines for Adolescent Preventive Services (GAPS): 1) Evaluate its manner of implementation; 2) explore the gaps in its implementation; and 3) attempt to give recommendations.

## Rationale for this paper

In 2003, 40% of deaths in individuals 10-24 years old were from non-communicable diseases, one third of which were due to injuries, violence and vehicular accidents (Philippine Statistics Office 2003). Accidents and injuries accounted for the largest percentage of deaths among adolescents in the Philippines in 2005.

Diseases caused by smoking, risky sexual practices, alcohol, drug use and abuse have their roots in adolescence. In May of 2016, five passed-out and then died during a concert in a mall along Roxas Boulevard because of “drug-laced” drinks. Two were 18 years old, one was 22, and the other two were both 33 years old.

Obesity has increased the risk of lifestyle diseases like Type 2 diabetes mellitus, hypertension, and high cholesterol. The 2011 Global School-based Health Survey indicated that about 13% of adolescents in the Philippines are overweight and obese.[7]

Moreover, the suicide rate in the country is increasing. Records from the National Poison Management and Control Center of the Philippine General Hospital, showed that out of the 46 % of suicide cases recorded, 16% are from the 10 to 19 year-old bracket while 20 to 35 year age group comprise the remaining 30% .

In our community, the University of the Philippines, a student commits suicide mostly over unpaid tuition fees and failing grades. Still others succumb for reasons that are not clearly understood. Whatever the reason is, we can surmise that there is a cause for concern. These incidents may be just the tip of an iceberg.

Data from the Office of Counseling and Guidance and the University Health Service showed 231 students who went for psychiatric consult during the academic year August 2015- August 2016. Seventeen had suicidal ideation, 133 were depressed, and 31 were anxious.

**What does the University Health Service have to offer?**

Studies have been done regarding health of the youth. Several schools participated in the “The Global School- Student Health school survey[8] which was a cross-sectional study done in 2003, 2007, 2011, and 2015. Likewise, a study done by Peltzed and Pengpid, “Health risk behavior among in school adolescents in the Philippines”[9] shared the same objective, that is, to provide trends regarding the various health risk behaviors.

The pre-enrollment medical examination offers an opportunity for early detection and screening of health risk behaviors.

In 2014, through the initiative of Dr. Joselyn C. Yotoko, Medical Specialist at the University Health Service, the hospital started to implement the use of Guidelines for Adolescent Preventive Services (GAPS, Index A) as a comprehensive clinical tool in adolescent health care.

The GAPS was developed by the American Medical Association for patients 11-21 years old so that risky behaviors are recognized and addressed early to prevent premature adult mortality. The reason behind the development of GAPS is the belief that lifestyle intervention at an early age can reduce morbidity and mortality and its primary goal is to improve health care delivery for adolescents.

GAPS consists of 24 recommendations (Annex 1) that encompass health guidance, screening and immunizations.[10] It includes a questionnaire (Annex 2) that is given to freshmen during the pre-enrollment medical examination.

[5] Social determinants of Health. WHO downloaded @ http://www.who.int/social_determinants/sdh_definition/en/conditions
[6] Philippines National Health Statistics, 2005. Republic of the Philippines: National Epidemiology Center, Department of Health.
[7] Philippines Global School Health Survey downloaded @ http://www.who.int/chp/gshs/2011_GSHS_FS_Philippines.
[8] Global School-Based Student Health Survey Philippines 2011 Fact sheet downloaded @ http://www.who.int/chp/gshs/ 2011_GSHS_FS_ Philippines.pdf
[9] Peltzer, Karl, and Supa Pengpid. "Health risk behaviour among in-school adolescents in the Philippines: Trends between 2003, 2007 and 2011, a cross-sectional study." *International journal of environmental research and public health* 13.1 (2015): 73
[10] Montalto, Norman J. "Implementing the guidelines for adolescent preventive services." *American family physician* 57 (1998): 2181-2191.

The GAPS questionnaire consists of 61 questions, addressing topics on tobacco, alcohol and other drug use, dietary behaviors, mental health development, and violence. Emphasized also are emotions such as depressed mood and others. Annex 3 illustrates the flow chart/ transaction process on GAPS implementation during the pre-enrollment examination at the UHS.

The Public Health Unit (PHU) personnel are in charge of screening information, measuring blood pressure, recording body mass index, providing health guidance and distributing age-appropriate information. The freshman then goes to the triage nurse who in turn decks the student to the primary physician. Physical examination is then done. All entries are reviewed and attention is focused on question numbers 63-68 (suicidal thoughts and intention plan). The students with suicidal thoughts are advised to go to the Office of Counseling and Guidance to be scheduled with a counselor. Only after this, are they given clearance for enrollment.

In addition, laboratory results and other significant risky behaviors are reviewed by the examining physician and basic counseling and education are done. Referral to other specialties may also be instructed when there is a need. The student is then given clearance for enrollment after going through the process.

## Issues and Challenges

1. The GAPS encounter puts a premium on mental health. This is necessary since a state of well being empowers a student to realize his or her own potential, allows coping with the normal stresses of school life, promotes productive and fruitful work, and contributes to the welfare of the community at large. Poor mental health can have significant consequences on the larger aspects of the health and development of adolescents including its association with alcohol and drug use, early pregnancy, and other high risk behaviors.

   The more health issues are present, the lesser the chance for the evaluation to be comprehensive. This is due to the fact that there is limited time per student because of the numerous number who are on queue for pre-enrollment examination, given that this is a requirement for all colleges and units, not to mention those who are seeking regular consultation for acute illnesses.

2. The primary physicians who did the initial GAPS are responsible for most of the medical care delivered to the students but they are largely unaware of the collated results of GAPS since it was started as well as its impact and monitoring.

3. There is no follow up interview as to the effect of any intervention given. Thus, outcomes are not complete, making an overall assessment difficult to accomplish.

## Conclusions and Recommendations

The use of GAPS may help the primary physician at the UHS to screen and identify important health-related behaviors before they manifest as illness or injuries. The manner of response as to the various ways to implement it can present a challenge. Such issues should be subject to deliberation and further discussion so that the program can better serve its purpose.

During each student encounter, screening is done, physical examination performed, laboratory results evaluated, immunization schedule checked. Sufficient time should be insured so that objectives are met and behavior is modified.

It is imperative that during the first encounter, the process to provide relevant information is already put in place. This will provide sufficient motivation for the students to cooperate and participate. The end result will be an effective program that will be of benefit to the university. Healthy behaviors will empower the adolescent and their families to have more control over their well-being and reinforce positive lifestyles.

Health care systems should facilitate physician time with the patient, allowing for a more detailed history or for problem-focused health guidance. Health care providers should enhance their skills in relating to young people, detecting mental health problems early, providing counseling and referring them to the OSGC for cognitive-behavior therapy and other methods of treatment, or even referring to other agencies and professionals as necessary.

GAPS questionnaires answered by all incoming students, per school year, should be gathered, findings collated and conclusions disseminated to everybody concerned. Thereafter, follow-up interviews

[11] (WHO 2014) http://www.who.int/features/factfiles/mental_health/en/

should be done to assess improvements and effectiveness of the intervention. A periodic program evaluation should also be carried out so that revisions may be implemented. Only in this manner can a program be restructured, reorganized and redefined, the net outcome being sustainability.

Strategies should include: 1) Health education materials be made available during every individual encounter, as well as through the use of multi-media; 2) An immunization program for students should be in place, vaccines should be easily accessible for infections like rubella or hepatitis; 3) Counseling on risk behavior prevention with identification of adolescent concerns or problems are vital to instituting appropriate and timely intervention strategies; 4) Health education and health promotion goals should be established together with the client.

The GAPS undoubtedly will be beneficial to adolescents. The endeavor needs collaboration of units concerned with student affairs. Further, this will require ample time for patient-physician interaction, and the dedication of the health personnel. Dr. Joselyn C. Yotoko as the advocate of GAPS, need to insure that her colleagues have sufficient training and knowledge about its utilization. Finally, such a program should be viewed in the long term and its impact should be sustained.

## ANNEX 1
## Guidelines for Adolescent Preventive Services (GAPS).

STD=sexually transmitted disease; HIV=human immunodeficiency virus; ELISA=enzyme-linked immunosorbent assay.

**Recommendation 1**
From ages 11 to 21 all adolescents should have an annual routine health visit.

**Recommendation 2**
Preventive service should be age and developmentally appropriate, and should be sensitive to individual and sociocultural differences.

**Recommendation 3**
Physicians should establish offic policies regarding confidential care for adolescents and the way parents will be involved in that care. These policies should be made clear to adolescents and their parents.

**Recommendation 4**
Parents or other adult caregivers of adolescents should receive health guidance at least once during early adolescence, once during middle adolescence and, preferably, once during late adolescence.

**Recommendation 5**
All adolescents should receive health guidance annually to promote better understanding of their physical growth, their psychosocial and psychosexual development, and the importance of becoming actively involved in decisions regarding their health care.

**Recommendation 6**
All adolescents should receive health guidance annually to promote the reduction of injuries.

**Recommendation 7**
All adolescents should receive health guidance annually about dietary habits, including the benefits of a healthy diet and ways to achieve a healthy diet and safe weight management.

**Recommendation 8**
All adolescents should receive health guidance annually about the benefits of exercise and should be encouraged to engage in safe exercise on a regular basis.

**Recommendation 9**
All adolescents should receive health guidance annually regarding responsible sexual behaviors, including abstinence. Latex condoms to prevent sexually transmitted diseases (including HIV infection) and appropriate methods of birth control should be made available with instructions on ways to use them effectively.

**Recommendation 10**
All adolescents should receive health guidance annually to promote avoidance of tobacco, alcohol and other abusable substances, and anabolic steroids.

**Recommendation 11**
All adolescents should be screened annually for hypertension according to the protocol developed by the National Heart, Lung, and Blood Institute's Second Task Force on Blood Pressure Control in Children.

**Recommendation 12**
Selected adolescents should be screened to determine their risk of developing hyperlipidemia and adult coronary heart disease, following the protocol developed by the Expert Panel on Blood Cholesterol Levels in Children and Adolescents.

**Recommendation 13**
All adolescents should be screened annually for eating disorders and obesity by determining weight and stature, and asking about body image and dieting patterns.

**Recommendation 14**
All adolescents should be asked annually about their use of tobacco products, including cigarettes and smokeless tobacco.

**Recommendation 15**
All adolescents should be asked annually about their use of alcohol and other abusable substances, and about their use of over-the-counter or prescription drugs, including anabolic steroids, for nonmedical purposes.

**Recommendation 16**
All adolescents should be asked annually about involvement in sexual behaviors that may result in unintended pregnancy and STDs, including HIV infection.

**Recommendation 17**
Sexually active adolescents should be screened for STDs.

**Recommendation 18**
Adolescents at risk for HIV infection should be offered confidential HIV screening with the ELISA and a confirmatory test.

**Recommendation 19**
Female adolescents who are sexually active and women 18 or older should be screened annually for cervical cancer by use of a Papanicolaou test.

**Recommendation 20**
All adolescents should be asked annually about behaviors or emotions that indicate recurrent or severe depression or risk of suicide.

**Recommendation 21**
All adolescents should be asked annually about a history of emotional, physical or sexual abuse.

**Recommendation 22**
All adolescents should be asked annually about learning or school problems.

**Recommendation 23**
Adolescents should receive a tuberculin skin test if they have been exposed to active tuberculosis, have lived in a homeless shelter, have been incarcerated, have lived in or come from an area with a high prevalence of tuberculosis, or currently work in a health care setting.

**Recommendation 24**
All adolescents should receive prophylactic immunizations according to the guidelines established by the federally convened Advisory Committee on Immunization Practices.

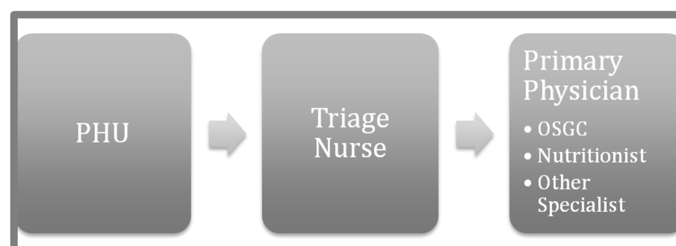


**Figure 1.** Process flow of consultation.

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