

Confidential discussions are key to improving teen health visits

July 30 2014, by Katherine Kahn



Teens who have the option to privately and confidentially discuss health concerns with their doctor are more likely to talk about reproductive health, mental health, issues at school, and some self-care topics than they would be in discussions where a parent is present, finds a new study in the *Journal of Adolescent Health*. However, fewer than 50 percent of teens have been offered such private, confidential visits, researchers say.

"There is substantial evidence that adolescents get better care when a [health care] visit is confidential, especially in regard to certain topics, such as reproductive health care," says lead study author Amy Gilbert, JD, MPH, from the department of pediatrics at the Indiana University School of Medicine in Indianapolis. "We wanted to look in more detail



at what topics are impacted by a visit being confidential."

Gilbert and her colleagues utilized data from online surveys of 500 adolescents ages 13 to 17 and 504 parents of adolescents between December 2012 and January 2013.

Slightly less than half of teens and parents surveyed reported that at least a portion of the last health care visit was confidential. Researchers found that there was a positive and significant association between a private confidential consultation and whether a particular health topic was discussed for 8 out of 11 topics, such as nutrition and exercise, issues at school, sexual health, risk behaviors (smoking, drugs and alcohol), and several mental health issues.

Confidentiality did not seem to affect discussion of a teen's weight, vaccines, or issues at home. Interestingly, the number of topics discussed was highest for teens during partially confidential visits when the parent was in the room for only part of the visit, compared to when the entire visit was private and confidential or when the parent was in the room for the whole visit.

"I think that's a very meaningful finding because it suggests that a split-visit arrangement—where part of the visit is confidential and where the parent is in the room for the part of the time—is most ideal," says Gilbert.

Cora Breuner, M.D., a pediatrician at Seattle Children's Hospital who serves on the Committee for Adolescence for the American Academy of Pediatrics remarked, "I was frustrated that the percentage of teens having access to a confidential visit wasn't higher. I insist on parents leaving the room [for a split visit] at every visit, not half of them. In my institution, split visits begin at ages 11 to 12, and they should definitely be happening between the ages of 14 and 18."



Breuner says that in confidential visits, she talks with her teen patients about high risk behaviors, such as motor vehicle accidents, suicide, and homicide, <u>sexually transmitted diseases</u>, drugs, and alcohol. However, if a teen poses a threat to him- or herself or others, <u>health care</u> providers are obligated by law to inform a parent or other adult, Breuner explains.

"Most importantly, as a parent you have to develop a relationship with your child," Breuner says. "You should be checking in with your kid. It shouldn't be at that once-a-year sports physical where the parent suddenly realizes there's a problem."

More information: Amy Lewis Gilbert, Vaughn I. Rickert, Matthew C. Aalsma, "Clinical Conversations About Health: The Impact of Confidentiality in Preventive Adolescent Care," *Journal of Adolescent Health*, Available online 16 July 2014, ISSN 1054-139X, DOI: 10.1016/j.jadohealth.2014.05.016.

Provided by Health Behavior News Service

Citation: Confidential discussions are key to improving teen health visits (2014, July 30) retrieved 24 April 2024 from

https://medicalxpress.com/news/2014-07-confidential-discussions-key-teen-health.html

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