

When is a child an adult?

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When does childhood end? That's the question international researchers are asking as they chart age cut-offs for paediatric services around the world. Adolescent Health Professor at the Murdoch Children's Research Institute and the University of Melbourne Susan Sawyer says previous research has found that global health systems do not meet adolescents' needs, yet pediatricians are well placed to provide age-appropriate care to adolescents -- especially if they are trained in adolescent medicine. Credit: Blake Barlow

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Adolescent Health Professor at the Murdoch Children's Research Institute and the University of Melbourne Susan Sawyer says previous research has found that global [health](#) systems do not meet adolescents' needs.

"Yet pediatricians are well placed to provide age-appropriate care to adolescents—especially if they are trained in [adolescent](#) medicine," she says.

"The World Health Organization defines adolescents as aged being 10 to 19 years, however there's been little research into the age of patients that pediatricians actually treat and how this varies across the world."

The researchers developed an [online survey](#) to explore these questions and obtained responses from 1,372 pediatricians in 115 countries. They report the results in a policy paper, 'The Age of Paediatrics', published in *The Lancet Child and Adolescent Health*.

"There was a striking difference in the upper age by country and disappointingly only a handful of countries had a mean upper age of 19 years," Prof Sawyer says.

"South Africa had the lowest upper age at 11.5 years, it seems pediatrics is yet to embrace adolescence. The US had the highest upper age, with 19.5 years."

Despite similar health care systems, Australia's mean upper age of pediatric care was 17.8 years while New Zealand's was 15.6 years.

"The world mean is 17.4 years," says Prof Sawyer. "This average has increased over the past 20 years, rapidly in some countries."

"The discipline of pediatrics has historically focused on very young children, largely neglecting adolescents, but the pattern of disease across childhood and adolescence is changing. Public health interventions and medical advances have seen the mortality rate of young children fall dramatically.

"This is not mirrored in adolescents, whose more complex disease burden remains relatively unchanged. The World Health Organization estimates that more than one million adolescents die every year.

"Young people face childhood and adult health burdens, including chronic physical conditions like diabetes and asthma, mental health disorders, anaemia, rising levels of obesity, interpersonal violence, diarrheal and bronchial illnesses, drug and alcohol abuse, sexually transmitted disease and road trauma."

Co-author Professor Jonathan Klein from the University of Illinois and Coordinator of the International Pediatric Association Executive Committee said few nations paid sufficient attention to including adolescent health within pediatric training.

"To meet the health needs of young people, a diverse workforce is required including pediatricians, family physicians, nurses, and community and school health workers, all schooled in [adolescent health](#).

"The evidence is clear. Our health care systems need to be more attuned to the needs of adolescents and young adults," he said. "Improving adolescent care is a critical step if we hope to reach the United Nations' Every Woman, Every Child, Every Adolescent promises (#EWECisMe), and achieve the 2030 Sustainable Developmental Goals (#SDGs;

#Globalgoals)

Prof Sawyer says investment in adolescent health training is most needed in countries with a low upper age, a large number of adolescents, or an upper age that has only recently risen.

"Yet, a poor report card on the quality of adolescent health training across the world suggests that investments to improve adolescent health care are universally required."

More information: *The Lancet Child and Adolescent Health*,
[www.thelancet.com/journals/lan ... \(19\)30266-4/fulltext](https://www.thelancet.com/journals/lan/article/S2468-2667(19)30266-4/fulltext)

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