

# Missed opportunities for comprehensive adolescent health care as part of the evaluation of the care provided by a reference service

## *Oportunidades perdidas de atenção integral ao adolescente como parte da avaliação do atendimento prestado por um serviço de referência*

Flávia Antunes Caldeira Silva e Calaça<sup>1</sup>, João Felício Rodrigues Neto<sup>2</sup>, Lucas Ferreira Bicalho<sup>3</sup>, Isabela Lima-Oliveira<sup>3</sup>

DOI: 10.5935/2238-3182.20130022

### ABSTRACT

**Introduction:** Implementing a health service for adolescents requires ensuring access to disease treatment and rehabilitation as well as health promotion and prevention actions, i.e., ensuring comprehensive and interdisciplinary care. **Objectives:** To estimate the loss of opportunities for comprehensive adolescent care during medical visits at a medical reference service and to propose measures that might produce changes aimed at more comprehensive care. **Methods:** To use the questionnaire “Evaluation of missed opportunities for comprehensive adolescent health” proposed and published by the Pan American Health Organization (PAHO) with 168 adolescents who used the reference service. **Results:** The sample consisted of 51.8% female adolescents and 48.2% male adolescents, with mean age of 13.8 years. In terms of reasons for seeking medical care, 34.5% of adolescents sought care for illness, 25.5% for a routine visit and 40% for other reasons. Regarding medical histories, less than half the adolescents interviewed were asked about sex life and use of toxic substances. As for physical examination, the main concern observed was registering anthropometric data, and only 39.9% underwent a complete physical examination. With regard to health promotion, relevant issues such as sexually transmitted diseases (STDs), violence, and smoking failed to be addressed with, respectively, 88.7, 83.3 and 83.9% of the interviewed subjects. **Conclusions:** During the medical visits issues related to physical growth were given priority over other issues of great relevance in adolescence: sexuality, STDs, violence, smoking and drug use.

**Key words:** Comprehensive Health Care; Adolescent; Adolescent Health; Adolescent Health Services; Evaluation Studies.

<sup>1</sup> Professor, Dept. of Women's and Children's Health, School of Medicine, Universidade Estadual de Montes Claros – Unimontes, Montes Claros, MG – Brazil.

<sup>2</sup> Professor, Dept. of Internal Medicine, School of Medicine, Unimontes, Montes Claros, MG – Brazil.

<sup>3</sup> Medical Student at Unimontes, Montes Claros, MG – Brazil.

### RESUMO

**Introdução:** a implantação de um serviço de saúde para adolescentes requer a garantia de acesso ao tratamento de doenças e reabilitação, bem como a ações de promoção à saúde e prevenção, isto é, a garantia da atenção integral e interdisciplinar. **Objetivos:** estimar as oportunidades perdidas de atenção integral ao adolescente durante as consultas realizadas em um serviço de referência e propor medidas que possam produzir mudanças voltadas para o atendimento integral. **Métodos:** aplicação do questionário “Avaliação sobre oportunidades perdidas de atenção integral ao adolescente”, proposto e publicado pela Organização Pan-americana de Saúde (OPS), em 168 adolescentes usuários do serviço. **Resultados:** a amostra foi composta de 51,8% de adolescentes do sexo feminino e 48,2% do sexo masculino, com média de idade de 13,8 anos. Em se tratando de motivo de consulta, 34,5% dos adolescentes procuraram o serviço por doença, 25,5% para consulta de rotina e 40% por outros motivos. Em relação às anamneses médicas, menos da metade dos adolescentes entrevistados foi questionada sobre vida sexual e uso de substâncias tóxicas.

Submitted: 08/29/2012

Approved: 03/13/2013

#### Institution:

Department of Women's and Children's Health, School of Medicine, Universidade Estadual de Montes Claros – Unimontes, Montes Claros, MG – Brazil.

#### Corresponding Author:

Flávia Antunes Caldeira Silva e Calaça  
E-mail: caldeira.flavia@gmail.com

*Quanto ao exame físico, observou-se mais preocupação com dados antropométricos, sendo que somente 39,9% foram submetidos a exame físico completo. No tocante à promoção de saúde, temas relevantes como doenças sexualmente transmissíveis (DST), violência e tabagismo não foram abordados em, respectivamente, 88,7, 83,3 e 83,9% dos entrevistados. Conclusões: durante os atendimentos foram priorizadas questões referentes ao crescimento físico, em detrimento a outras questões de extrema relevância na adolescência: sexualidade, DST, violências, tabagismo e uso de drogas.*

*Palavras-chave: Assistência Integral à Saúde; Adolescente; Saúde do Adolescente; Serviços de Saúde para Adolescentes; Estudos de avaliação.*

## INTRODUCTION

Most of all, implementing a health service for adolescents requires ensuring access to disease treatment and rehabilitation, as well as health promotion and prevention actions, i.e., ensuring comprehensive and interdisciplinary care. This type of care is particularly necessary for adolescents given all the biopsychosocial changes they face and the new demands they are presented with, some of which go beyond the organic or specific complaints. These changes are experienced differently in various contexts and can leave these individuals weakened, making them vulnerable to many situations and illnesses.<sup>1-5</sup>

Given the high number of school dropouts, pregnancies, sexually transmitted diseases, prostitution, drug use and other issues among the adolescent population in northern Minas Gerais<sup>6,7</sup> the “Adolescents for the Third Millennium” project was implemented in 2002 in an attempt to improve the standards of care provided to that population through education and practice implementation. Care services were then organized according to specific areas: sexual education; family planning service; prenatal, delivery and puerperium care; breastfeeding guidance; pediatric care of adolescents and their children; physical and artistic education activities; psychological support, and dental care activities.

Over time, changes have been made in the project, including a change of leadership and setting. As a newly established program, it continues to undergo a restructuring process. Nevertheless, the current team assisting at the “Adolescents for the Third Millennium” at the Outpatient Specialty Center Tancredo Neves (CAETAN) is composed of only medical professionals and medical students, most of them untrained in the concepts of integral care to this age

group or to vulnerable groups such as drug users, victims of violence, and those living on the streets or in situations of abandonment.

In this context, this study aims to: a) estimate the missed opportunities for comprehensive care to adolescents during consultations by physicians and students working in the program “Adolescents for the Third Millennium”; b) propose measures that can lead to forms of medical action focused not only on treatment, but also on health promotion and disease prevention.

## METHODS

This observational study was conducted based on the questionnaire “Evaluation of missed opportunities for comprehensive adolescent health” proposed and published by the Pan-American Health Organization (PAHO), which aims to evaluate the quality of care provided by health services to adolescents. Missed opportunities relate to the times adolescents come into contact with healthcare service and are not subject to actions of health promotion, maintenance, and recovery as they should or questioned about topics relevant to their health, including thorough anamnesis and complete physical examination.<sup>8,9</sup>

Data was collected between July and December 2011 by means of individual interviews conducted by two medicine students familiarized with the instrument and prepared to answer questions when needed. Eligibility criteria for patients were: age between 10 and 19 years; use of the healthcare facilities; presence in the waiting room at the date and time of the interview and agreement to participate in the interview. The participants were informed about the research objectives, and anonymity was reinforced in order to obtain more accurate reports. All subjects (or their guardians) who participated signed a Free Consent Form, complying with the provisions of Resolution No.196/96 of the Brazilian National Health Council (Conselho Nacional de Saúde).

The present work is part of a research and outreach project on comprehensive care to adolescents approved by the Ethics Committee of the Universidade Estadual de Montes Claros (UNIMONTES). We received financial support from the Foundation for Research Support of the State of Minas Gerais (Fundação de Amparo à Pesquisa do Estado de Minas Gerais – FAPEMIG).

## RESULTS

The sample consisted of 168 adolescents with a mean age of 13.8 years, 81 of which were male (48.2%) and 87 female (51.8%).

63.7% out of the total medical consultations were return consultations, while 36.3% of adolescents came for their first visit. Regarding the reason for seeking medical attention, 34.5% were for illness, and 25.5% a routine visit. It must be noted that the majority of adolescents interviewed (40%) reported seeking the service for other reasons, the main one being to request referral to the educational, sports and recreational activities offered by the program "Adolescents for the Third Millennium."

In relation to medical case histories, most adolescents interviewed claimed they were asked about school, eating habits, and sports or physical activities, while only 16.0% said they were asked about their financial situation. Likewise, 47.6% reported having been asked about their sex life, and 49.4% on the use of substances such as alcohol and drugs (Table 1).

**Table 1** - Proportion of data collected during anamnesis and physical examination for the comprehensive care of adolescents

Comprehensive care	Yes	
	N	%
Did they weigh you?	130	77.40%
Did they measure your height?	120	71.40%
Did they measure your blood pressure?	114	67.80%
Was your physical examination complete?	67	39.90%
Did they ask you about your family background?	114	67.80%
Did they ask you about your financial standing?	27	16.00%
Did they ask you about your situation at school or at work?	135	80.30%
Did they ask about your mood?	104	61.90%
Did they ask you about your sexual life?	80	47.30%
Did they ask you about your eating habits?	136	80.90%
Did they ask you about the vaccines you were given?	79	47.00%
Did they ask you about the sports you practice?	123	73.20%
Did they ask you about substance use?	83	49.40%
Did they ask you about your periods?*	75	86.20%

\* Female adolescents only.

As for the physical examination, analysis of the questionnaires showed that 77.4% of adolescents were weighed, 71.4% were measured and 67.8% had their blood pressure taken, while only 39.9% reported having had a full physical examination (with pubertal stage) (Table 1).

With regard to health education, 79.2% of patients interviewed reported having received no information on sexuality and 88.7% no information on the prevention of sexually transmitted diseases. Accident prevention was also rarely discussed, with 93.4% of respondents stating they had not received any information about it. Still in relation to health promotion, 88.1% of the adolescents received no oral health orientation, 83.9% were uninformed about smoking habits, and 83.3% as to violence in the family, at school or sexual violence (Table 2).

**Table 2** - Proporção de oportunidades perdidas na promoção de saúde segundo temas não abordados durante a consulta médica

Health Promotion	Absent themes	
	N	%
Sexuality	133	79,20%
Normal adolescence	105	62,50%
Sexually transmittable diseases	149	88,70%
Substance abuse	130	77,40%
Accidents	157	93,40%
Dental health	148	88,10%
School, domestic, or sexual violence	140	83,30%
Smoking habits	141	83,90%
Vaccines	118	70,20%
Eating habits	61	36,30%
Sports	65	38,70%

## DISCUSSION

The present study found that most adolescents sought medical care without having any evident underlying disease. However, it was observed that the physicians focused on issues related to physical growth, such as eating habits, rather than other central concerns for teenagers: sexuality, STD prevention, accidents, violence, smoking, use of alcohol and other drugs.

Adolescents are no longer children to receive the same kind of care offered in children's medicine, and yet adult treatment cannot cover all that these youths require. They should receive specific care, which requires a service that truly meets the special demands of this age group. If they seek medical care without any specific clinical signs and receive the classic biological and curative approach, they can hardly be expected to return for another outpatient visit. Moreover, even if the complaint is physical, a visit centered on circumstantial complaints does not give the doctor

room to truly care for the adolescent patient, which is to provide not only treatment but also disease and injury prevention and to check and respond to this population's actual demands.<sup>3-5,10-14</sup>

Motivated by behavioral examples in the family, peer pressure, need for self-assertion in the community or even emotional difficulties, adolescents can put themselves in situations of immediate risk or acquire unhealthy habits that cause diseases in adulthood. To become committed to their health and that of their peers, adolescents must be taught about the determinants of their problems. It is the health professionals' responsibility to encourage responsible behavior in the young, providing them with important and accurate information on health, and identifying those at risk and providing them with adequate and timely assistance.<sup>1-5</sup>

Nevertheless, studies reveal that professionals have little knowledge and plenty of difficulties dealing with this group, which is partly explained by lack of exposure in medical schools to topics such as adolescence, family relationships, and violence. Human sexuality for instance, when included in the curriculum, is almost exclusively focused on the reproductive process.<sup>15-18</sup> Lack of knowledge about adolescence can lead to hasty judgments and, consequently, create barriers to a good doctor-patient relationship. Conversely, when professionals know more about adolescence they can be more sensitive and responsive to information brought forward by adolescents and become better equipped to perceive their vulnerability.<sup>15,16</sup>

As long as the academic training in medical schools is unable to address adolescence beyond the purely biological approach, there must be substantial investment in continuing education for professionals in health services that seek to provide good comprehensive care to this age group.<sup>3,4,11,16,19</sup> It is important to note that it is possible to train and qualify health professionals by in-service training and teamwork. However, a basic team consisting of a physician, a nurse, a psychologist and a social service professional are required to carry this proposal out.<sup>4,5,10,16,20</sup> Approaching the subject from different areas of healthcare is the best way to understand the magnitude of the biopsychosocial changes that occur in adolescence and to reverse the situation of missed opportunities.

Finally, a few limitations to this study must be mentioned. Despite being conducted based on a questionnaire validated by PAHO and applied by trained students, this study is based only on the data provided by respondents, which can generate infor-

mation bias. We believe, however, that interviewer bias was minimized because interviews were carried out by medical students not directly related to the service. We also assume that bias due to non-response has not occurred in this study, since all adolescents agreed to answer the questions, and there were no losses. Despite those limitations, it is important to emphasize that a complete review of this service was not done only with the use of this instrument. We also emphasize that this study serves as a warning and indicates the need to evaluate and improve the attention given to adolescents in healthcare services, especially those inside universities, where there are students and professionals in training as potential multipliers of health education.

## ACKNOWLEDGEMENT

To the Fundação de Amparo à Pesquisa do Estado de Minas Gerais (FAPEMIG), by sponsoring this research.

## REFERENCE

1. Minas Gerais. Secretaria de Estado de Saúde. Atenção à saúde do adolescente: Belo Horizonte: SAS/MG; 2006. 152 p.
2. Brasil. Ministério da Saúde. Secretaria de Atenção em Saúde. Departamento de Ações Programáticas Estratégicas, Área Técnica de Saúde do Adolescente e do Jovem. Diretrizes nacionais para a atenção integral à saúde de adolescentes e jovens na promoção, proteção e recuperação da saúde. Brasília: Ministério da Saúde; 2010. 132 p. (Série A. Normas e Manuais Técnicos).
3. Paccini LMR, Ferreira RA. Atuação médica no atendimento público ao adolescente de Belo Horizonte. *Pediatria (São Paulo)*. 2008; 30(4):208-16.
4. Leão LMS. Saúde do adolescente: atenção integral no plano da utopia [mestrado]. Rio de Janeiro: Fundação Oswaldo Cruz, Escola Nacional de Saúde Pública; 2005. 120 p.
5. Grossman E, Ruzany MH, Taquette SR. A consulta do adolescente. *Adolescência & Saúde*. 2004 mar; 1(1):09-13.
6. Universidade Estadual de Montes Claros-Unimontes. Pró-Reitoria de Pesquisa. Prostituição Infanto-Juvenil na Região do Norte de Minas e no Vale do Jequitinhonha. Relatório Síntese. Montes Claros: Unimontes; 2000.
7. Visão Mundial e Pastoral do Menor, organizador. Seminário sobre defesa dos direitos da criança e do adolescente. Relatório Síntese. Montes Claros: Visão Mundial e Pastoral do Menor, 1999.
8. Zubarew T, Suarez OEN, Ruzany MH. Evaluación de oportunidades perdidas de atención integral del adolescente. Washington, DC: OPS; 1996.

9. Ruzany MH, Szwarcwald CL. Oportunidades perdidas de atenção integral ao Adolescente. *Adolescência Latinoamericana*. 1414-7130/00/2-26-35. [Cited 2012 jan 10]. Available from: <http://ral-adolesc.bvs.br/pdf/ral/v2n1/p06v2n1.pdf>
10. Formigli VLA, Costa COM, Porto LA. Avaliação de um serviço de atenção integral à saúde do adolescente. *Cad Saúde Pública*. 16(3): 831-841, jul-set, 2000.
11. Ferrari RAP, Thomson Z, Melchior R. Atenção à saúde dos adolescentes: percepção dos médicos e enfermeiros das equipes de saúde da família. *Cad Saúde Pública*. 2006 nov; 22(11):2491-5.
12. Wells K, Kataoka SH, Asanow JR. Affective disorders in children and adolescents: addressing unmet need in primary care settings. *Biol Psychiatry*. 2001; 49:1111-20.
13. Jacobson LD, Mellaby AR, Donovan C, Taylor B, Tripp J H. Teenagers' views on general practice consultations and other medical advice. *The Adolescent Working Group, RCGPFam Pract*. 2000; 17:156-8.
14. Mcpherson A, Macfarlane A, Allen J. What do young people want from their GP? *Br J Gen Pract*. 1996 Oct; 46(411): 627.
15. Feijó RB, Oliveira EA. Comportamento de risco na adolescência. *J Pediatr (Rio J)*. 2001; 77(supl. 2):S125-34.
16. Crossetti MA. Avaliação da atenção integral à saúde do adolescente por profissionais de uma Unidade Básica de Saúde no Rio de Janeiro. *Rev APS*. 2009 out/dez; 12(4): 430-5.
17. Loyola MA. Sexualidade e medicina: a revolução do século XX. *Cad Saúde Pública*. 2003; 19:875-84.
18. Vieira LM, Saes SO, Dória AAB, Goldberg TBL. Reflexões sobre a anticoncepção na adolescência no Brasil. *Rev Bras Saúde Matern Infant*. 2006 jan/ mar; 6(1):135-40.
19. Pepe CCA, Ruzany MH, Grossman E. Módulos de auto-aprendizagem na saúde do adolescente e do jovem: uma metodologia construtivista de capacitação profissional. *Adolesc Saúde*. 2005 mar; 2(1):6-10.
20. Vitale MSS, Schoen-Ferreira TH, Weiler RME, Freire SC, Rodrigues AM, Vertematti S, Yamamura ML, Sampaio IPC. O setor de medicina do adolescente da Universidade Federal de São Paulo: uma experiência multiprofissional e interdisciplinar. *Adolesc Saúde*. 2010 out/dez; 7(4):13-20.