CHAPTER 23

ADOLESCENCE

Adolescence is a period of significant physical, emotional, and cognitive change. The development of independence from family and the pressure to conform to peers can impose challenges in the management of chronic disease. However, adolescents with chronic illnesses require more support from family and caregivers.

Adolescence spans the period of pubertal development, which manifests with physical changes which reflect maturation of the gonads and hypothalamic-pituitary-gonadal axis. The generally accepted age for adolescence includes 10 to 19 years, but the adolescent/youth period may extend to 24 years. Irresponsible behaviour and a tendency towards risk-taking are features in adolescence that are related to the hormonal changes in puberty.

Distinct psychosocial features characterise early, mid- and late adolescence; these stages affect adherence. In early adolescence, the individual is unable to think abstractly or plan ahead; in middle adolescence, concrete thinking in times of stress develops; in late adolescence, abstract thinking and the ability to anticipate the future and plan develops.

CHILD RIGHTS (Children's ACT 38 of 2005)

https://www.gov.za/documents/childrens-act

A child is defined by the Bill of Rights and the Children's Act as "a person under the age of 18 years".[1]

Access to information and confidentiality

Every child has a right to access to information and confidentiality regarding his/her health status and treatment, except when this confidentiality is not in the best interests of the child. Consent to disclose that a child is HIV positive may be given by the child if (s)he is 12 years or older, or of sufficient maturity to understand the implications of such disclosure. In younger children, the consent may be given by the parent/caregiver, or person in charge of a hospital (if the child is hospitalised).

Consent to medical and surgical treatment

A child may consent to his/her own medical treatment and surgical operation if (s)he is over 12 years and has the mental capacity to understand the implications of the treatment/procedure. For a surgical operation the child must be duly assisted by his/her parent or guardian. The person in charge of

a hospital may consent to the medical treatment or surgical operation if this is necessary to save the life of the child or save the child from serious injury or disability or if the need for the operation is urgent.

Contraceptives

Condoms may not be withheld from children older than 12 years if they request them. Contraceptives other than condoms may be given to children older than 12 years without the consent of the parent/guardian provided that proper medical counselling has been given to the child and that the child has been examined to exclude contraindications to giving specific contraceptives.

Termination of pregnancy (Choice on Termination of Pregnancy Act 92 of 1996)

If a pregnant minor requests termination of pregnancy she should be advised to discuss it with her parents/guardians but their consent is not required.

Sexual assault (Criminal law (Sexual Offenses and Related Matters) Act 32 of 2007)

While a person younger than 18 years is considered a child in South Africa, the act does allow consensual sex for people who are between 16 and 18 years. It is illegal for any person younger than 16 years to consent to or to be involved in any sexual act. It should be noted that consensual sex where both parties are 12 to 15 years is no longer a sexual offence. Consensual sex between an adolescent younger than 16 years and a partner who is not more than 2 years older is legal.

A healthcare worker may prescribe contraception to children under the age of 16 years without obtaining parental/caregiver consent.

Healthcare workers are reminded of their obligation to report sexual assault.
Refer to Sexual Offenses and Related Matters Act 32 of 2007 and the Constitutional Court ruling Case CCT [2013] ZACC 35 for further guidance.

23.1 ADOLESCENT CHRONIC DISEASE: TRANSITION OF CARE

Z00.3

DESCRIPTION

Transition of care in adolescence is described as the purposeful, planned movement of a person with chronic medical conditions from a child-centred to an adult-orientated healthcare service.

Specialised programmes for transition improve adherence and outcomes. Careful assessment of growth and development may determine an

individualised approach to transition. Chronic disease during this period impacts on growth and development.

GENERAL AND SUPPORTIVE MEASURES

» Promote adherence to medicine and follow-up.
» Counselling and support.
» Manage and co-ordinate treatment through a multidisciplinary team, including physicians and paediatricians.

MEDICINE TREATMENT USING TANNER STAGING

The Tanner staging is used to assess pubertal development and medication doses may be adjusted according to Tanner staging rather than strictly on the basis of age.

TANNER STAGING OF PUBERTAL DEVELOPMENT

Tanner stage	Pubic hair	Breast development	Testicular and Scrotal development	Penis
1.	No hair	Pre-adolescent	Pre-adolescent	Pre-adolescent
2.	Sparse, downy hair at base of symphysis pubis	Breast bud	Enlargement of scrotum and testes Skin of scrotum reddens, changes in texture	Little or no penis enlargement
3.	Sparse, coarse hair across symphysis pubis	Continued growth of breast	Further growth of testes and scrotum	Enlargement of penis, mainly in length
4.	Adult hair quality, fills in pubic triangle, no spread to thighs	Areolar and papillae form secondary mound	Testes and scrotum larger; scrotal skin darkened	Increased size with growth in breadth and development of glans
5.	Adult quality and distribution of hair including spread to medial thighs	Mature female breast	Adult size and shape	Adult size and shape

Note: Deviation from normal pubertal development may be primarily a disorder of the endocrine system and may reflect the impact of another disease process on the endocrine system.

In 50% of children, breast Tanner stage 2 develops at 10 years, pubic hair Tanner stage 3 at 11.5 years and menarche at 12.5 years.

Titrate doses according to Tanner staging rather than strictly on the basis of age.

» Tanner stage 1 or 2 or 3 (early to mid-puberty): use paediatric schedules.
» Tanner stage 4–5 (late puberty): use adult schedules.
» Puberty may be delayed in children with chronic disease, adding to discrepancies between Tanner stage-based dosing and age-based dosing (consult relevant package inserts for guidance of dosage).
» Optimise therapy of certain medicines by monitoring drug levels, and by adjusting doses during puberty and with weight gain.
» Consider medicine interactions, e.g. induction of oral contraceptive metabolism by rifampicin and changes of drug disposition during puberty and use convenient medicine formulations and devices that contribute to better treatment adherence.
» Minimise the adverse impact of medicines on cognition and brain development.

REFERRAL

» Refer patients with cognitive impairment and mental health problems to a psychiatrist.
» Refer adolescents with chronic disease for assessment by a psychologist and mental health specialist for recognition of anxiety, depression, attention-deficit disorder and post-traumatic stress disorder.

23.2 CONTRACEPTION, TEENAGE PREGNANCY AND TERATOGENICITY RISKS

Z30.9

DESCRIPTION

Adolescents are at risk for both sexually transmitted diseases and unintended pregnancy. Healthcare workers need to be supportive of adolescents regardless of whether they are abstinent or sexually active.

The foetus may be at risk for teratogenic effects of chronic medications taken by a pregnant adolescent. Examples of potential teratogenic medicines include some members of the following classes, e.g. anticonvulsants, antiretrovirals, anticoagulants, antithyroids, chemotherapy, and radiation.

GENERAL AND SUPPORTIVE MEASURES

» Offer sex education (risk of pregnancy and sexually transmitted infections) early and at every opportunity in adolescence.
» Counsel pregnant adolescent females about the risks of teratogenicity.
» Offer psychosocial support through a multidisciplinary team to pregnant teenagers.

MEDICINE TREATMENT

For contraception, refer to the Standard Treatment Guidelines and Essential Medicines List for Primary Healthcare 2020, Chapter 7: Family Planning. Where necessary, adolescents should have access to the full range of contraception options.

Seek expert advice for pregnant teenagers on potential teratogenic medicine.

REFERRAL

» All pregnant teenagers with significant disease requiring chronic medicine.
» Refer a pregnant adolescent at risk for teratogenicity for early foetal ultrasonography.

References

[1] Constitution of the Republic of South Africa, Act 108 of 1996. Section 28(3). Children's Act 38 of 2005. Section 1.