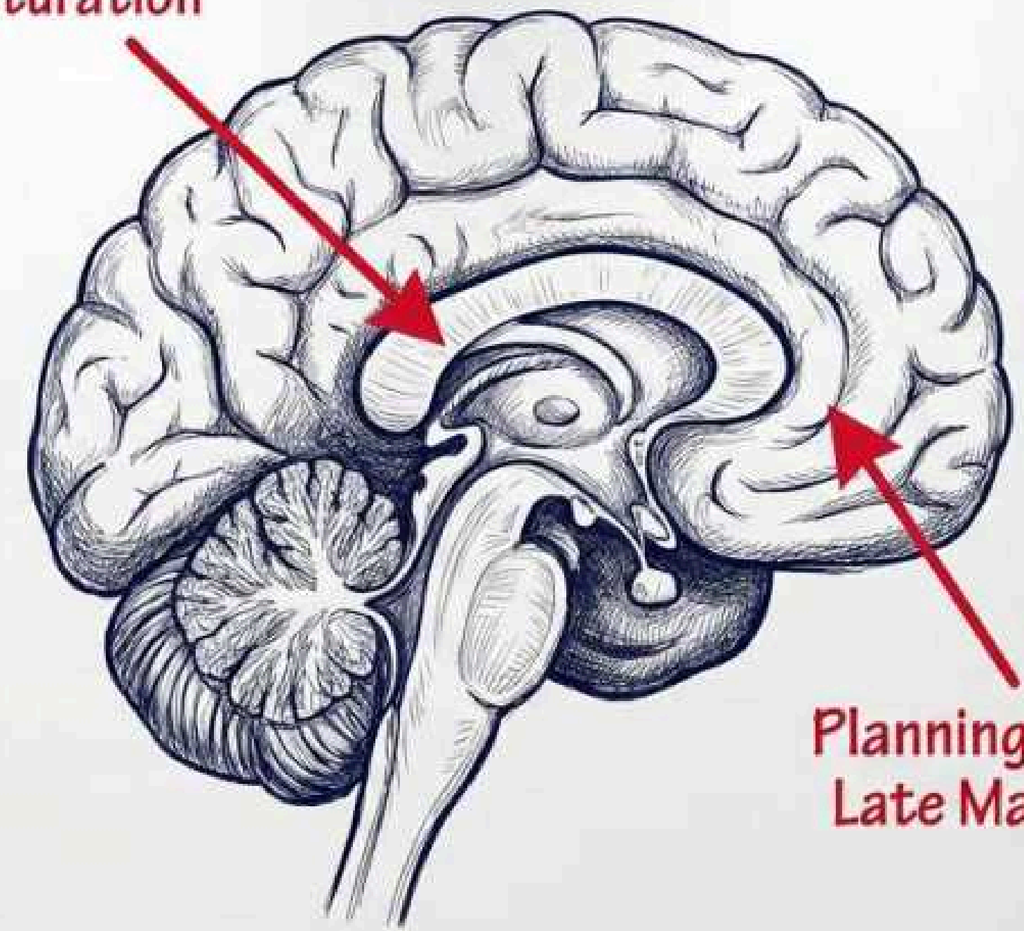
[¶ 6.1]

Adolescence (10-19 yrs) =

Δ Physical (Puberty)

$+ \lim_{(t \to 20s)}$ Brain Development (Prefrontal)

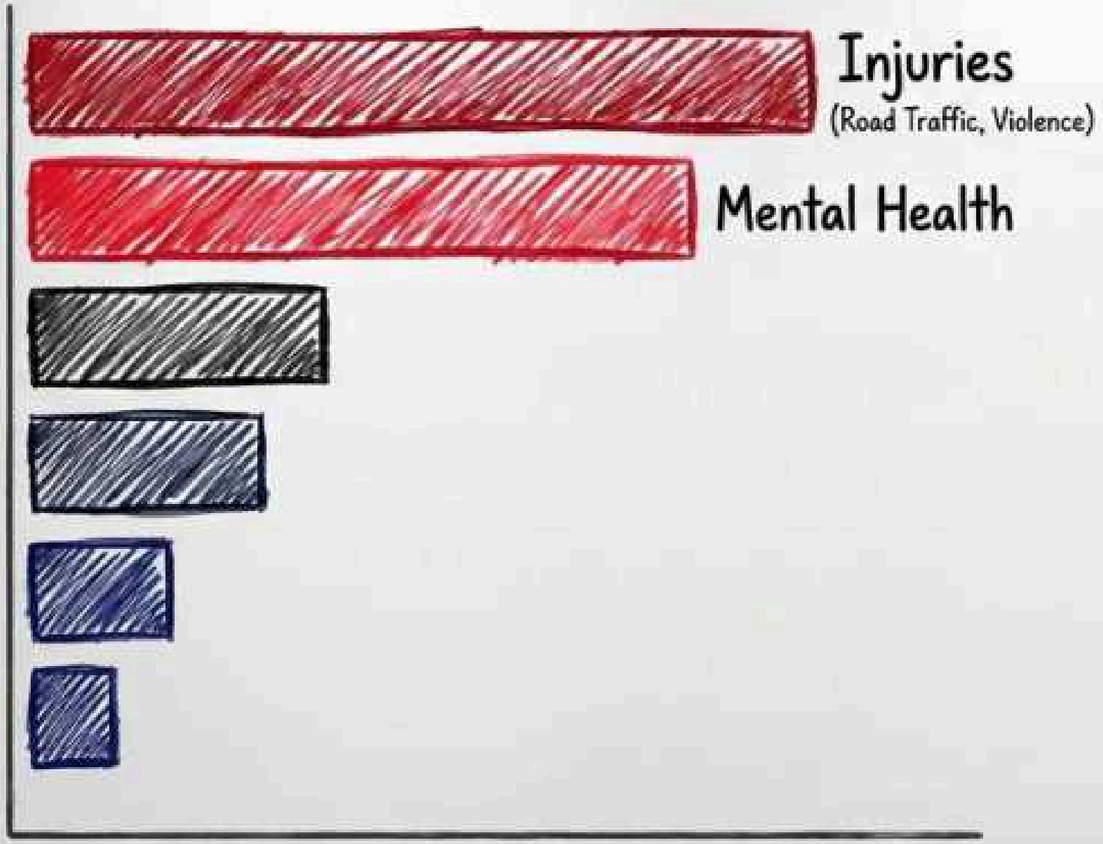
Physical changes of puberty (Ref: Med 531 B / 532 B) outpace the brain's executive control centers, which continue developing well into the twenties.



Gemini Notebook

[¶ 6.2]

Leading Causes of Death & Illness



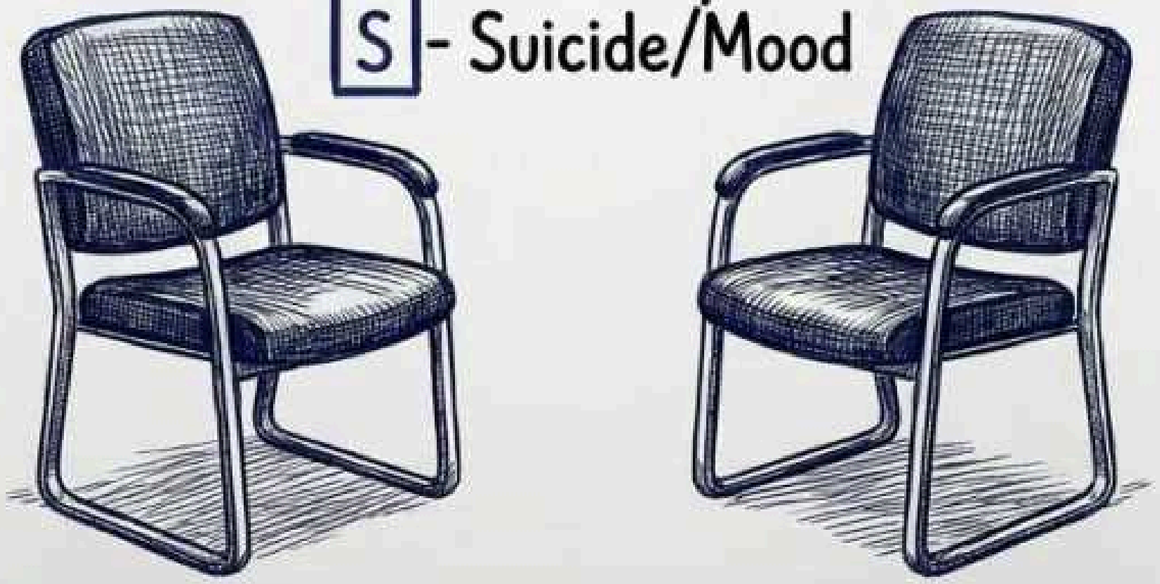
$$\sum \begin{pmatrix} \text{Smoking,} \\ \text{Alcohol,} \\ \text{Diet,} \\ \text{Exercise} \end{pmatrix}_{\text{teen}} \approx \text{Baseline Health}_{\text{adult}}$$

- Adolescents are generally physically robust in the present.
- However, acute behavioral risks and habit formations fundamentally dictate lifelong physiological baselines.

Gemini Notebook

[¶ 6.3]

- **H** - Home
- **E** - Education/Employment
- **A** - Activities
- **D** - Drugs
- **S** - Sexuality
- **S** - Suicide/Mood

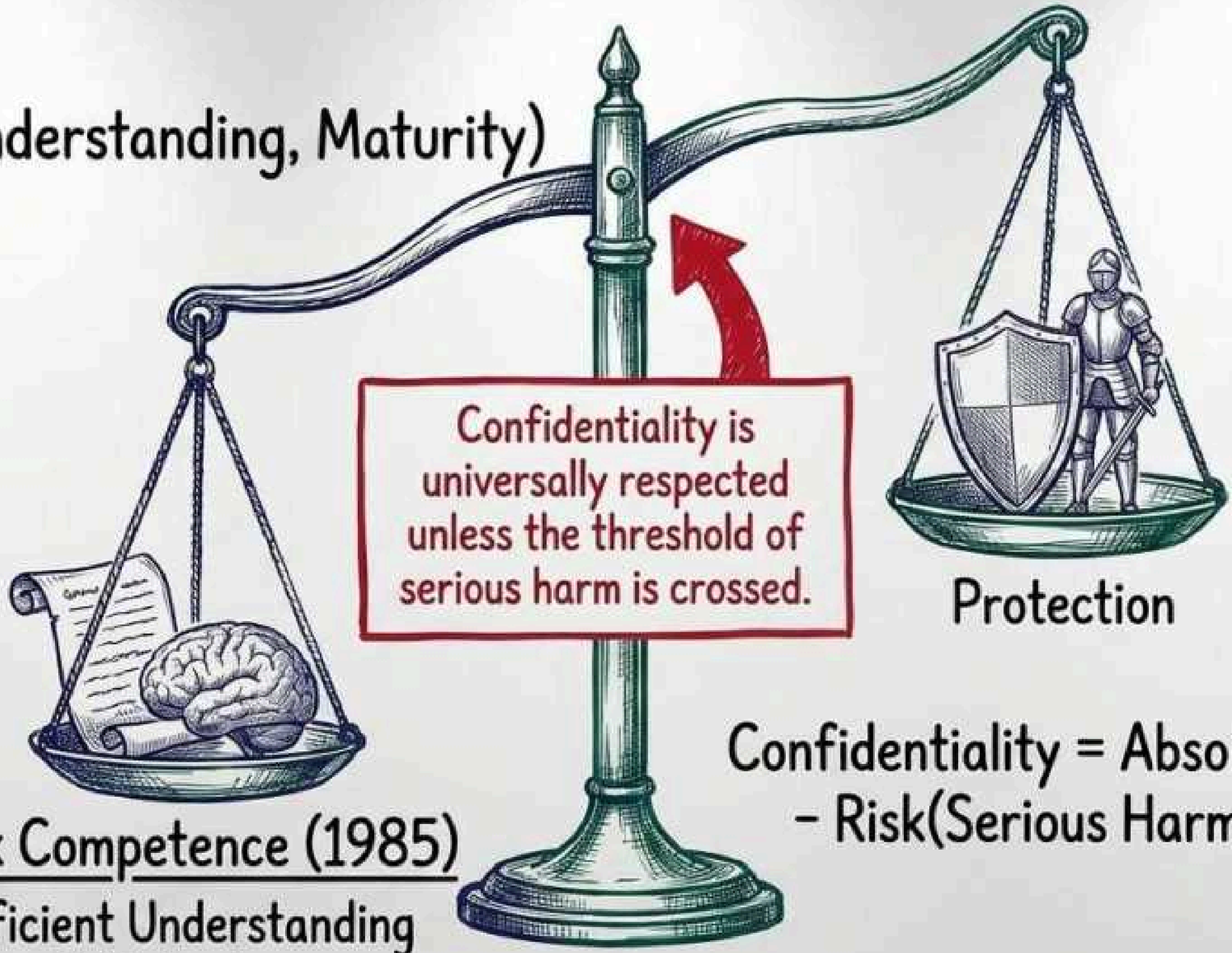


Joint Consultation → Explain Confidentiality Limits → 1-on-1 Time (Crucial for hidden concerns)

Gemini Notebook

[¶ 6.4]

Consent = f(Understanding, Maturity)



Protection

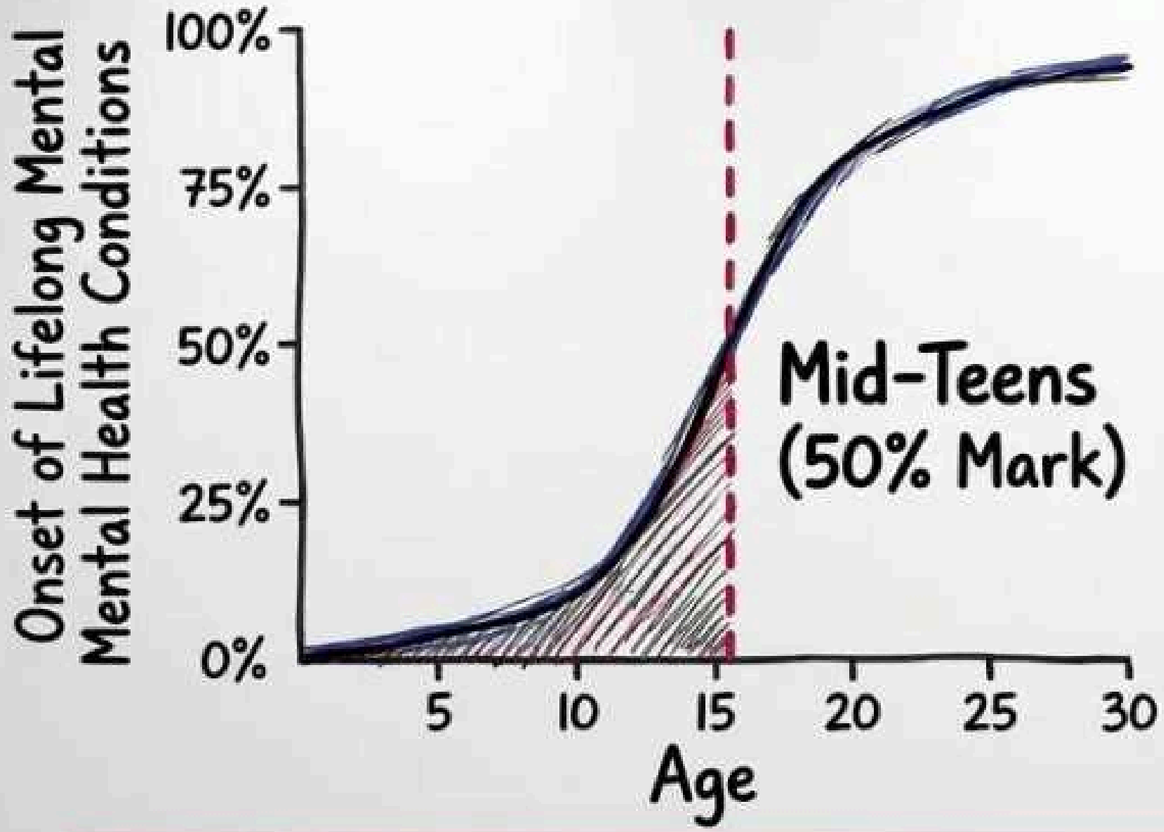
Confidentiality = Absolute
- Risk(Serious Harm to Self/Others)

Gillick Competence (1985)

Sufficient Understanding & Maturity

Gemini Notebook

[¶ 6.5]



Common Pathologies:

- Anxiety
- Depression
- Eating Disorders
- Self-Harm

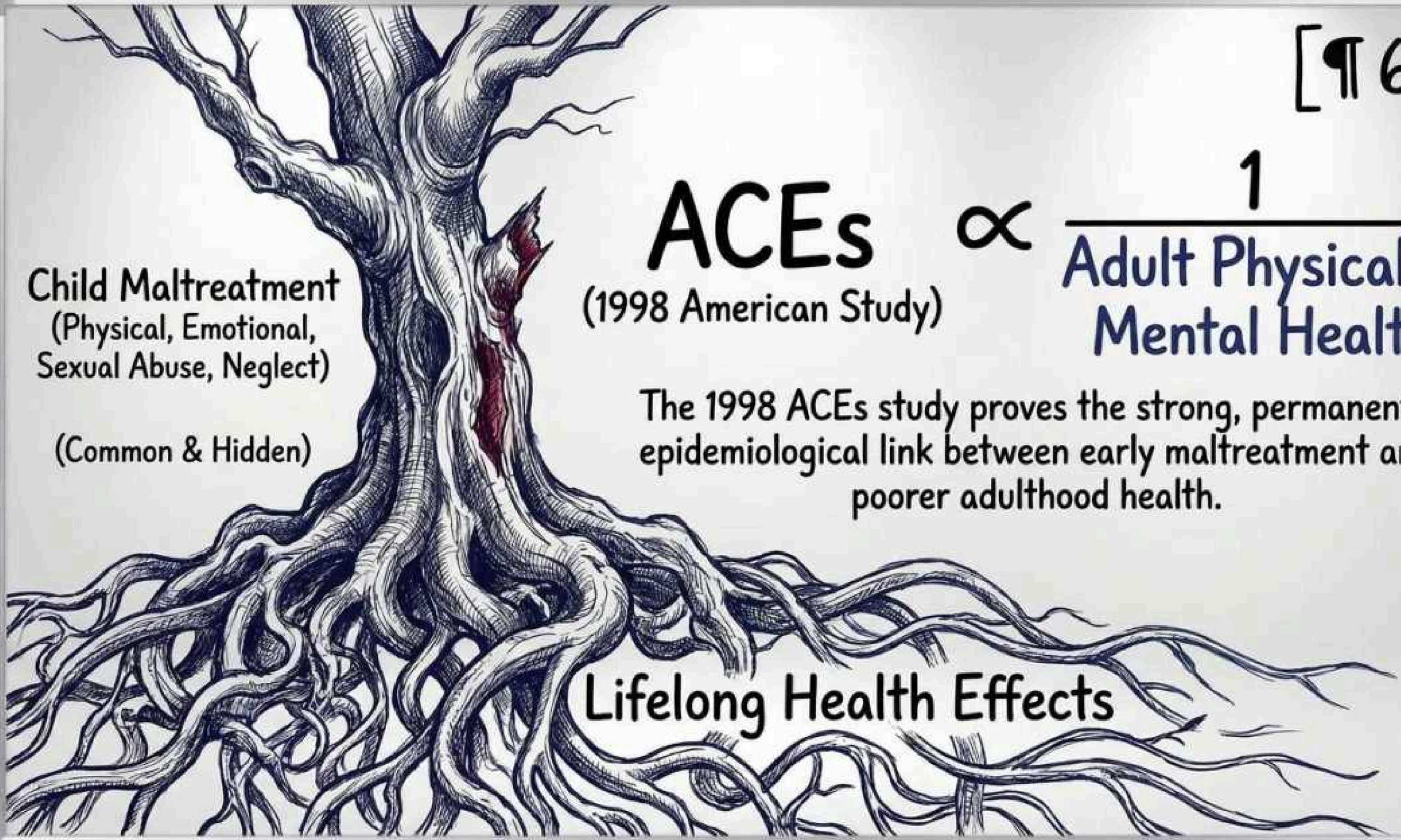
(Note: Rates are rising globally.
Link: Med 545 B for treatment details).

Asking directly about mood/safety ≠ Increased Risk

Asking directly = Access to Support & Early Intervention

Gemini Notebook

[¶ 6.6]



Child Maltreatment
(Physical, Emotional, Sexual Abuse, Neglect)

(Common & Hidden)

ACEs ∝ $\frac{1}{\text{Adult Physical \& Mental Health}}$

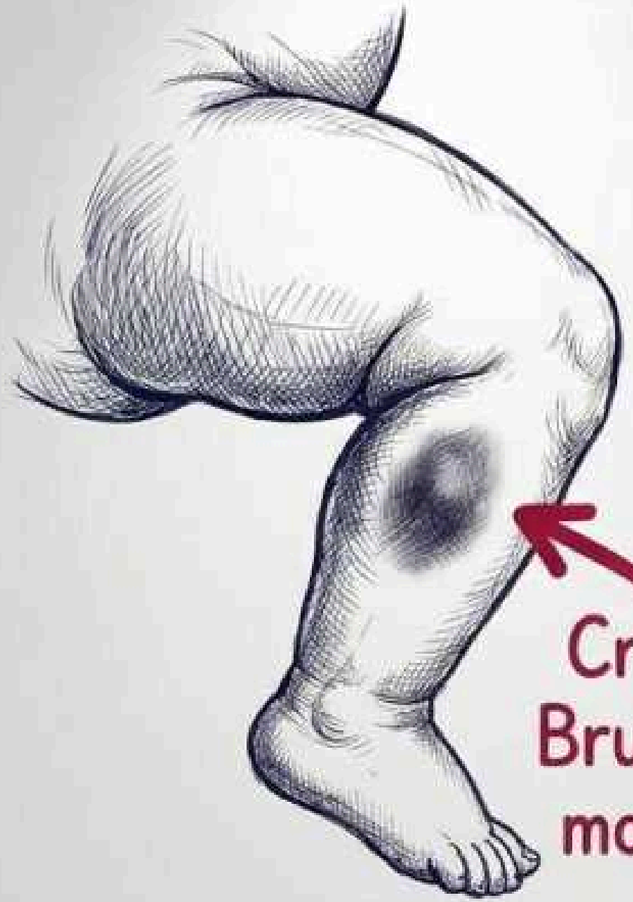
(1998 American Study)

The 1998 ACEs study proves the strong, permanent epidemiological link between early maltreatment and poorer adulthood health.

Lifelong Health Effects

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[¶ 6.7]



Crucial Alert: Bruises on non-mobile babies.

Abuse Indicators	Neglect Indicators
• Injuries not fitting explanations • Delays in seeking help • Non-mobile bruises • Repeated injuries • Sudden behavioral shifts	• Faltering growth • Poor hygiene • Missed appointments • Untreated illnesses

Discuss with senior colleagues → Consult child protection specialists → Share with protecting agencies (local procedures)

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The child's welfare is paramount. [¶ 6.8]

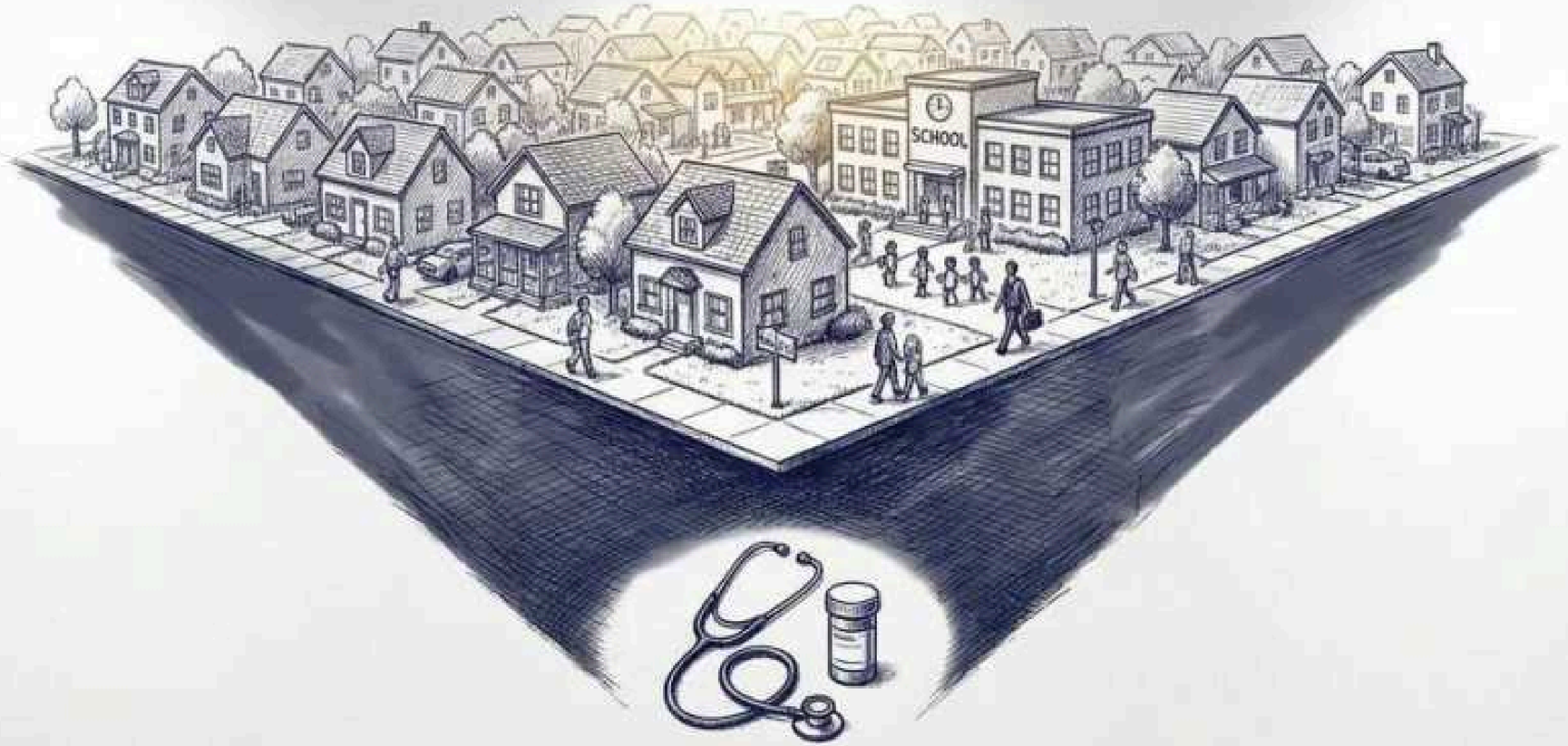
Doctor's Role = Recognize + Report + Document ≠ Prove



- Carefully document findings.
- Work with families (when safe).
- Deeply listen to the child.
- Let trained agencies investigate.

Gemini Notebook

[¶ 6.9]



Health Outcomes ∝ (Housing + Education + Employment + Safety) > Healthcare Alone

Poverty Multiplier:

Poverty → ↑ Preterm birth, infant death, injuries, asthma, obesity, dental/mental disease.

Clinical Action:

Doctors must actively ask about social needs and connect families with structural support.

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Convention on the Rights of the Child (1989) [¶6.10]



1. The right to the highest attainable standard of health.
2. The right to be heard in decisions that affect them.

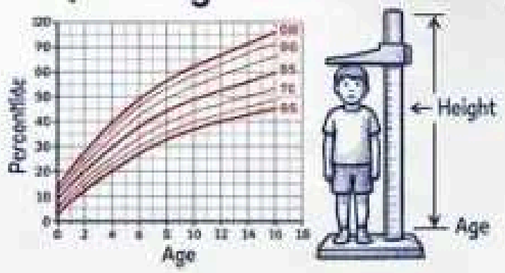
Involving children in their own care (in age-appropriate ways) is not just a legal rights requirement, but a proven method to improve clinical outcomes.

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[¶ 6.11]

The Child

Not small adults
(Track growth over time)



Maltreatment
(Duty to recognize & respond)



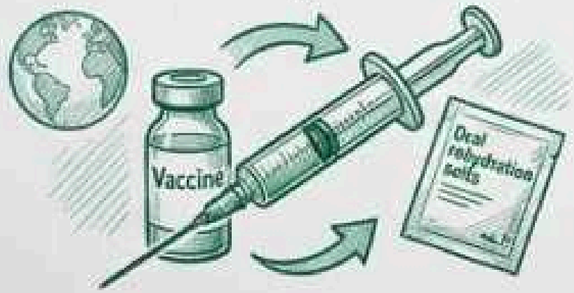
Acute illness
(Usually minor; recognize serious early)



Adolescents
(Respect & Confidentiality)



Interventions
(Vaccines & Oral rehydration save millions)



Chronic conditions
(Require family-centered care)



Questions/Feedback?

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