

Teens May Be Riding With Parents Who Drink

BY MIRIAM E. TUCKER

BALTIMORE — For as many as a third of adolescents who report riding in a car with a drinking driver, that driver may well be a parent rather than a peer.

That finding, based on a cross-sectional questionnaire of 2,100 adolescents, highlights “a profoundly underrecognized and undertreated public health problem,” Dr. Celeste R. Wilson said in a poster presentation at the annual meeting of the Pediatric Academic Societies.

“Primary care providers need effective counseling strategies for adolescents exposed to parents who drive while intoxicated and more training in how to deal with parents who are placing their children at risk by engaging in this behavior,” said Dr. Wilson, of the Center for Adolescent Substance Abuse Research at Children’s Hospital, Boston.

The study sample was recruited from among 12- to 18-year-olds who arrived for routine primary care visits at one of nine primary care practices in Massachusetts, Vermont, and New Hampshire during 2005-2008. They completed computer-

ized questionnaires as part of a larger study on substance abuse. The total 2,100 adolescents who completed the 20-item survey had a mean age of 16 years, and two-thirds were female. Half had at least one parent with a college degree, and 69% lived with both parents.

Of the 2,100 total respondents, 22% reported having ridden in a car in the previous 90 days with a driver who had been drinking. Of those 459 respondents, 41% identified that driver as someone living in their home. And of those 189 respondents, 91% (172) said that the drinking driver living in their home was an adult who was over 21 years of age. Because of institutional review board concerns about study subject protection, the survey did not directly inquire whether the drinking driver was a parent or guardian. Instead, the descriptions “an adult over 21 years of age” and “living in your home” were used as proxies, Dr. Wilson explained.

Adolescents who reported riding with a drinking driver who was an adult living in their home were more likely to be female, to be white, and to have a parent with no college degree. Younger adoles-



Clinicians need counseling strategies for teens who are exposed to parents who drink and drive.

cents were more likely than older ones to report riding with a drinking “parent.”

Although the exact nature of the relationship between the adult drinking driver and the adolescent could not be confirmed, other questionnaire data supported the supposition that most of these were indeed parents. The risk for having ridden with a drinking driver who was older than 21 and living in the teenager’s home was more than three times greater for those who agreed with the statements “I have a parent whose use of alcohol or

other drugs worries me,” “I have a parent who gets drunk or high,” and/or “I have a parent who needs treatment for alcohol or other drug problems.” The risk was more than double for those who said, “I have a parent who uses alcohol or drugs soon after getting up in the morning.”

Still, Dr. Wilson acknowledged that at least in some cases, the drinking driver might be an older sibling or a parent’s romantic partner who is not

the teen’s parent. Nonetheless, “I think the key issue is that an adult who is well known to the adolescent is engaging in behavior that’s potentially putting the adolescent at risk. Such behavior is of grave concern, as it not only threatens the adolescent’s safety but also inadvertently sends a powerful yet erroneous message that it is acceptable to drink and drive.”

This study was funded by grants from the National Institutes of Health and several private foundations. Dr. Wilson said she had no financial disclosures. ■

Contraceptive Counseling for Postpartum Teens Suboptimal

BY DAMIAN McNAMARA

SAN ANTONIO — The number of unintended subsequent teenage pregnancies might decrease with enhanced postpartum contraceptive counseling, particularly about side effects of birth control options, based on findings from a telephone survey of 40 young women.

The survey, conducted at 7 months to 1 year post partum, included women aged 21 years and younger who were delivered between April and September 2007 at Sinai



Hospital in Baltimore, said Dr. Suzanne Elizabeth Jose and Dr. Julie Jacobstein.

“We see a lot of 15-year-old, 16-year-old girls coming in with their second or third babies,” Dr. Jose said in an interview. “Before they leave the hospital, we counsel them about birth control options.” The most common contraceptive choices were the birth control pill (13 patients) and injectable contraception (10 patients).

“But they come back. So we asked ourselves: What are we doing wrong?” Dr. Jose said at her poster during the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

All of the surveyed patients reported receiving some counseling, but half had discontinued contraception. “Some had

no reason—they just stopped.” Others cited adverse effects.

“We have to improve our counseling about side effects,” Dr. Jose said. Group contraception counseling is a possible strategy.

When talking to adolescents, “you have to be able to talk to them in language they understand,” and a planned

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DR. JOSE

study will explore age-appropriate dialogue, Dr. Jose said. The routine 6-week follow-up visit after vaginal deliveries might be a good time to reinforce contraceptive counseling, she added.

Of the 40 adolescent mothers, 11 (28%) reported a subsequent pregnancy—all unintended, Dr. Jose said. There were no miscarriages or ectopic pregnancies. Although it did not occur in this study, some adolescents choose to get pregnant again, she said. Physicians can ask about such plans during contraceptive counseling and consider the duration of different options. For example, an intrauterine device that lasts 5 years may not be a good option for a teenager.

Next, Dr. Jose and her associates plan to study the effectiveness of postpartum contraceptive counseling in a prospective study.

Dr. Jose said she had no relevant financial disclosures. ■

Some Teens Quit Implanon Despite Advice on Side Effects

BY DAMIAN McNAMARA

SAN ANTONIO — A minority of teens and young women in a study who chose an implantable contraceptive device discontinued because of spotting and irregular bleeding, despite prior counseling about this common side effect.

“We noticed there was increased interest from our adolescent patients for Implanon and realized some were complaining of bleeding,” Dr. Wendy L. Jackson said. Implanon (Organon), a 4-cm rod implanted in the subdermis, contains 68 mg of etonogestrel.

Dr. Jackson and her colleagues conducted a chart review at the University of Kentucky in Lexington. “We know that 52 patients had Implanon placed at our clinic” since February 2008, she said in an interview at her poster at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

“The likelihood of their having some bleeding is relatively high,” she said. “We counsel them to make sure it’s an appropriate choice for them.” Still, 6 (12%) of the patients (age range, 13-21 years) returned to have Implanon removed at the University of Kentucky Adolescent Medicine Clinic, where Dr. Jackson is in the department of obstetrics and gynecology.

Because 31% of the patients did not return later for treatment or consultation,

the study might have underestimated the discontinuation rate. It’s unclear why 16 patients did not return, but it might represent normal adolescent behavior, satisfaction with Implanon, or removal of the device at another clinic, she speculated.

When patients return complaining of bleeding and/or spotting, a trial of oral contraceptives or Premarin (conjugated

Counseling is important because ‘the likelihood of their having some bleeding is relatively high.’

DR. JACKSON

estrogens, Wyeth) can stop the bleeding so they can keep the device in place. “Implanon is a safe method for the adolescent population. It is more long term, so compliance is not an issue,” Dr. Jackson said. She had no relevant disclosures.

“Implanon is great birth control,” Dr. Nichole Tyson said during a separate presentation at the meeting. “It’s good for 3 years, probably longer.”

“The downside is bleeding, and they all bleed,” said Dr. Tyson, director of the Teen Clinic at Kaiser Permanente, Roseville, Calif. She cautioned that the return to fertility is rapid—often within 24 hours—once the implant is removed. Dr. Tyson could not be reached to ascertain whether she had any conflicts of interest.

In terms of future research, Dr. Jackson said, “It would be nice to look back at the charts and see if any of the 31% returned for bleeding.”

The Food and Drug Administration revised instructions for implantation and removal of Implanon in February 2009. ■

