HIV-Positive Teens Must Be Reached Early

BY ROBERT FINN
San Francisco Bureau

San Francisco — In assessing an adolescent newly diagnosed with HIV, establishing a productive doctor-patient relationship can be every bit as important as determining viral loads, Dr. Andrew T. Pavia said at a meeting on HIV management sponsored by the University of California, San Francisco.

With adolescents, "one of the difficulties is getting to the point where the conversation starts," said Dr. Pavia of the University of Utah, Salt Lake City. "Sometimes a lot of the visit is spent while the kid is examining her shoes and not answering questions and speaking in monosyllables. And as you reach the end of the visit and you're running out of time, suddenly the floodgates open."

Few clinicians have the luxury of the five-visit assessment model pioneered by Children's Hospital of Philadelphia. There, the initial visit is entirely devoted to relationship building and to determining the teen's psychological profile. Only at the second visit does the initial medical intake examination begin, including blood draws for STD testing and HIV staging.

The third visit involves mental health screening, including cognitive testing and screening for depression. During the fourth visit the physician reviews the patient's CD4 counts and viral loads, and at the fifth visit those tests are repeated.

"We don't have the luxury of doing a five-visit evaluation, but it's actually been very surprising how much tests like the Beck Depression Inventory can help open up a range of conversations," Dr. Pavia said. Starting the visit with this and discussing the results with the patient immediately can be a shortcut to developing a productive therapeutic relationship.

The physician should try to understand the patient's psychosocial situation. It's important to know whether the teen's basic needs for housing, food, clothing, child care, and education are being met.

It's important to know whether the adolescent has mental health issues or is a substance abuser. It's also important to know what legal issues the teen may be facing.

For example, Dr. Pavia discovered that after he sent them off for referrals, some adolescents simply failed to show up. When he questioned them, some mentioned that they were on probation or had outstanding warrants, and while they trusted him not to turn them in, they couldn't be so sure about other health care workers.

It's important to determine whether the adolescent has an adequate support system, and if so, how to engage it. It's important to determine whether the adolescent has any special needs, such as language translation, hearing impairment, reading impairment, and the like.

And it's important to determine where the patient stands on disclosing his or her HIV status or sexual orientation to parents or guardians. ■

In Study, Most Adolescent Suicide Attempts Were Rash and Emotional, Not Premeditated

BY JANE SALODOF MacNEIL
Southwest Bureau

Santa Ana Pueblo, N.M. — Only 4% of 164 adolescents who tried to kill themselves left a suicide note, according to a retrospective, single-institution study reported at the annual meeting of the Academy of Psychosomatic Medicine.

"This situational profile points toward rash, emotionally charged attempts, marked by a sense of immediacy," the researchers concluded in a poster presented by Kelly Fiore, a fourth-year medical student at Robert Wood Johnson Medical School in Piscataway, N.J.

Because few suicide attempts appeared to be premeditated, Ms. Fiore and her coinvestigators from the department of psychiatry recommended that interventions for teenagers address impulsivity.

Along with programs offering "behavioral strategies for affect management and impulse control," Ms. Fiore wrote that youngsters in high-risk groups should be made aware of emergency hotlines, drop-in centers, and other crisis resources.

The investigators reviewed charts of all adolescents admitted to a tertiary care center after confirmed suicide attempts during a 46-month period.

The adolescents ranged in age from 10 to 18 years (median 15 years) and came from a diverse population (59% white, 22% Hispanic, 16% black, 3% other). Most attended school and lived at home, which was described in nearly all cases as "conflictual."

More than two-thirds (69%) had mood disorders. Nearly half (45%) had made a previous suicide attempt.

Overdose was the predominant method, used in 81% of attempts. Cutting was the next most common method (14%), followed by hanging, multiple methods, jumping from a height, and carbon monoxide exposure.

The leading agents for overdose were prescription drugs (24%), acetaminophen (22%), and aspirin (15%). A small group (3%) used cleaning products. Just 2% overdosed on alcohol or an opiate.

Females accounted for a large majority (79%) of attempters in the study, which also turned up gender differences. "There seems to be a different profile between female and male attempters," Ms. Fiore said in an interview.

Suicidal boys were significantly more likely to be diagnosed with a conduct disorder and have a substance abuse problem. They were more likely to use violent methods, such as cutting, and to try to overdose on cleaning products. They were less likely, however, "to endorse familial discord … as playing a role in their suicide attempts."

Overdose was the preferred method for girls, who were also more likely to use aspirin.

The poster reported that 77 youngsters were referred to an inpatient psychiatric facility, 72 to a psychiatric emergency room, and 12 to outpatient treatment.

No referral was made in two cases, including one teenager who refused further intervention.

Ms. Fiore said all the adolescents were admitted to the tertiary care center—some to the emergency department for 24-hour observation and others for longer periods of time. The psychiatric emergency department (called Acute Psychiatric Services) is a separate facility about 7 miles from the hospital, she said.

"Patients are sometimes sent there after being medically cleared by the regular ER," Ms. Fiore said.

"A psych ER is specific to acute psych issues, and in this case, is completely separate from the medical facilities." ■