

Know How to Answer Teen Girls' Sex Questions

BY DOUG BRUNK
San Diego Bureau

YOSEMITE, CALIF. — Be ready to provide an opportunity for adolescent patients to ask questions about a sensitive topic like sex, Richard G. MacKenzie, M.D., advised at a pediatric conference sponsored by Symposia Medicus.

"Sometimes kids have questions in areas that they sometimes feel hesitant or embarrassed to ask [you about]," said Dr. MacKenzie, director of the division of adolescent medicine at Children's Hospital Los Angeles. "I'll say, 'If you don't feel comfortable asking me questions as your physician in a confidential way, then I think we need to help find another physician for you because you should be able to ask questions of someone that you trust and who knows of your personal and private life.'"

Building a trusting relationship that allows for confidentiality includes encouraging parents to talk to their kids about sensitive topics, "if for no other reason than to raise these as concerns so their teens can bring questions to you as their advised health care provider," he said.

Dr. MacKenzie discussed common questions about sex that young women have posed to him over the years:

► **Do my parents have to know if I go to the doctor for birth control or for a checkup?** In most states the answer is no. In California, for example, "a minor may receive birth control without parental consent, and a minor may consent to medical care related to the prevention or treatment of pregnancy, except sterilization," Dr. MacKenzie said. "The health care provider

is not permitted to inform the parent or legal guardian, and the parent or legal guardian is not responsible for the bill that young person generates."

For a resource, he recommended the "Adolescent Provider Toolkit," a guide to treating teen parents. It can be found on the Web site of the San Francisco-based Adolescent Health Working Group (<http://ahwg.net>).

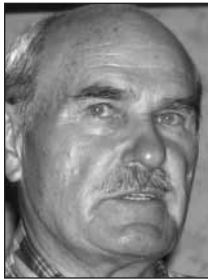
► **Can a girl get pregnant when she is having sex on her period?**

"For those of us who know the standard knowledge base about menstruation and pregnancy, the simple answer is no, but there are exceptions," said Dr. MacKenzie, also of the departments of pediatrics and medicine at the University of Southern California, Los Angeles.

The biologic conditions for normal pregnancy are ovulation, a patent fallopian tube, motile healthy sperm, and a receptive endometrium.

However, he noted that about 10%-15% of a teen's menstrual cycles are characterized by midcycle bleeding, "which is ovulatory bleeding and is usually accompanied by a small amount of brownish-colored blood," he explained. "To the novice, this may look like menstruation," so the woman may mistakenly presume that she can't get pregnant.

Some investigators hypothesize that sexual arousal may actually stimulate ovula-



tion, thus mimicking an estrus cycle, a phenomenon seen in rabbits.

"Menses is an evolution of the estrus cycle, a reproductive cycle in which ovulation occurs secondary to sexual arousal and stimulation," Dr. MacKenzie explained. "Anecdotally, women have reported getting pregnant 'against all odds,' having coitus only during their menstrual period. Some clinicians feel that a woman may regress to the estrus cycle with stimulation. She may

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DR. MACKENZIE

STDs that can be transmitted during oral sex include gonorrhea, herpes simplex virus, chlamydia, human papilloma virus, chancroid, and syphilis.

"The reason this question comes up is that there is this feeling amongst young people that oral sex is not sex at all," he noted. "It's another way of sexual satisfaction, but it's not considered sex in their minds."

► **Can you be pregnant and still have your period?** The answer is yes. This can happen during spurious menses, a condition in which pregnant women continue to have abbreviated menses for the first two to three cycles after fertilization. "I've seen a number of young women whom I thought on my history taking and my exam were not pregnant but end-

ed up being pregnant [because of this condition]," Dr. MacKenzie said.

Implantation bleeding is another cause. "This occurs in 25% of females 5-12 days after ovulation, [which is] roughly the time of their menstrual period, so it can be seen as a period," he said.

Ectopic pregnancy, blighted ovum, and molar pregnancy also may produce vaginal bleeding that is mistaken for menses.

► **Can a girl get pregnant even though she hasn't had her period yet?** This question "probably speaks to 13-year-olds who are talking about having premenarchal sex," Dr. MacKenzie said. "It's extremely unlikely," but there are occasional reports.

► **Why do some women bleed when they have sex?** "We're taught in medical school that postcoital bleeding is a bad sign because it's often related to cervical carcinoma, but it may also be related to cervical ectropion, a stage of the developing cervix that exposes the columnar cells of the endocervical canal to the 'trauma' of coitus," he said.

Other causes of bleeding during sex may include cervical dysplasia, cervicitis, vaginitis, cervical or uterine polyps, and trauma, such as coagulopathy.

► **What does an abnormal Pap smear mean?** The best reply is to tell the young woman that abnormal cells have been identified. The majority of abnormal Pap results (90%-95%) are a consequence of HPV infections "in all ages of the population, not just in adolescents," Dr. MacKenzie said.

Other contributing factors to an abnormal Pap include cigarette smoking, the early onset of coitus, and having multiple sexual partners. ■

Teens' Access to Confidential Care Predicts Gynecologic Care

BY SHARON WORCESTER
Southeast Bureau

NEW ORLEANS — The interval between sexual debut and initiation of gynecologic health care was substantial in a recent study of urban adolescent girls, but access to confidential care predicted more timely gynecologic care, M. Diane McKee, M.D., reported at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

More than 800 high school girls participated in the anonymous, self-administered, computer-based survey. Nearly 45% reported that they were at some point sexually active, and of these, 45% had received gynecologic care, which for the purposes of this study was defined as a pelvic examination.

The mean interval between sexual debut and gynecologic care was 11 months, but the range was 6 months before sexual debut up to 6 years after sexual debut. Only about 4% had a pelvic examination before sexual debut, and for the remaining sexually active girls, a negative consequence (such as pregnancy or a sexually transmitted infection) was strongly associated with

seeking care. The interval between sexual debut and gynecologic care was more than 2 years when no negative consequence occurred and slightly more than 1 year when such a consequence did occur.

"Gynecologic care in adolescents is largely reactive," said Dr. McKee of Albert Einstein College of Medicine, New York.

After negative consequences were controlled for, three other factors emerged as predictors of the interval between sexual debut and gynecologic care: access to confidential care (odds ratio 3.1), high self-efficacy for accessing confidential care (odds ratio 2.1), and disclosure of sexual activity to any clinician (odds ratio 1.7).

Confidential care was defined as having at least part of routine visits conducted without parents present. In the absence of these factors, the median interval between sexual debut and gynecologic care was approximately 3 years.

Only 52% said they received safe sex counseling. Of the 45% of respondents who were sexually active, only 27% had informed any clinician of that fact.

More than 25% of the sexually active girls had been pregnant or had a sexually transmitted infection in the past year. ■

Oral Contraceptive Use Not Linked To Depression in Adolescents

BY TIMOTHY F. KIRN
Sacramento Bureau

LOS ANGELES — Oral contraceptive pills do not cause mood swings or depression in most adolescents. On the contrary, overall, it appears that oral contraceptives increase positive mood and decrease negative mood, Mary A. Ott, M.D., said at the annual meeting of the Society for Adolescent Medicine.

"Our pill users in our study felt better," said Dr. Ott of Indiana University, Indianapolis. "This is different from the adult data."

Data from studies of adults on whether oral contraception impacts mood negatively have been conflicting, and results of prospective studies have varied from those of retrospective studies. Overall, however, there has been a suggestion in adults that oral contraception can increase depression or exacerbate mood lability, and it is well known that mood changes are a common reason women stop using the pill, Dr. Ott said in a poster presentation.

In her study of 226 adolescent females, oral contraception decreased reports of negative mood by 27% over time and increased positive mood by 32% over time,

relative to reports from subjects not on oral contraception.

The 226 enrolled subjects were asked to keep daily mood diaries for two 12-week periods, twice each year, over 2 years. Participants were asked to rate the level of three negative moods they might have experienced during the day (irritable, angry, unhappy) and the level of three positive moods (cheerful, happy, friendly), each on a five-point scale reflecting a range from "not at all" to "all day."

A diary in which the participant reported being on oral contraception both at the start and end of the period was considered an oral contraception diary. Diary periods during which the participant either started or stopped oral contraception were excluded, but some were on oral contraception for an entire diary period at one time, but not at another.

When mean scores were graphed, negative mood scores in the nonusers stayed relatively stable over time. Scores for the users were lower initially, but by the end of the study scores among users had improved 27% relative to the nonusers.

Positive mood increased for both groups over time, but increased 32% more for the oral contraception users. ■