

ANSWER SHEET

Rhodes College Clinic Adolescent Preventive Health Care - 1/02

1. Which adolescent preventive service activity does not need to be done annually ages 11-21 ?
 - a. Counseling on alcohol
 - b. Counseling on sexual behavior (abstinence, STD prevention, contraception)
 - c. General physical examination**
 - d. Measurement of height and weight
 - e. Evaluation for depression and suicidal intent

Note: A complete H & P should be done once during ages 11-14, 15-17, and 18-21.

2. In adolescents below age 20, what statements are correct about screening for lipid disorders?
 - a. Screen all adolescents every 3 years with total cholesterol
 - b. Screen (using TC) if parents have TC > 240 or if patient has multiple risk factors for CAD**
 - c. TC \geq 170 should prompt further evaluation for a lipid disorder**
 - d. Most authorities do not recommend screening adolescents for lipid disorders
 - e. A FLP should be checked if there is a + FH of CAD, peripheral or cerebro-vascular disease, or sudden cardiac death**
3. The most common cause of adolescent death is:
 - a. Motor vehicle accident**
 - b. Homicide
 - c. Suicide
 - d. Drowning
 - e. Cancer

Note: Homicide is commoner in older African American adolescents.

4. A 17 y.o. comes to you for evaluation of a vaginal discharge. She has been sexually active for one year with three different partners. Diagnostic evaluation reveals both Trichomonas and Chlamydia. You provide her appropriate STD counseling and also, at her request, oral contraceptives. Later that day the patient's mother calls the office requesting information on both diagnosis and treatment. What is the best summary of your responsibilities to the mother?

- a. Full disclosure of both diagnosis and treatment since the patient is a minor
- b. Partial disclosure that you treated a vaginal infection, but no information on sexual transmission and contraception
- c. No disclosure without the patient's permission**

Note: In Tennessee, at age 18 all diagnosis and treatment can be carried out without parental permission. There is no problem in treating an adolescent \geq age 15 without parental consent, but the physician needs to document decision making capacity. Abortion is the one exception in treating a patient $<$ age 18. Parents must be notified.

5. Identify each statement about STD's in adolescents as true or false:
- T** a. The incidence of Chlamydia in college students may be as high as 50%
 - T** b. All asymptomatic sexually active women should be screened for Chlamydia
 - F** c. Sexual risk taking behavior is only minimally related to other health risk behaviors in adolescents (alcohol, other drug use, smoking, poor school performance)
 - F** d. HIV infection is now the most common viral STD acquired during adolescence
 - T** e. 42% of college students feel that sex between consenting students is acceptable even if the students have known each other only a short time

Note: The commonest viral STD is HPV. But HIV incidence is rising. In a survey of 100,000 disadvantaged youth ages 16-20, 3.2% of females and 3.7% of males were HIV positive. The incidence of Chlamydia in adolescents is 18% but is falling. It is often asymptomatic in women and symptomatic in men.

6. What is the least effective preventive and treatment intervention for adolescent tobacco use?
- a. Education about COPD, heart disease, and lung cancer**
 - b. Education about short-term physical and social consequences of smoking
 - c. Advising patients to stop smoking
 - d. Providing stop-smoking contracts and self-help materials
 - e. Arranging quit dates and following visits
 - f. Providing advice on handling peer pressure to smoke
7. Identify the following statements as true or false about hypertension in the adolescence:
- F** a. The lower BP limit for true HTN is 140 systolic and 90 diastolic
 - T** b. Weight reduction and increased physical fitness are proven methods of BP reduction in adolescents
 - F** c. Adolescents should be screened every other year for hypertension
 - T** d. At least three separate BP measurements must be used to document

hypertension

Note: Hypertension is defined as SBP or DBP > 95 percentile for age and sex. For a 13 y.o. male, this is 128/82 (women-128/83). For an 18 y.o. male this is 140/88 (women - 132/84). Adolescents should be screened annually for hypertension.

8. A 17 y.o. presents for her college physical. Although she is a new patient in your practice, both of her parents have been your patients. Her father, 45 years old, takes niacin for elevated triglycerides and enalapril daily. Her maternal grandmother had postmenopausal breast cancer. Her mother is closely followed for fibrocystic breast disease and takes levothyroxine. The patient is appropriate weight for age and height. B. P. is 110/70 and pulse is 66. No abnormalities are found on examination. Which of the following would you next recommend for this patient?
- Cholesterol level
 - Hematocrit
 - Mammogram (screening)
 - TSH
 - None of the above**
9. A 19 y.o. female has a routine physical performed by you at Rhodes College in November. She is a freshman exchange student from Mexico who lives on campus. On weekends she works at a hospital. She is sexually active and has had 4 partners over the past year. She states that she is up-to-date on her childhood immunizations. She has never had chicken pox. Which vaccinations (including PPD) should be considered at this time?
- Td
 - PPD**
 - MMR
 - Hepatitis B
 - Influenza
 - Meningococcal**
 - Varicella**
 - Hepatitis A**
 - Pneumococcal

Note: The second MMR should have been given on entry into elementary or junior high school. Universal use of Hepatitis B vaccine is recommended, and the series should have been completed by 18 months. The vaccine is particularly indicated if the adolescent engages in high risk sexual behavior, uses IV drugs or is a health care worker. A PPD is indicated for immigrants, people in correctional institutions, and the homeless. A Td booster should have been given at ages 11-16. Hepatitis A vaccine should be given or hepatitis A antibody checked with nationality in an endemic area. Varicella

vaccine is now recommended by 18 months. It is indicated if not given and no history of chicken pox. Meningococcal vaccine is recommended for freshmen college students living in dormitories. Pneumococcal vaccine is now recommended in infancy (by 15 months), but not in adolescence unless high risk.

10. A 22 y.o. graduating Rhodes student is getting married and planning to have children quickly. She does not recall if she has had two MMR vaccinations but will write her parents about this. What is considered acceptable proof of Rubella immunity?
- a. Rubella serology - adequate titer**
 - b. Two documented MMR vaccinations**
 - c. History from parents that childhood vaccinations are up to date
 - d. History of rubella in childhood
11. A 20 y.o. Rhodes student who participates on the track team comes to you for treatment of severe acne. He uses smokeless tobacco and admits to occasional alcohol binges but denies medication use or drug abuse. In addition to acne, his physical examination reveals mild gynecomastia, testicular atrophy, and male-pattern baldness. What laboratory testing is appropriate at this time?
- a. LFTS**
 - b. Serum estradiol
 - c. UDS**
 - d. Lipid profile**
 - e. Testosterone

Note: The history and physical examination are strongly suggestive of anabolic steroid abuse which can lead to LFT abnormalities and lipid abnormalities (\uparrow TC, \downarrow HDL). UDS is indicated if the patient denies use and consents to the test.