THE FIRST GYNECOLOGICAL VISIT IN THE ADOLESCENT FEMALE

Jacqueline L Garda, DO MBA
Assistant Professor, OB-Gyn
UNT Health
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Adolescent Patients in the US

- In the US there are approximately 15 million adolescents aged 13-19 years, approximately 2 million in each age group
- They are relatively healthy group, however their behavior puts them at increased risk for poor health
  - Reckless or distracted driving
  - Violence
  - Suicidal and self-injurious behaviors
  - Sexual behaviors
  - Substance abuse
  - Poor nutrition/eating disorders
- 11% of adolescents aged 12-17 year olds have no insurance
Adolescent females and the first visit

• ACOG recommends first gynecological visit at age 13 to 15
• Pelvic exam or clinical breast exam NOT indicated for routine visit
• Establishing a physician-patient relationship
• Education is key component
Adolescent females and the first visit

- Visit should be centered around patient education with age-appropriate discussions of:
  - Weight management, exercise
  - Normal pubertal development
  - Menstruation
  - Contraception, safe sexual practices
  - Vaccinations: Gardasil 9,
  - Body image
  - Preventions of STI’s
  - Substance abuse: including smoking, alcohol, inhalants, marijuana, other drugs
Setting the proper tone

- Parent or no parent chaperone
- Parents may be present at first, but then ask parent to leave room for one-on-one discussion with physician
- Meet in office, relaxed setting
- Asking the patient for input, goals for visit today
- Reflect back with patient on specific needs/concerns
- Establish open channels of communication
Confidentiality

- In Texas, a minor is a person under 18 years of age who has never been married and never been declared an adult by a court (emancipated).

- Teen Consent and Confidentiality
  - Sensitive communication and assurance of confidentiality are critical to ensuring access to care for teens. Without such assurance, teens can be reluctant or unwilling to seek health care or refuse services.
  - Except as permitted by law, a doctor is legally required to maintain the confidentiality of care provided to a minor.

  - If a provider has agreed to treat a minor confidentially based on the minor’s own consent, the doctor should not write or call the parent or guardian to discuss any related issues.

  - Transmission of medical records to the minor should be marked “confidential.”
    - From the Texas Occupations Code
Confidentiality

• It is imperative to discuss issues of confidentiality with adolescent and parent at the initial visit
• Lack of confidentiality is barrier to health care to adolescents, especially reproductive health care
• Discussion of specific state laws that apply to confidentiality in this age group can be referenced
• Legal restrictions on the confidential nature to the doctor-patient relationship may exist
  • For example, if patient discloses evidence of risk of bodily harm to herself or others, confidentiality may not be maintained
• For a listing of state laws, updated monthly go to: http://www.guttmacher.org/statecenter/
When is a pelvic exam appropriate?

- Sexually active adolescents for STI’s
  - However screening for Gonorrhea and chlamydia can be completed urine NAAT of urine, vaginal swabs. CDC recommends this yearly up to the age of 25. Then yearly after 25 if they are high risk.
  - Self-administered vaginal swab to test for yeast, trichomonas, or bacterial vaginosis
- Prior to pelvic exam, explain the procedure, expectations using pelvic model
- Give step by step instruction and reassurance
When is a pelvic exam appropriate?

- Specific complaints such as:
  - Symptoms suggestive of female genital tract, pelvic, urologic, or rectal problems.
  - Menstrual disorders
  - Vaginal discharge
  - Pelvic pain
  - Pap smear at 21, irrespective of sexual activity
If indicated...

- Consider external exam only
- Provides information on
  - Personal hygiene
  - Identify abnormalities of vulva, perineum, introitus which may need further work up
- Education on the patient’s own anatomy
What about breast exams?

- ACOG, NCCN, and ACS all recommend clinical breast exams every 1-3 years for patients starting at age 20-39
- In the adolescent patient, no need for clinical breast exam
- Screen for family history of breast cancer
- “Self-breast awareness”
  - Educates patients about the normal feel and appearance of their breasts
    - Changes ahead in early and late puberty
  - For many older patients, breast self-awareness also may include performing breast self-examinations
Gardasil/Gardasil 9

- Gardasil 9 approved by FDA in December 2014
- Covers 9 HPV subtypes, 5 more than Gardasil: 31, 33, 45, 52 and 58
- Gardasil 9 has potential to prevent approximately 90% of cervical, vulvar, anal and vaginal cancers
- Gardasil covers 6, 11, 16 and 18
Gardasil 9

- Gardasil 9 approved for females aged 9-26 and for males aged 9-15
- Most commonly reported adverse reactions were injection site pain, swelling, redness, and headaches
- 3 Doses at 0, 2 and 6 months
- NOT recommended in pregnancy
Tips for Talking to Teens

• Spend time talking with the young person and his or her parent individually.
• Make time also to visit with the parent and young person together.
• Encourage teens to discuss confidential issues with their parents.
Tips for Talking to Teens

• Ask patients about their friends’ involvements in risky behavior: For example, “Do any of your friends smoke or drink alcohol?”

• Encourage adolescents to share their knowledge about a proposed treatment with you before giving the information.

• Ask open-ended questions.
Statistics on Adolescent Sexual Behavior

• From 2006 Article on Trends and Recent Estimates: Sexual Activity in US Teens in 15-19 year olds
• Overall trends of sexual activity decreasing in 15-19 year olds: 1988 - 51%, 1995-49% and in 2002-46%
• Looking at Percent of never-married teens Who have had sexual intercourse:
  • Females:
    • Under 14 years: 8%
    • Under 15 years: 15%
    • Under 16 Years: 27%
    • Under 17 years: 43%
    • Under 18 years: 58%
    • Under 19 years: 70%
Statistics on Adolescent Behavior (15-19 yr olds)

- Use of contraception at first sex?
  - Condom 68.2%
  - Nothing 21.5%
  - OCP 15.3%
  - Withdrawal 8.1%

- Consistency of condom use if had sex in the last 4 weeks?
  - Always 51.6%
  - Sometimes 12.2%
  - Never 36.1%

TABLE 1. Proportion of sexual behaviors among females aged 15–24 years,* by age group—National Survey of Family Growth, United States, 2006–2008
Statistics on Adolescent Sexual Behavior

• Summary of findings
  • On a positive note, survey found fewer teens are having sexual intercourse
  • Sexually experienced teens don’t always remain sexually active
  • Teenagers who have sex, tend to initiate sex in context of serious relationship

• On a less positive note, Oral sex is increasing in teenage population, especially among white teens. 1 in 6 have had oral sex and never had vaginal intercourse
  • Multiple sexual partners: 1 in 4 teens have had sex with 4 or more partners
  • Females and Young teens: females more likely to report their first sexual experience was with someone older and more likely to report it was unwanted
Summary...

- The initial Gynecological visit is a great opportunity to build patient-physician trust, to educate and to enlighten patients about reproductive health
- Educate patient: diet, exercise, menses, contraception
- Set positive tone
- Confidentiality
- If age appropriate, discuss sexuality/safe sex practices. Stress importance of abstinence as best way to avoid STI’s
- Talk with patient and parent together and also with adolescent alone
- Gardasil vaccine
- Empower patient to see her reproductive life as an important part of her life that can be approached with positive spirit
- Open communication
References

- http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm426485.htm
- The Overweight Adolescent: Prevention, Treatment, and Obstetric–Gynecologic Implications, Committee Opinion Number 351, November 2006.