Guest Editorial

Behavioral Health Issues in Adolescents

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Anxiety disorders are the most common psychiatric disorders among adolescents in the United States, with an estimated lifetime prevalence of 31.9%, but only 18% of adolescents with anxiety disorders receive treatment. According to National Comorbidity Survey Replication Adolescent Supplement, the median age of onset of anxiety disorders was 6 years compared to 11 years for behavior disorders, 13 years for mood disorders, and 15 years for substance use disorders; hence, making diagnosis and managing at an early age even more of a priority. Anxiety disorders are highly comorbid with other disorders as well as mood disorders. Given the high prevalence of anxiety disorders in adolescents, routine screening for anxiety disorders in primary care and mental health settings is recommended. The adolescent period is crucial for brain development. Emotional skills mature, knowledge deepens, and coping skills develop. However, the development of depression during this period of life can have severe and potentially permanent effects on a person’s life. The prevalence of adolescents with mental disorders, especially depression, has been steadily increasing. Depression is possibly the most important risk factor for suicide and thus makes itself an appealing target of resources to address these major causes of morbidity and mortality in adolescents. In studies evaluating completed suicides, over one-half of the patients studied had previously been diagnosed with depression. Two-thirds of adolescents with depression have at least one comorbid condition. Depression may precede substance use disorders and may also develop as a consequence of preexisting substance use disorders. The clinician faces a challenging task of correctly identifying the symptoms at hand and selecting effective treatments. The first challenge in the treatment of adolescents includes the fact that symptoms such as depression and anxiety can be vague and nonspecific.

Nonmedicinal use of prescription medications is a concern with 5.5% of high school seniors reporting nonmedical use of the prescription stimulant amphetamine and dextroamphetamine in the past year. Recently, vaping nicotine and cannabis has become increasingly prevalent among youth with 37.3% of high school students vaping in the past month. Additionally, opioids are a leading cause of death from unintentional drug overdose in adolescents age 15 to 19 years. Substance use in adolescence is associated with negative medical and psychosocial outcomes, including increased risk of sexually transmitted infections, vehicular fatalities, and juvenile delinquency.

In the US, suicide is the second leading cause of death for people age 10 to 24 years. However, adolescent girls report a significantly higher rate of suicidal ideation than boys (22% in girls, 11.9% in boys), as well as suicide plans (17% in girls, 10% in boys), and suicide attempts (9% in girls, 5% in boys). Additionally, girls are twice as likely as boys to present to emergency departments with self-inflicted injury, a well-established risk factor for future suicide. Meta-analyses reveal that people who identify as part of the LGBTQI (lesbian, gay, bisexual, transgender, queer/questioning, intersex) community have double the suicide attempts compared to control populations. Adolescent suicide is often the result of multiple, complicated factors that can be difficult to pinpoint.
until after an attempt is made and a survivor is in treatment. Furthermore, there is evidence that suicidality during adolescence is not of the same nature as a mental illness in adults, but instead more closely linked to neurological, hormonal, and social changes associated with puberty. Typically, there is no single intervention that can be credited with reducing suicidality in teens; therefore, a patient-centered, multimodal approach is usually necessary for success. Patients who have suicidal intention and plan, or who have recently attempted a suicidal act will more likely than not require inpatient psychiatric hospitalization. Patients who appear to have lower risk factors for suicide but present with frequent somatic complaints or who joke often about suicide may require frequent follow-up with mental health providers as their risk for suicide might be higher than expected. Pharmacology efforts have been targeted toward the treatment of comorbid conditions mentioned above.

REFERENCES