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Adolescentoday

Registered Office
1/5, Shabd Pratap Ashram
Gwalior - 474012 (MP)
Ph. 0751-2418600

ADOLESCENT HEALTH ACADEMY
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EDITORIAL

Dear Reader, welcome to the third issue of ADOLESCENTODAY !

Here is food for thought.

Richard Louv in his book 'Last child in the Woods' speaks of Nature Deficit Disorder, a must-read book that I recommend to all. Sadly, today's children and teens love the indoors more than the outdoors, and spend all their time inside because as they explain- 'the electrical outlets are indoors!

In contrast, in 1865, Emily Dickenson the American poet, had awakened to the interdependent splendour of the natural world as a 17 yr. old teenager, when she composed a different kind of ecological poem. In a large album bound in green cloth, she painstakingly pressed, arranged, and labelled in her neat handwriting 424 wildflowers she had gathered from her native New England - some of them now endangered, some extinct [see the AT cover again, yes, that is her collection, preserved in a museum]

What would it take, for us, as paediatricians to ask our adolescent, as we HEADDSS screen,'how much does Nature mean to you'? It could be in the question on Spirituality / Home Environment / Activities. We begin the talk. August 12th is celebrated as International Youth Day - The theme for 2023 is "Green Skills for Youth : Towards a Sustainable World. "Let's nudge our young ones to participate and not ignore Nature, they have the energy, the ideals, the faith, the key to prepare a sustainable future for their progeny.

Social media has insidiously taken over our teens' lives. As care givers we have learnt to embrace the change and get constantly updated. Alcohol abuse and tobacco addictions are rampant. World Suicide Prevention Day is observed on sept 10th each year 'creating hope through action'. We bring you practical articles here that will help in addressing concerns.

We continue the next episode in Dr. MKC s fascinating journey, and have an elegant study on Adolescent Asthma, an article on relationships, a case study and approach to solving it, a book review, a poem, a quiz and more.

As we sign out, do think about the stress our adolescent undergoes from the time he is a ten-year kid in middle school to his twenties, an emerging adult, as he gains a foothold in a professional course. His life revolves around online / in person tutorials, weekly assessments / school projects / competitions self-imposed and with peers, cruelly edited sleep and exercise and play and possibly poor / inappropriate eating.

Can we help? Consider talking to parents, allowing for resources and practicalities, of offering a GAP year to the teen after his plus two to find his interests, abilities, and leanings and constructively use that time to energise, focus and explore his inner self and outer world. This may reduce future early burnout and mental ill health casualties. ;Google 'Gap year 'for ideas!]

Adolescon 2023 at Amritsar will be a meeting place of the most energetic and enthusiastic adolescent - loving paediatricians, a vibrant Adolescent Health Academy annual event. Hope to meet you all!

Jai Hind! Jai IAP! Jai AHA!

Dr. Shubha Badami

and

The Editorial Board.

Unique Online AHA Orientation Programme on Adolescent Health - From 24 July to 28 July

First time AHA conducted Online Orientation Programme on Adolescent Health based on RKSK programme Govt. of India & Collaboration with MOHFW Govt. of India & CIAP from 24 July to 28 July, 2 to 5 pm on virtual platform for AHA members.

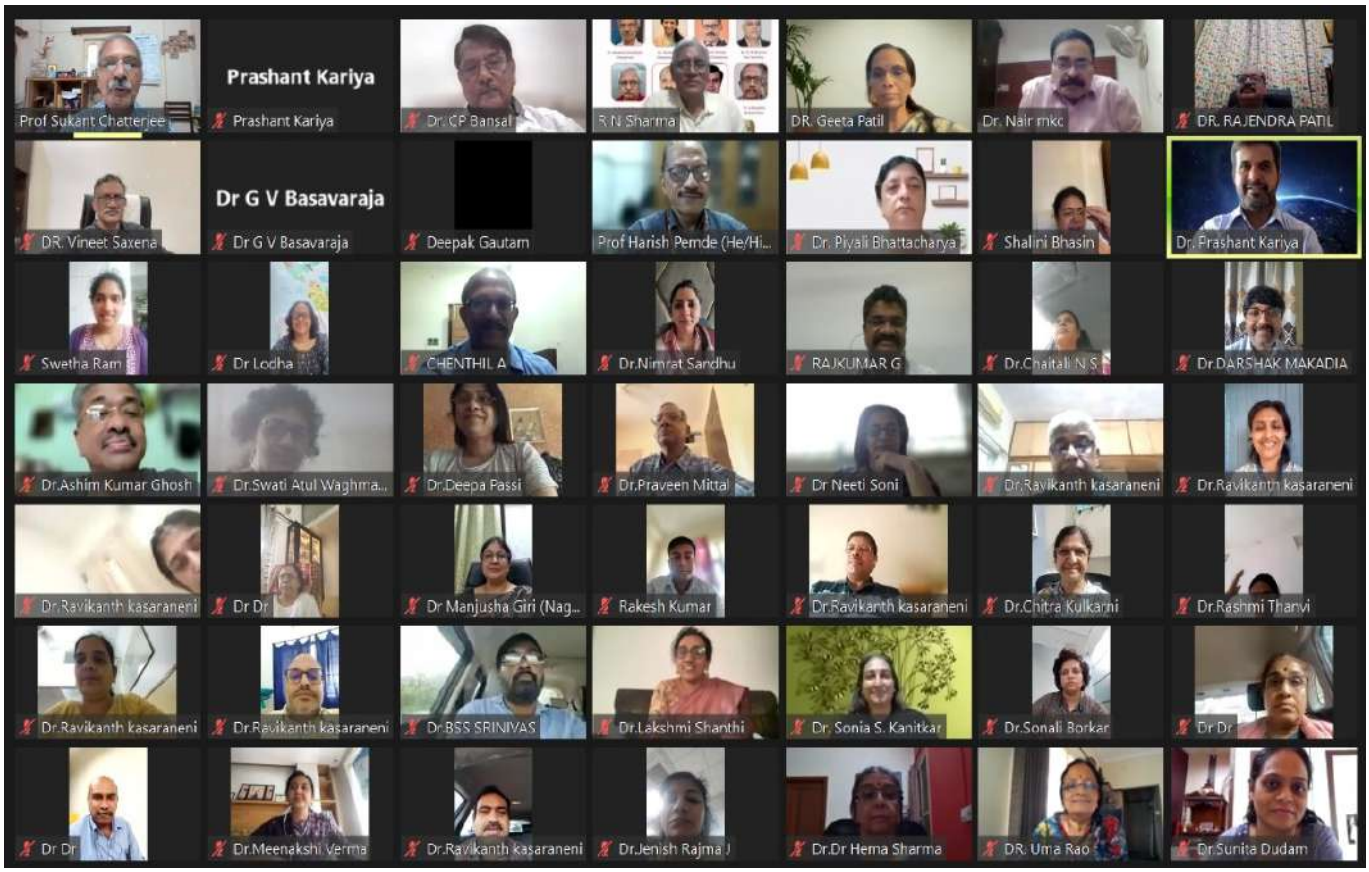
Overwhelming response noticed during registration in the first week of July, 137 Delegates registered is just 4days! AHA decided to give opportunity to 60 delegates for attending this orientation programme.

On day one, 24th July, the Virtual Inaugural was conducted with presence of Chief Guest - Dr. Zoya Ali Rizvi, Deputy Commission Adolescent Health, MOHFW Govt. of India, Guest of Honour - Dr. Upendar Kinjawadekar, President CIAP and Dignitaries such as Dr. G V Basavaraj, President Elect CIAP, Dr. Vineet Saxena, HSG CIAP, Prof. M.K.C Nair, Dr. C P Bansal, Prof. Sukanta Chatterjee, Dr. Geeta Patil, Prof. Harish Pemde, Dr. Piyali Bhattacharya, Dr. Preeti Galagali, Dr. Pukhraj Bafna and all EB Members of AHA 2023.

Introductory Lecture was delivered by Dr. Zoya Ali Rizwan. Faculty were Prof. Sukanta Chatterjee, Prof. Harish Pemde, Drs. Geeta Patil, R N Sharma, R G Patil, Subhas Dhonde, Shamik Ghosh, Prashant Kariya, Deepak Gautam, A Chenthil and Piyali Bhattacharya.

Response of delegates was very enthusiastic & 70-80 Delegates attended each day. On the basis of attendance 72 delegates were given certificate of successful completion.

Dr. Prashant Kariya, E.B. Member of AHA was coordinator of this program. Technical support and virtual platform were provided by Clarinet India, the largest digitalon-line CME platform for doctors.



Understanding and Managing Adolescent Asthma : A Comprehensive Guide

Compiled by Dr. Saqib Ali Khan H S, Dr. Shravani G U, Dr. Harshitha R Shankar, Dr. Chaithanya N

Dr. Somashekar A R
(Professor & Head of Department, Pediatrics RMC
Pediatricpulmonologist & Adolescent Care Specialist)
Department of Pediatrics, Ramaiah Medical College, Bangalore 560 054.

Introduction

Asthma is a prevalent respiratory condition that affects millions of people worldwide, including a significant number of adolescents. It is a chronic disease characterized by airway inflammation, bronchoconstriction, and increased mucus production, leading to symptoms such as coughing, wheezing, shortness of breath, and chest tightness. Adolescent asthma poses unique challenges due to the physical, emotional, and social changes that occur during this developmental stage.

The Global Initiative for Asthma (GINA) defines uncontrolled asthma as the presence of poor symptom control and/or asthma exacerbations leading to use of oral corticosteroids (OCS) twice or more per year or one or more hospital admissions per year for severe asthma attacks. Difficult-to-treat asthma (DIA)represents ~17% of all asthmatic patients, who have uncontrolled asthma despite treatment with medium-to-high dose inhaled corticosteroids (ICS) in combination with a second controller. Multiple modifiable factors often drive poor control in DTA patients, which include wrong diagnosis (treating the wrong disease), presence of asthma mimickers, comorbidities, and suboptimal treatment or non-adherence to ICS treatment. Severe asthma, which affects <5% of all asthmatic patients is a subset of uncontrolled asthma in which asthma remains poorly controlled despite management of modifiable factors or becomes uncontrolled after a step down of treatment to below step 4 of the GINA guidelines.

In this comprehensive guide, we will explore the latest research and recommendations for understanding and managing adolescent asthma. We will delve into the topics of monitoring asthma control, treatment options, and potential strategies for preventing and reducing symptoms. By gaining a deeper understanding of adolescent asthma, healthcare professionals, parents, and adolescents themselves can work together to optimize asthma management and improve quality of life.

Section 1: Monitoring Asthma Control

By regularly assessing disease activity and its impact on daily activities, healthcare professionals can make informed decisions about treatment adjustments and interventions. Traditionally, monitoring asthma in children has relied on clinical interviews, where symptoms, medication use, and the impact of asthma on daily activities are discussed. However, composite asthma control and quality of life measures have limited value in clinical practice due to their short recall windows and inability to capture the entire spectrum of asthma control.

Updated Recommendations for Monitoring Asthma Symptoms

Recent guidelines emphasize the need for a patient-centered approach when monitoring asthma symptoms in adolescents, instead of relying solely on generic questions about asthma control, healthcare professionals are encouraged to ask open-ended questions to understand the individual experiences of adolescents. This approach allows for a more comprehensive assessment of symptoms, including limitations in activities such as exercise and play. Additionally, it is essential to review both reliever medication use and daily controller medication use to gain insights into asthma control.

The Role of Composite Asthma Control Scores

Composite asthma control scores have been developed to provide a numerical value representing overall asthma control. However, these scores have limitations in clinical practice. Although they may be useful in research settings, they do not capture the multidimensional nature of asthma control and fail to account for variations in disease severity over time. Therefore, while composite asthma control scores can complement clinical assessments, they should not replace the comprehensive evaluation of symptoms and medication use during follow-up visits.

Section 2 : Treatment Options for Adolescent Asthma Stepwise Approach to Asthma Management

The management of adolescent asthma follows a stepwise approach based on disease severity and control. GINA guidelines categorize asthma into several steps, ranging from intermittent asthma to severe persistent asthma. Treatment plans are tailored according to these steps, with the goal of achieving and maintaining asthma control while minimizing the risk of exacerbations.

Step 1 : Intermittent Asthma For adolescents with intermittent asthma, treatment primarily involves the use of short-acting β2-agonists (SABAs) as rescue therapy. This approach allows individuals to use medication as needed, rather than on a daily basis. Regular monitoring of symptoms and periodic reassessment of asthma severity are essential to ensure appropriate management.

Step 2 : Mild Persistent Asthma In mild persistent asthma, daily low-dose inhaled corticosteroids (ICS) are recommended as the first-line treatment. Alternatively, as-needed concomitant use of ICS and SABA therapy may be considered. Regular follow-up visits and close monitoring of symptoms and medication use are necessary to assess asthma control and adjust treatment accordingly.

Step 3 and 4 : Moderate Persistent Asthma For adolescents with moderate persistent asthma, combination therapy with a long-acting β2-agonist (LABA) and ICS in a single inhaler, known as single maintenance and reliever therapy (SMART), is the preferred treatment option. This approach allows for both daily maintenance and as-needed symptom relief. Monitoring asthma control, lung function, and medication adherence are crucial in this stage.

Step 5 : Severe Persistent Asthma In cases of severe persistent asthma that is not controlled by ICS-LABA therapy, add-on long-acting muscarinic antagonists (LAMA) are recommended. LAMAs work by relaxing the airway smooth muscles, thereby reducing bronchoconstriction. Regular assessment of asthma control, exacerbations, and treatment response is necessary to optimize management.

Section 3 : Addressing Specific Challenges in Adolescent Asthma

- Indoor Allergen Mitigation - Many adolescents with asthma are sensitive to specific indoor allergens, such as dust mites, pet dander, and mold. Implementing allergen mitigation strategies can help reduce exposure to these triggers and improve asthma control. Allergen mitigation should be tailored to each individual's sensitivities and symptoms. This may involve measures such as regular cleaning, use of allergen-impermeable bedding, and removal of carpets or other potential reservoirs of allergens.
- Smoking increases risks of developing asthma symptoms, lung function deterioration, and asthma exacerbations. Morbidity associated with e-cigarettes or vaping calls for robust efforts towards smoking and vaping cessation and abstinence. As adolescents progress from child-centered to adult-oriented care, coordination and planning are required to improve their self-

efficacy to ready them for transition.

- Childhood obesity has now risen as one of the major concerns in developed and developing countries as a result of altered dietary patterns and reduced physical activity. Asthma in children and adolescents has been found to associate with increased body weight and reduced physical activity; however, there are still not enough reports of childhood obesity and asthma in the industrially developing countries.
- Chronotype or circadian behaviour has been shown to be linked with asthma; however, there is no report of whether the trend is similar in case of the adolescents. The chronotype of an individual refers to the personal choice of sleep-wake time, and can be classified into morning, intermediate and evening chronotypes. People with the morning chronotype tend to wake up early in the morning, are both physically and mentally more active during the early part of the day, and go to bed early in the evening. Evening types are exactly opposite to morning types, with a late bed and wake up time, and they achieve their highest physical and mental activity during the later part of the day. Individuals between these two extreme chronotypes are referred to as the intermediate type. Chronotype assessment though questionnaire scores has been validated among adolescents and provide substantial information of the circadian behaviour of the individual. The predominance of occurrence of asthma timing in different chronotypes may have potential implication in asthma medication and thus cope up with such diseases. There could be many other social, behavioural and biological determinants that could also potentially modulate allergy and asthma among children and adolescents.
- Treatment-plans need to be negotiated, not dictated, and are more likely to succeed with parental and peer group support. One barrier to compliance is a general antagonism to regular daily medication. Teenagers are more likely to comply with once or twice daily regimens than with treatment three or four times daily. Inhaled bronchodilator therapy is preferred to oral therapy, although oral anti-inflammatory compounds may have advantages in compliance.

4 : Longitudinal Outlook : Can Adolescents Outgrow Severe Asthma?

Severe asthma in adolescents represents a subset of individuals with asthma who experience significant morbidity and have a higher risk of exacerbations. However, it is unclear whether children with severe asthma can outgrow their condition as they transition into adolescence. Longitudinal studies have been conducted to investigate this possibility.

- Morbidity- In 1990, the Global Burden of Disease Study (GBD) proposed the "Disability-adjusted life years" (DALYs) as a measure of disease burden. DALYs quantify how many years of life are lost due to death and/or non-fatal illness or impairment. Asthma was the 14th highest ranked cause of global YLDs at all ages, but specific data for children were not available. In the GBD 2015, it accounted for 1.1% of the overall global estimate of DALYs/100,000 for all causes. Overall, asthma represents the second most important respiratory disease after COPD when considering the burden of disease as measured by both YLDs and DALYs.
- Mortality- Mortality for asthma is relatively low at all ages. in Europe asthma is responsible for 0.4% of all deaths (43,000 persons), with wide differences among countries. In the GDB 2015 a decrease of 26.7% was observed in comparison with The decrease in age-standardized death rates was 58.8% between 1990 and 2015. The greatest decrease was observed in HICs reflecting a better access to health services as well as treatment options following international guidance. Asthma mortality in children is low and is significantly associated with symptoms, prevalence

and hospital admissions. Advancements in treatment of asthma attacks together with the more widespread use of inhaled corticosteroids have been shown to reduce mortality.

Biological	Psychological	Social
· Severely impaired lung function	· Depression, anxiety neurodevelopmental conditions	· School
	· Chronic stress	· Breakdown in peer relationships
· Past ICU admissions	· Pro-inflammatory	· Family Chaos
· Over-usage of bronchodilators	· Risk-taking	· Conflict
· Frequent acute-care visits	· Poor dietary and lifestyle choices	· Disorganized routines
· Early sensitization	· Poor adherence	· Breakdown in parent-child communication
· Lower bronchodilator response		· Smoke exposure, within homes & from peers
· Increased airway variability		
· Obesity		
· Higher blood eosinophilia		

Table 1.1 Shows different biological, psychological and social risk factors for asthma in adolescents.

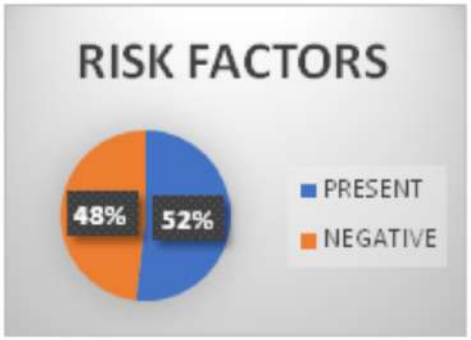


Figure 1.1 Shows presence of one or more risk factors in total percentage of patients who presented with adolescent asthma.

Our experience of pulmonology services of department of pediatrics, Ramaiah medical college of the year 2022-2023.

The aims of the study are : 1) to estimate the prevalence and risk factors of asthma and allergic diseases among the adolescents residing in rural, suburban and urban areas. 2) to obtain information about the possible role of lifestyle factors (smoking, diet and physical activity on the disease prevalence; and 3) to create a network for further investigation on social and environmental factors affecting the diseases.

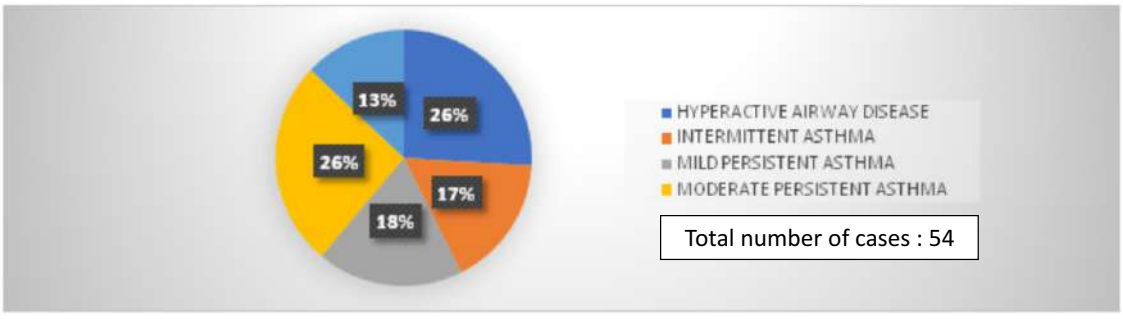


Figure1.2 - Pie chart showing percentage of patients with different severities of asthma in adolescents as per the study.

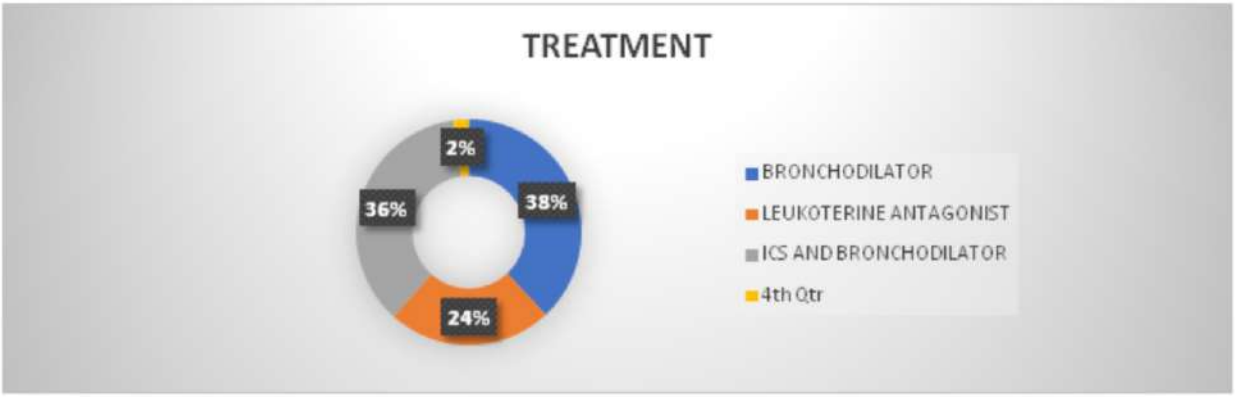


Figure 1.3 Showing data regarding the different treatment medications used in patients with adolescent asthma in our setup.

Study Findings :

Our study revealed, overall adolescent asthma was seen in 54(5.4%) patients out of 1000 patients in total of which 14(~26%) patients were admitted directly into ICU without any history of asthma. Chronic asthmatics were 27(50%) with follow up rate of 80%(44). Abrupt omission of medication was seen in 28(~50%) patients of which 21(~40%) patients had recurrence of symptoms. About 22(~40%) patients were put on pranayam and yoga activities showing significant asthma control with around 36 (~70%) patients needing further evaluation on other confounding factors related to improving the asthma score, very good to know that none of the adolescents were found to have the risk factor of smoking.

Conclusion

Adolescent asthma requires a comprehensive approach to monitoring, treatment, and management. Regular monitoring of asthma symptoms and medication use, along with the appropriate use of composite asthma control scores, can guide healthcare professionals in adjusting treatment plans. Stepwise approaches to treatment, including the use of ICS, LABA, LAMA, and immunotherapy, are essential for optimizing asthma control. Additionally, addressing specific challenges such as indoor allergen triggers and implementing personalized allergen mitigation strategies can further improve outcomes. By understanding and implementing these evidence-based recommendations, mainly on compliance, smoking, wrong technique, risk taking behaviour and improper pre-sports evaluation, healthcare professionals, parents, and adolescents can work together to effectively manage adolescent asthma and promote long-term health.

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Dr. Shubhada Khirwadkar's, (Nagpur) Reading List :

Survival of the Sickest - By Sharon Maolem.

How to talk to kids so that they listen and listen so they will talk - By Adele Faber and Elaine Mazlish.

Tuesdays with Morri - By Mitch Albom.

Discovery of India - By Jawaharlal Nehru.

DOWN MEMORY LANE

AN EXCLUSIVE INTERVIEW WITH PROF DR. MKC NAIR - [PART 3]

By **Dr. Deepa Janardhanan**

I had once attended a talk by Prof. MKC Nair in a jam-packed hall. Suddenly, there was a power failure and the projector, microphone and everything went off except him. He continued his presentation with the same energy and enthusiasm. To my question on how is it possible, he answered *"It is possible. Adaptability is the most important sign of intelligence. I will not say my IQ is high. I have only average intelligence. I have brothers who have done exceptionally well, like first rank in then Madras University. But they are intellectual people. I am not that. I am just an average. But my adaptability is fantastic. The first time this happened was at Bangalore. I was talking on new-born follow up, suddenly everything went off as you said. I continued my talk and was well appreciated. Second was a huge program for students. Unfortunately, some issue out of political rivalry or something happened. Not a single student turned up. There were hardly some 10-12 people. Everybody told we will cancel. I said no, don't accept defeat till your last breath. I told to put a table on the stage and me and the principal will sit on each end of it and will have a discussion on the topic which probably was low birth weight or something similar. The Press people had come and they reported it nicely. So never give up. But I have one sad story also. I had a PG who had a new-born, very sick with very poor prognosis. I had almost given up. In the night shift, a new PG came for duty. In the morning, he said that I have been struggling resuscitating the baby the whole night and the baby is alive. Can I tell him that he has done a mistake? He has done the right thing. But the poor lady is suffering. That child is about 24 now, completely bedridden. Every time I remember, I feel bad for her. So, the message is what we do should be in the best interest of the patient. If in the case of a talk it should be in the best interest of the audience and the organiser. It is a miserable thing for the organiser if the speaker stops talking. That may be the reason why I did it."*

Dr. MKC Nair talking at the inauguration of Snehitha Foundation

We all know the concept of the best interest of the patient. I also think of the benefit of the audience when I speak, but the concept of the best interest of the audience and organisers is a more wholesome one!

When I asked about the memories on parenting his own adolescents, he recollected *"regarding parenting what I remember is if my kids commit any mistake, they will be standing at the gate waiting for me to tell me that such and such thing had happened and now don't shout and not let the grandma know. Such was the relation between me and my kids. They would tell me anything, but they didn't want the grandma to know. The grandmother had a great influence on my kids. The same thing is happening with my grandchildren now. Another thing is I have never beaten my children, never, never, never. I must have shouted, scolded and all. I have two sons, the elder was quiet and obedient, but the younger one as a toddler was a bit disobedient. One day I shouted at him and threw him out of the house. My wife was shocked because she had never seen me so angry. I was not angry, but was using anger as a method of*

discipline. After that incident, I just needed to warn him and he used to listen and obey. Now he is a very polite person. I have perfect children now.

Dr. MKC Nair with his family

When my elder son was in his plus two, he used to sleep at 1 am and the younger one used to sleep at 8 pm and get up at 4 am to study and my wife used to stay with both of them. Whole her life, she would not have slept more than 4 hours. I always say, fathers may be affectionate, but there are limits to it, but no limits for mother's love."

Dr. Nair has always explored the roads less travelled. We all know that Child Development Centre (CDC), Thiruvananthapuram is his brain child which was started way back in 1987. Taking a trip down memory lane, he recollected *"The idea of CDC came when I was doing PG at CMC Ludhiana. That time, the idea in my mind was probably child guidance. But later, whenever I see a child with developmental delay, I started getting the feeling that I should have seen this child earlier. On August 1st 1987, we started the Child Development Centre Project with Dr. Babu George as my assistant. He is the best Assistant anybody can have."*

Child Development Centre, Thiruvananthapuram (Source-Worldorgs.com)

"But we didn't have funds in the beginning. We started with Rs 50000. I went to Pune for 1 month training in Bailey scale. The person who helped me in starting CDC was Mr GK Pillai who was the former Home Secretary. He happened to hear a talk of mine and wanted to know more about it. We had a discussion and I told him my idea. Next day morning, we went to an Anganwadi in Neendakara and I showed him how to do early stimulation and all. He was impressed. On the way back, we decided there will be a child development centre. He gave me the idea of starting PGDCC as well. Also, I would like to mention the two souls who actually stood with me through out- one is Dr. Geeta Chakrapani. She is no more now and of

course my best friend, Dr Zulfiker. Both of them gave me a lot of moral support. Another person who helped me a lot was the then Additional Secretary, Rajeev Sadhanadhan."

When Dr. Nair was the Vice Chancellor of KUHS (Kerala University of Health Sciences), there were no student unrest throughout his tenure and the Student Union had awarded him the "Best Student Friendly Vice Chancellor". With gratitude he recollected *"it was Zulfikar's son, Sajan who insisted me to apply for the Vice Chancellor post of KUHS. Friday night they asked me to give a biodata, Saturday morning I gave an 800-page biodata. The Governor chose me as the VC. As a VC, I never shouted at a student or anybody else. I patiently listened. I had three policies- First was to go by rule 100%. Second, no manipulation in examinations. If there is a mistake in adding, it has to be seen by two committees in 2 days, students should not suffer. Third one is to be 100% student friendly. I felt I was their parent and thus the Student Union awarded me the "Best Student Friendly Vice Chancellor." And I would say that the best part of my life was as VC because I could be of help to lots of people. Any help within the rule will be done."*

Dr. MKC Nair as KUHS VC with the then Governor of Kerala, Mr. P Sathasivam, Health Minister of Kerala, Ms. K K Shailaja, and MLA Mr. Anil Akkara at the Principals' conclave in Thrissur in October 2018 (Source- Deccan Chronicle).

To be concluded…….

TEEN and Relationships - Parents' Roles

Dr. Anju K Kanmani
DCH, DNB, PGDAP, Junior Consultant in Paediatrics, Kerala Health Services

Here are some practical tips that, you as counsellor, can share with your patients' parents

Before relationships build

Practice parental model of good relationships. Try to get close to your adolescent even from the beginning. Encourage conversations in the family about feelings, friendships and relationships early on, eg, atthe dinner table. The relationship between the parent and child should be so strong that the adolescent will disclose everything in his/her life to his parents, that he trusts. Discuss about the changes expected in adolescents and the subsequent behaviours, which includes the physical, mental, social and hormonal ones.

Discuss about the errors that can occur in judgements and decisions which may be justifiable at the teen'sage, but which could be lacking long sight, experience, vision and wisdom which comes with experience and knowledge acquired from life. Discuss what constitutes a healthy relationship and the thin line between friendship and romance. Set limits on dating time, mobile use and internet etiquettes like not disclosing identity.

It could be stated that sometimes it is difficult to judge the other's true character during a relationship, as both will try to be on their best behaviour. They can be asked about how they feel if their best friend is caught in a romantic relationship, how and what the responses would be.

Most teenagers may experiment with sexual behaviour at some stage. Give clear information on consent, mutual respect, contraception, safe sex and sexually transmitted infections (STIs). Discuss how to deal with unwanted sexual and peer pressure.

Once parents come to knowabout the relationship

Parents should not get angry, but deal with it calmly. They should respond, not react understanding the changes adolescents undergo. A violent outburst or criticism may affect their self-esteem or even strengthen their relationship bond, which is un welcome, if the relationship is unhealthy.

Help them increase the dopaminergic reward and motivation flow by eating good food, celebrating success, watching movie together, playing together, serotonin component by spending time together in nature, exercise, meditation etc. Reinforce the bond, show that you love them, hug them(oxytocin). It could be stated that the persons most concerned about their wellbeing would always be their parents.

Moral values and ethical connotations may help, but a prudent approach is to help the adolescent think and approach the issue in a logical way.Ponder: why does the teen want this relationship? They should consider whether the relationship is helping them attain their lifegoals –positively and constructively, or is it consuming their time and decreasing their performance in studies and activities.

What really matters is whether they will still value this relationship after a few years - so whether the relationship really means something now. Remind them that “things that were dear to you during your childhood (like a toy) may not have the same priority for you today”.

Recommendation may be done that they should wait a few years before making a decision whose consequences are for a lifetime, butagain, the age of maturity and the measuring tools for maturity

are controversial. Teens should be appreciated for the changes they bring in-reward seeking, dopaminergic circuit.

Parents may inform the other adolescent involved in appropriate circumstances and may discuss the issue. Encourage the friend to come home regularly. A person in a true relationship will find it positive. The parents also will come to know the real intentions and behaviour in such a way. They should know the person well, the relationship is positive, the social and economic consequences, whether the person nurtures you, allows growth, respect, stands up for you and considering a lifetime relationship, is it really worth it.

An opencivil discussion with the parents of the other adolescent may be of help. This should not be a fault finding one, but for sharing the concerns. Then both the parents can talk to both adolescents, hear from their side. Discuss pros and cons, set the priorities straight and find a working solution. Then they must be encouraged and appreciated for their courage on the decision, and must be offered the support needed. They can write down the pros and cons themselves as a chart.

It is like putting on the orange light, neither red nor green, making them consider the consequences [1]. The same principles of management underlies same sex relationships. But the sexual orientation may take up to 18 years or more to develop completely and it need not be true in every case. The sexual fantasies may help in assessing the sexual orientation at that time[1]. Sexual explorations come under the definition of sexual abuse and a word on POCSO becomes mandatory, which is true in case of male female relationships also [1].

Follow up and after

It is also important to follow up their relationships as there are many outcomes. They may healthily continue as friends. Or may try to maintain their intimate mode despite interventions. Some may go into depressive mode. At any time if the parents or caretakers feel that a professional help is needed, they may resort to it without inhibition.

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Finding Balance, Livingwell : Exploring Social Medias Effects on Adolescent Health

Dr. Nimrat S Sidhu
Assistant Professor
Adesh Medical College, Consultant Pediatrics,
Healing Group of Hospitals, Panel Physician, Chandigarh,

Overnight, Justin Bieber deleted his Instagram, and that Friday my friend K had nothing to do and felt 'bored' and said that 'there's nothing much to do in life now '. And that's when we realise how social media took over us just like the Covid Virus!! Adolescents are the earliest adopters and heaviest users especially of social media. It's a complex phase where biological, physical and social characteristics take place, refining us as unique individuals with a unique identity. We feel need to 'fit in' and allow peers to influence our choices from meals to clothes and other health impacting habits. Teenagers who are majorly introvert find their solace in their phones or the internet, where it's easy confiding in people who they cannot see or hear or know their true identities.

From where I, a member of Gen X sees it,is that, social media is both a boon or a bane depending on how seriously we take it. For e.g., the same introverted adolescent could use social media as a tool to display his or her talents like singing, putting out poetry, a cooking tutorial or awfully, asa tool for abuse, mindless scrolling, trolling and an escape from reality. Let's take a deeper look at this iceberg -

SOCIAL MEDIA AS A **BOON** : It's an extension to what's happening in the real world. A means to research and share information online, showcase issues and opinions, stay up to date with events, socialize, develop real world skills such as managing online presence and team collaboration. Teens face psychological discomfort as they go through 'identity crises' as they go through their stages of development. Social media provides an anonymous platform to test different identities. Promoting 'seeking behaviour' which helps to discover their identity. Evidence suggests this leads to only bridging the relationships and not bonding. The benefits tend to get diluted with excessive use.

SOCIAL MEDIA AS A **BANE** : It can be a forum for anonymity for the adolescents. It offers more options than can be pursued, given practical restrictions and limited time. On the downside, users are under the undue influence of third parties like advertising agencies, and expose themselves to risk of negative comments, cyber bulling, trolling. To ensure safety against such risks there is a need for media literacy and adopting responsible digital citizenship strategies.

Obesity and overweight during the teenage years have negative and dangerous ramifications for premature mortality, morbidity as well as physical disability. Addiction to the phone causes reduced time for physical exercises, also promoting insomnia which are risk factors for obesity.

Internet use is seemingly linked to mental health issues : reduction in face-to-face contact, increased social isolation, stress, depression and sleep deprivation. Adolescents who used social media more were found emotionally invested in social media, experienced poorer sleep quality, lower self-esteem and higher levels of anxiety and depression. Terms like fear of missing out (FOMO) mean the apprehension that online content and interactions from others are unseen and not reacted to, making the teen feel pressured to access the site frequently. Constant social comparison to other network members also triggers jealousy, anxiety, and other negative emotions including low self-esteem.Social media platforms are deliberately designed in a way making use of behavioural psychology and artificial intelligencewhich promotes behavioural reinforcement to increased usage and leads to addiction. This is the reason why a person cannot put down their phone.

Youth violence : bullying, gang violence, and self-directed violence increasingly occurs in the online space.

How can we help strike the balance?

1. First Exposure by Parents : Parents should be the first ones to talk about cyber world, teach cyber ethics about negative commenting and safety aspects like not putting out personal details, pictures, phone number, address and bank details. Proactive parents can limit the exposure to social media, exception allowed only for online classes. Ensuring a positive digital footprint by ensuring adolescents' use the 5Ps – profile (use your first name), permission (to view), protect (evidence protection), privacy (passwords and personal details) and positive (content sharing).
2. Family Media Plan : AAP encourages parents to model active parenting by establishing a family home plan for all media. In the plan, a negotiated agreement for mealtime and bedtime 'curfew' for media devices including cell phones is included. The plan establishes reasonable firm rules about cell phones, texting, Internet, and social media use for all family members. Limit the use of electronic devices besides online classes to 1-2 hours per day. AAP recommends no electronic devices such as TVs or tablets in the adolescents' rooms and to stop usage of all gadgets 30-60 minutes before bedtime. 23 Media usage plan involves simple recommendations like: media free locations like bedrooms or media free meal times along with positive parenting activities like reading or talking together.
3. Setting Routines : Parents need to set routines which promote adolescents to get recommended amount of daily physical activity (1 hour) and adequate sleep (8–12 hours).
4. 'Digital neighbour' to your kids, to get a understanding on what they're doing online and getting to know some of the sites or apps that they're using.
5. Ergonomics while using : Keep the top of the screen at eye level, relaxed shoulders, support your thighs, Legs should be bent in 90-degree angle with Feet flat on the floor.

The trick really lies in choosing whether we wish to use media or let the media use us.

Dr. Jagdish Chinnappa 's (Bangalore) Reading List :

Aequinimitas and other Essays : Sir William Osler

Thinking Fast and Slow : Daniel Kahneman

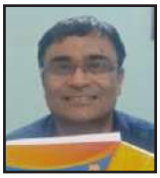
Man's search for Meaning : Victor Frankl

Better and Checklist Manifesto : Atul Gawande

The Story of Civilisation : Will Durant

The Road Less Travelled : Scott Peck

"Digital Anxiety - The New Kid on the Block"



Dr. Ravi Bhatia
Professor and Head
Department of Pediatrics, PMCH
Udaipur.

Saba is your typical teenager, loves her friends, parties and is very active on social media. Lately she hasn't been herself. Her mother complaints that she isn't feeling well. A battery of tests and a thorough physical as well as systemic examination reveals no abnormality. Her typical day consists of spending huge amounts of time on the phone, laptop, she is a huge fan of Facebook, Tinder etc. On further probing the doctor finds that she is been a victim of digital abuse and is suffering from Digital Anxiety. Surprised! Don't be. This is the latest bug we as a society have developed from the use of technology.

Let us accept the fact that anxiety is a part of living, both online as well as offline. The use of technology has exposed us to Digital anxiety. What is Digital Anxiety. In plain and simple words it is a stress caused by an act on the digital media. It could be a social interaction gone wrong, an offensive post on the social media, a sense of FOMO (Fear of missing out), a feeling of loneliness after spending too much time in front of the screen. Many adolescents are found fiddling when they are not near their phones. The constant checking out on social media to see responses to a post are all examples of Digital anxiety.

How does one deal with?

1. Accept that it exists. We are so much immersed in this virtual world that we fail to realize that the problems associated with real world are there in the virtual world also.
2. Be honest with yourself about your digital habits. Encourage adolescents to take note on the time they spent in the digital world. Digital well being is as important as physical well being. Try and not spend more than 2 hours before the screen.
3. Keep an anxiety journal. Journaling on a regular basis has been shown to relieve stress and anxiety. It helps with problem solving and focuses one's attention on specific goals and helps in responding to the problem in a much better manner.
4. Limiting Social media and screen time. Remember the world did exist before the days of Facebook, Twitter, Tinder. The more one is on social media the more his or her chances on getting anxious. Social media friends and influencers exacerbate one's anxiety levels by showing off their lives as perfect which may not be in many cases. Schedule the time spent on social media. Walk away from it on a regular basis. Dextoxify or rather De Digitfy thereby mark hours which would be free from any use of mobile, lap tops etc.
5. Develop a hobby. Be it sports, music or reading. Just spend some time away from the digital media.

Remember don't be a slave to technology. Come out of the virtual world…

Case Study

Dr. Swati Ghate

Pediatrician, Adolescent Health Specialist and Clinical Psychologist.
Associate Director
Babylon's Newton Institue of Child and Adolescent Care, Jaipur.

Mahesh, a boy of 15 years 10 months, was brought by his worried parents. He was recently expelled from the school for 15 days as a punishment for his ever increasing 'indiscipline and indecent behavior', on top of the long standing poor academic performance. The school wanted an evaluation & report before they reinstated him.

He was pursuing 11th standard commerce course from a reputed urban private school.

He had earlier received repeated warnings for not reaching the school on time as well as for his incomplete assignments. His grades have been below average, especially since lockdown and he failed in some of the school exams. But surprisingly he passed the board exams with average marks which, the parents attributed to 'lenient checking' during the post pandemic Board examinations.

Mahesh was the cultural head of a particular 'house' in the school and played Badminton for the school team when he was in the 9th standard.

In the recently held 11th standard examination, he failed and was asked to appear for the retest. While solving the retest paper, he went off to the school toilet and in a panic rang his mom begging her to share answers from his book. He was caught by his teacher and was warned and punished by the principal. The very next day, he shared a so called 'objectionable video' to a girl classmate, who reported the same to her mother. The mother happened to be a teacher in the same school. The matter was very seriously taken by the school authorities, and acted as the last blow. His parents were called, POCSO trial threats were given and he was kicked out the school.

Parents complained of his particular loss of interest in studies post COVID. They mentioned that he has hardly any friends and he is reluctant to share his school experiences. He was generally a cooperative child but of late, was very insistent on driving the car and joining a Gym. Sibling rivalry and occasional anger outbursts were reported. At times he lied. But there were no instances of stealing or deliberate hurting/damaging. He did shoulder some household responsibilities and was a caring, emotionally attached boy.

Parents reported that he has some difficulty in falling sleeping but there is no change his appetite or mood.

Perinatal and developmental history was uneventful. He had no major physical health concerns.

His schooling started at 3 years where he complied well in studies and co-curricular activities, but was a naughty boy who had frequent fights with his classmates.

HEEADSSS :

Home	Educated nuclear family, F: Businessman, M: housewife well connected, authoritative parents younger brother (academically good)
Eating/exercise	Foody, likes JUNCS Not doing any physical activities
Education	Doesn't like to study, wants to be a Badminton player
Activities	Loves sports & theatre, but no time for that 2-3 hrs. on social media,(you tube, school friends' whats app group where his messages are often ignored,)no gaming Friends avoid meeting him and belittle him, call him a 'naïve'
Drugs	Not indulging in any substance abuse
Sexuality	No sexual concerns, not in any romantic relationship
Suicidality	generally good mood, no suicidal/self-harm thoughts
Safety	Feels safe at home; afraid of teachers, no abuse
Spirituality	Prays regularly, likes to help others

GE: Anthropometry : WNL

- Vitals : N
- No dysmorphism/ neurocutaneous stigmata
- No goiter
- SMR : P : 3 - 4

Mental status Examination :

- Eye contact good, easy to connect
- Smiling face, no remorse, no apprehension
- Well oriented
- Fidgety, playing all the while with his wristband
- Answers coherent but age inappropriate, lack the 'adolescent' flavor
- No incongruent/repeated thoughts
- Prosody good, overtalkative
- Insight : inadequate
- Explanations for behaviors:
- *"I want to build muscles so that my classmates are afraid of me."*
- *"That video is not a big deal, we share plenty of such videos."*
- *"I was scared of failing & staying back in the same class. So, I called Mom for help."*

Impression :

- Poor School Performance with Behavioural problems
- ? Conduct disorder
- ?? Borderline ID

Workup :

TSH, CBC, Ophthalmic examination (WNL)

- Vanderbilt ADHD rating Scale (P/T)
- SCARED (Screen for Child Anxiety Related Emotional Disorders: P)
- IQ assessment (with LD test SOS)

Results :

- Vanderbilt: Predominantly Inattentive type of ADHD
- Negative for Conduct Disorder
- SCARED: No e/o Anxiety Disorder
- IQ test:
- Raven's Standard Progressive Matrices:
- Total score 37: Below 50th centile, Grade III-

NIMHANS SLD battery for Learning disability :

- Attention & Concentration: Inadequate
- Reading.
- Writing
- Spelling
- Comprehension All adequate
- Visual perception skills
- Arithmetic

Treatment :

- Methylphenidate tab 18 mg M/ 10 mg Afternoon after food
- Media Literacy: THINK before you post, POCSO, Rules for healthy media use
- Activities to increase span of attention: dart game, carrom, mazes
- Activities to raise self-esteem: hobbies, sports
- Psychoeducation of parents and Teachers
- Parental Counselling
- Remedial education: Individualized Education Plan

After 1 month of intervention :

- MISIC (Malin's Intelligent Scale for Indian Children)
- IQ: 87 (Verbal 91; Performance 83)
- Final Diagnosis: Borderline ID with ADHD.

The boy was reinstated in school under the Inclusive policy.

Dr. Preeti Galgali 's (Bangalore) Reading List :

When Breath becomes Air - Paul Kalanithi
Being Mortal - Atul Gawande
Keep Sharp - Sanjay Sharma
I am Vidya - Living Smile Vidya
Tuesdays with Morri - Mitch Albom

PERILS OF DRUG ABUSE ON ADOLESCENT HEALTH IN THE INDIAN SCENARIO

Dr. Jayshree Deshpande
Ashirwad Hospital - Mumbai

Introduction

Drug abuse among adolescents is a significant public health concern in India. Adolescence is a critical phase of human development, characterized by physical, emotional, and cognitive changes. Unfortunately, many Indian adolescents are exposed to the perils of drug abuse, leading to severe consequences on their physical and mental health, academic performance, and overall well-being. This article explores the detrimental effects of drug abuse on adolescent health in the Indian context.

Prevalence of Drug Abuse Among Indian Adolescents

The prevalence of drug abuse among Indian adolescents has been steadily increasing over the years. Factors such as peer pressure, easy availability of drugs, lack of awareness, and parental supervision contribute to the rise in drug abuse cases. According to recent studies, commonly abused substances by Indian adolescents include alcohol, tobacco, marijuana, inhalants, prescription drugs, and synthetic cannabinoids.

Impact on Physical Health

Drug abuse takes a toll on the physical health of adolescents. Regular substance use can lead to impaired brain development, affecting memory, attention, and decision-making abilities. Furthermore, drug abuse can result in cardiovascular issues, respiratory problems, liver damage, and compromised immune systems. Prolonged substance abuse during adolescence can have long-lasting consequences on an individual's physical health well into adulthood.

Mental Health Implications

Adolescence is a vulnerable period for mental health, and drug abuse exacerbates the risks. Substance use often masks underlying emotional issues such as stress, anxiety, and depression. Over time, adolescents can become dependent on drugs to cope with their emotions, leading to addiction. Drug abuse is associated with an increased risk of mental health disorders, including mood disorders, psychotic disorders, and suicidal tendencies, posing a severe threat to the mental well-being of adolescents.

Academic and Socioeconomic Consequences

Drug abuse adversely impacts academic performance and future socioeconomic prospects for Indian adolescents. Substance use disrupts cognitive abilities, concentration, and memory, leading to poor academic performance. Diminished academic achievements may limit future educational and career opportunities, perpetuating a cycle of socioeconomic disparities. This not only affects the individual but also hampers the nation's potential to thrive with a skilled and productive workforce.

Social and Familial Disintegration

Drug abuse among adolescents often results in strained relationships with family and peers. Adolescents may become isolated, leading to a disconnect from their support systems. Substance

abuse can also escalate risky behaviors, including delinquency, violence, and engagement in criminal activities, further jeopardizing their social integration and well-being.

Healthcare Burden

The escalating rates of drug abuse among adolescents have put a significant burden on the Indian healthcare system. The adverse effects of drug abuse lead to increased hospitalizations, rehabilitation programs, and other health services, putting pressure on healthcare resources and finances.

Preventive Measures and Intervention Strategies

Addressing drug abuse among Indian adolescents requires a comprehensive approach involving parents, educators, healthcare professionals, policymakers, and the community. Prevention programs, early intervention strategies, and awareness campaigns are essential in curbing drug abuse among adolescents. Parental involvement, open communication, and creating a supportive environment are crucial in deterring substance abuse. Schools should incorporate drug education programs that highlight the risks and consequences of drug abuse. Additionally, healthcare professionals should be vigilant in identifying signs of drug abuse and providing timely interventions.

Conclusion

The perils of drug abuse on adolescent health in the Indian scenario are profound. The physical, mental, academic, and socioeconomic consequences of substance abuse pose significant challenges to the well-being of adolescents and the future of the nation. To combat this growing problem, concerted efforts are needed at all levels to raise awareness, implement preventive measures, and offer appropriate interventions. By addressing drug abuse proactively, India can safeguard the health and future of its youth and foster a healthier, more productive society.

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HELPING ADOLESCENTS QUIT TOBACCO


Authors :
Dr. Shilpi Siddhanta Talukdar
Dr. Srabani Chakraborty

Introduction

Adolescence is the transition phase of ones lifewhere, the inclination toexperimentation, independence and curiosity plays a crucial role in their activities. Many adolescents start smoking at this age out of curiosity and some others use tobacco due to peer pressure. Some adolescents use tobacco to show their independence . If their parents, closefriends or any of their favourite celebrity smoke, especially those getting pocket money, there are higher chances that the adolescent may smoke.[1]

Health promoting activities can prevent or delay initiation of smoking in adolescents. Encouraging those who have already started tobacco use,to quitcan prevent the morbidity and mortality associated. With the implementation of health promoting programmes and legislatures, the average age of tobacco had risen from 17.9 years in GATS1 study to 18.9 years in GATS2 study for smoking and from 17.9 to 18.8 years for smokeless tobacco respectively.

Some legislations and acts like Cigarettes and Other Tobacco Products Act (COTPA)amendment bill 2020 section 6,WHO FCTC- Framework Convention on Tobacco Control - article 16etcaims to reduce supply of tobacco to minors .

Biology and progression of addiction

Molecular biology suggests that nicotine acts on mainlyα4β2nicotinic acetylcholinereceptor to release neurotransmitters like dopamine , etc. that produces pleasure and stimulation of moodthat are located in area of memory storage and retrieval. As a result the desire for cigarettes becomes associated with daily activities like eating, using toilet, taking the phone,working or taking a break . In this way nicotine in tobacco hijacks the reward circuit and causes physical, emotional and behavioural addiction. Repeated exposures to nicotine results in tolerance due to neuroadaptation. This conditioned emotional stateand starting to smoke at an earlier age makes it difficult to the smokers to quit.

Diagnostic tools

- DSM V criteria
- ICD 10 Criteria
- Fagerstrom Test for Nicotine Dependance.

Brief intervention

5 A s can be applied in outpatient setting and takes few minutes as mentioned below.

Ask

As a part of primary assessment with HEADSSS questionnaire, after establishing proper rapport. Questions like; " Does any of your friends smoke cigarette?"" Does anyone at home use tobacco? Do you use tobacco ? How much per week?"etc. may be asked.

Details of premorbid psychological or physical illness,age of first smoking, with whom they smoked , reasons for continuing etc. are to be taken.

Advise

A clear and personalised message should be conveyed to encourage them to quit. "A paediatrician may emphasize in a way that the adolescent may relate. For e.g., "Cigarette smoking also causes teen to be short of breath and to have less stamina, both of which can affect athletic performance and

other physical activities" ," exposure to nicotine can have lasting effects on adolescents brain development".

Assess

The stage of motivation to quit needs to be assessed by asking them whether they want to be a non tobacco user. Those who want to quit may be assessed about their probability to quit successfully.

The five stages of quitting tobacco include pre-contemplation, contemplation (thinking about quitting but not ready to quit), preparation (getting ready to quit), action (quitting), and maintenance.

If patient is ready to go ahead with quitting Assist and Arrange steps are taken.

Assist

- Help with a quit plan using the "STAR Technique":

Set a quit date ideally within two week.

Tell family and friends about quitting.

Anticipate challenges to upcoming quit attempt.

Remove tobacco products from the environment.

- Helping them develop cognitive and behavioural coping skills
- Providing intra treatment social support
- Communicating care and concern for them.
- Encouraging them to talk about quitting.
- Checklist of existing tobacco cessation services(Quit lines, clinics)

Arrange

Follow up contact or referral to a psychiatrist.

First follow-upcontact after 1 week, secondfollow-up within 1 month in clinics, by telephone etc. with a team to find and solve problems encountered.

Those who are abstinent are to be **congratulated**. If someone uses tobacco again we have to remind that relapse is a learning process.

For those who are not ready to quit. **"5 R"** content can be used for **motivational interviewing** to evoke change in their thought process. The components of 5 R are relevance, risks, rewards, roadblocks and repetition. Cognitive behaviour therapy (CBT), extensive motivational counselling etc. may be required.

Relapse counselling also includes developing

- Problem solving skills
- Substance refusal skills
- Mindfulness, meditation and grounding techniques

PHARMACOTHERAPY

Nicotine Replacement therapy: Different RCT's suggest that compliance for nicotine patch is better than gum in adolescents.

However more studies are required to establish the efficacy of Bupropion and Varenicline in establishing long term abstinence in adolescents. Pharmacotherapy and counselling combined often works well in tobacco cessation.

E-cigarettes should not be recommended for smoking cessation aids . Rather education should be given about its harm.

Conclusion

According to WHO, India is the second largest producer and consumer of tobacco worldwide .Targeting the adolescent population in India can be a powerful instrument to end this tobacco epidemic. Health awareness sessions in schools etc may help delay and prevent initiation of tobacco use and hence the morbidity and mortality associated with it .

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2. WHO : Toolkit for delivering 5A's and 5R's in brief tobacco interventions in primary care:2014.https://www.who.int/publications/i/item/toolkit-for-delivering-5as-and-5rs-brief-tobacco-interventions-in-primary-care

Dr. Newton Luiz 's (Thrissur) Reading List :

The Seven Habits of Highly Successful People - Stephen Covey.
Cutting for Stone - Abraham Varghese.
The Citadel - A j Chronin.
Genome - Matt Ridley.
A Short History of Nearly Everything - Bill Bryson.

THE FINAL FOUR !!

Dr. Varsha Sreenivasa Kashyap
Consultant Pediatrician, Adolescent Specialist & Family Physician
Bapu Clinic, J P Nagar 5th Phase, Bengaluru.
varshasreenivasakashyap@gmail.com

"Namaste, I am Dr. Varsha from Bengaluru, I am staying in the opposite room. I just got to know that Dr. Kavitha is also giving the adolescent medicine exam tomorrow. "I was welcomed by a smiling elderly lady sitting cozily on the bed with her jacket on.. "Oh! You must be Dr. Kavitha's mother!!" "No, I am Dr. Suryavanshi, candidate for the exam!' I felt a life time astonishment on that rainy day in Pimpri ,Pune, and am relishing and honoring the treasured meeting with Madam ever since I met her.

Nurturing adolescents and young adults is the need of the hour where- in ,we, Pediatricians have an equal role to play along with parents and teachers. All growing sub-specialties in Pediatrics in India are on par with the rest of the world's. Training the medical professionals in adolescent medicine is crucial as they are the first contact for adolescents and not the specialists.

The course…..

There have been many successful training programs in India in the past towards this vital cause. Presently, Dr. D Y Patil Medical College Pune is offering excellent training in adolescent medicine, which is the brain child of eminent Prof. Dr. Swathi Bhave, and lead by Prof Hod of Pediatrics, Dr. Shylaja Mane along with her dedicated team. It is my privilege to have passed this training in August 2023.

The adolescent course offered by DR. DYP Medical College is a one year cost effective online certificate program. The office staff are extremely helpful to guide the interested doctors for admission. The duration of the course and syllabus are sent along with the list of books to be read. The WhatsApp group successfully held all of us together to get notifications, reading material and information about webinars/courses. There was a one week online training session on all the important topics in adolescent health, conducted in the middle of the course, by eminent speakers.

The hallmark of the course was the school health project . All candidates were briefed about the adolescent health project and given the proforma with details of the study. Four months were allotted for the completion of the study which included permission from school, parental consent, addressing the children, conducting the study, digital data entry, statistical analysis, thesis writing and submission. It is truly a challenge for a practicing Pediatrician to manage clinical practice and research, but we did it!

Exit -exam entry was permitted to only those candidates who successfully completed the school health project. Four of us reached the shore! Dr. Jayashree Suryavanshi from Nasik, Dr. Vrushali Rajhe from Islampur and Dr. Kavitha Pawar from Sholapur and myself were warmly greeted by the office staff .Our last minute revisions reminded us of what our exams used to be !! Aiming to pass four theory papers each of hundred marks and three hours duration, a practical exam and viva-voce was a Herculean effort . The exam was very efficiently conducted by the Department of Pediatrics. Every corner of the subject was covered in one way or the other. Practical examination and viva voce was conducted at the medical college in the most professional way. Wearing aprons for the exam and relishing food in the medical college canteen took us back to years of nostalgia!

The euphoria of completing the course and exam ended with a live school health session of Sampoorna Swasthya Sankalp in the outskirts of Pune. It was a real treat for the final candidates to witness the interactive live school health session under the guidance of Prof. Prameela Menon and team from Dr. D Y Patil Medical College.

Meanwhile in my clinic……..

The training has been pivotal in changing my approach to adolescents and young adults. The transformation happened all through the one year duration of the course when every adolescent who came to my clinic was examined as per the knowledge and skills which was being gained in parallel. HEAEEADSSS approach to every adolescent child with anticipatory guidance was the soul mantra of the new practice. Dedicated time slot and walk ins were encouraged for adolescent clinic. PROJECT YUVAKIRANA is a community adolescent project to which I am committed with my family, friends, teachers, parents, grand parents, students and well wishers, the vision being "Good health, optimal education, prosperity and emotional well being for adolescents and young adults!" Grateful to BAHA and all my seniors for the rich academic and numerous school health sessions which have been my driving force.

Dr. Swati Ghate's (Jaipur) Reading List :

How to talk so teens will listen and listen so teens will talk Adele Fabrw & Elaine Mazlish.
Please Mom, it's my life! by Dr Jaideep Singh Chada.
From Terrible to terrific teens by Dr. Atul Kanikar.
How to be your own therapist by Patricia Farrel.
Master your mind by Dr. Neel Burton.

GLOBAL FORUM FOR ADOLESCENTS : 1.8 BILLION YOUNG PEOPLE FOR CHANGE

Dr. Preeti Galagali
MD, PGDAP, FIAP
Consultant Adolescent Health Specialist and Director
Bengaluru Adolescent Care and Counselling Centre

Currently, there are 1.8 billion adolescents and young adults (AYA) in the world. It is the largest ever population to inhabit the earth and their health is critical to the health of the world - today, tomorrow and in the future. India is home to the maximum number of adolescents in the world. Global forum for adolescents (GFA) is the biggest online congregation of young people urging world leaders to listen to their voices and concerns and to plan, implement and invest in policies enhancing adolescent health and well-being, ensuring that 'no one is left behind'. Between 2003 and 2015, only 1.6% of total development assistance for health was spent on adolescent health, despite a third of the total global burden of disease estimated to have origins in adolescence. In recent times, adolescent health has been adversely impacted by the pandemic, global conflicts and natural disasters caused by climate change. Hence, there is an urgent need to invest in adolescent health as the world moves towards attaining the SDGs by 2030. The main online event of GFA is being organized on 11 and 12 October 2023 by the WHO with the support of Partnership of Maternal Newborn and Child Health (PMNCH), the largest global alliance advocating for women, child and adolescent health and 1400 member organisations. The campaign was launched on 1 November 2022 with India playing a key leadership and organisational role. The pre event global campaign includes a survey on 'what young people want' and an art competition. Also, individual countries are encouraged to register their national events focused on adolescent health on the GFA website as 'run up events to GFA'. It is essential to incorporate the principles of 'meaningful youth engagement' in each of these events and youth participation is integral. The GFA, a key milestone event in October 2023 will focus on a broad range of programming exploring the five domains of the Adolescent Well-Being Framework (good health, learning, connectedness, safe and supportive environment and agency and resilience) and cross cutting themes of climate change, health equity, financing and equity; champion political engagement events and award youth and capacity building initiatives, along with a captivating digital media and creative arts programme. AYA and gatekeepers of adolescent health can register for GFA on https://www.1point8b.org/global-forum-for-adolescents IAP and AHA under the leadership of Dr. Naveen Thacker, President International Pediatric Association and board member, PMNCH and Dr. C P Bansal, Co Chairperson, Adolescent Health Program Committee, IPA has organised a number of 'run up events' and a National forum on adolescent health and well being on 8 October 2023 at Amritsar Adolescon. GFA is a golden opportunity to join hands, collaborate and partner for adolescent health and well-being. Do join the global campaign and contribute positively to the health of the young people!

‘A DARK ODE TO THE CELL PHONE’

I look out of the window to a dark gloomy morning
Raindrops trickling down the walls, as they patter on the awning
Thick dark clouds ,shrouding out the sunlight
And I feel ,the weather today, is so similar to my plight
Another day wet and veiled, without any spots of brightness
Weighing down heavily, a dense, thick cloak of self harness

Wandering away from crowds, I slowly drifted away
The world was too rugged, I kept the ruffians at bay
Slowly at first, what began as a game
To protect from prying eyes and acrid tongues, ready to shame

Looking inwards, creating imaginary friends
I spent hours together, discussing and debating on current trends
I argued, explained and even questioned their thought
Enjoying every single moment ,as no one ever fought.

Hitting a roadblock for topics to decode
I picked up my new phone, and the information just flowed
Slowly and surely, my imagination grew wider
The friends I had created receded into the nether

I looked at the phone with awe and gratitude
It had opened my eyes, hitherto blinded by solitude
Every waking moment, away from my school
Was spent with this marvellous gadget, that I considered so cool.

Every theme and topic I dared to think about
Matter and information just came tumbling out.
The games lured me into a virgin realm
Thus far unexplored, and enjoyable to the helm.

I craved for class to be over, so I could run back home
Ensconced in my room, this was my cozy lagoon.
Father called out gruffly, to give me a chore
Mother beckoned gently, come, eat some more

Quickly completing the tasks on hand
The food rapidly gobbled, as with the twirl of a wand
Never did they find me so anxious to please
While all that I craved for, was an instant release.
Exams were looming and I did not seem to care
When I was asked about my studies, I gave them a blank stare

My mother caressed my shoulder, sensing something was amiss
But I wriggled and ran away, airily blowing her a kiss.

Dropping grades and weary dry eyes
She is up to something, they did surmise!
Was it the company at school that she kept?
Was she onto substances that they dare not suspect?

Early next morning, I was sternly summoned
What is the matter with you! They asked with concern
Father was angry while mother was weeping
What have you been up to, why are you not sleeping?

Sheepishly I looked, bewildered and surprised
Do not be scared, tell us fearlessly, I was advised
A lump in my throat, in a trembling voice
I muttered out aloud, the cellphone was my choice

Minutes turned into hours and then into daybreak
My eyes from the screen I could not shake
Nothing else mattered except the joy and glee
That came from playing and browsing on a spree

The air was cleared, I needed to be helped
The mobile was taken, it was banned although I yelped
The family physician was called, the matter discussed
The girl has addiction and needs help now to adjust.

No screaming, no shouting and no threats to be made
My parents were advised, do not be dismayed
Adolescence is a period of discovery and learning
Each individual has her own style of coping.

Here I am now, a year down the line
Realizing that even without the cell phone, I am extremely fine
Glad that I was warned before things went overboard
Life has much to offer, happiness, joy and love that I now hoard
To all of you who suffer in silence and solitude
I hope you will grab those helping hands with gratitude.

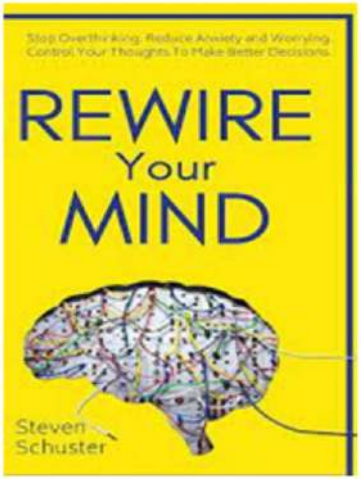
Dr. Sumitha Nayak
Consultant Pediatrician
Bangalore.

BOOK REVIEW

REWIRE YOUR MIND AND STOP OVERTHINKING

Reduce Anxiety & Worrying. Control Your Thoughts To Make Better Decisions.

Author : Steven Schuster.



Rewire your mind' by Stevens Schuster is a powerful and insightful book in which writer explores the connection between over thinking and decision making, offering valuable insights that help readers make more rational choices while reducing the impact of emotions and biases.

The book begins by delving into complexities of overthinking and its detrimental impact on one's mental wellbeing. Steven Schuster uses relatable day to day examples that resonate with readers, making it easy to connect with the content. The practical nature of advice based on work of number of psychologists backed with scientific evidences are the strength of the book. Schuster doesn't just highlight the problems; he provides step by step guidance on how to combat them. Eg.: just by changing the self-talk like 'I won't behave badly with my mother' where focus is on bad behaviour to "I will learn to be nice with my mother" where focus is on behaving well changes focus and one starts thinking on ways to respond nicely with mother.

Similarly long term anger is sustained if we keep on recalling the event why we were angry? Since human brain is designed in a way that full powered emotions last just for few secs, & our brain can think only one thing at a time, but we keep on fuelling negative incidences repeatedly, thereby enslaving our logical or thinking brain with emotional brain. Evidences prove that, we cannot choose which emotion to feel but we can definitely select how to control our reactions and how long that emotion should stay. The writer communicates 'don't fight with emotions instead strengthen the thoughts which you give as reaction'.

There are two types of emotional thinking-Categorical thinking and personalised thinking.

The categorical thinkers have fixed, extremist type of thinking. These persons use strong fixed words like 'always, must, never". For them only two colors Black and White exist in world. When in conflict they assume that the other person is wrong and do not even try to listen to other person's view. To improve interpersonal relations, one should identify one's own categorical words and work on minimising them. Like 'my house should be so clean that it sparkles like glass'.A student might think that 'despite of my sickness I should score 100% marks.'

Personalised thinkers take criticism or neutral remarks personally. People perceive them as egotistical while they suffer from feeling of inadequacy. Their deep-rooted belief about their unworthiness could be a result of negligent or overachieving parenting. When praised, they will give many reasons why they are not good. Their selective emotional memory is insensitive to time. This means that their reaction would be same in similar situation at any given point of time. For them criticism is engraved in their mind as the saying goes "old habits die hard".

One should not take criticism as personal attack instead take it as opportunity to improve. Instead of blaming others for failures, take responsibility for your actions.

To save oneself from overthinking and its consequences like anxiety, chronic fatigue, insomnia, depression, post-traumatic stress disorder (PTSD), etc one should get rid of mental clutter. Though it has become essential part of our life, it reduces our productivity and hampers growth.

4 types of mental clutter are

Wandering in future : It is always good to plan ahead of time but when our mind is too busy about future we cannot enjoy the present moment. One fails to admire vivid creatures around us, the

fragrance of the flowers and the giggle of one's own baby. It builds tension thereby leading to unhappiness and dissatisfaction.

Paradox of choice : In the 21st century we have ample of choices for everything whether it is choosing a subject for future to what to eat at dinner to what to wear for party, all of these create confusion, leading to anxiety. To reduce this time wasted on such petty issues, Steve jobs and Mark Zuckerberg decided to wear same clothes mostly. Instead of cribbing over what you don't have enjoy what you have.

Physical clutter and digital clutter though third in the row but are important contributors of mental clutter. More than 50% of people suffer from FOMO hence it needs to be tackled before it takes away every minute of our life.

Fourth is negativity bias: most of us overestimate threats, underestimate opportunity, and underestimate resources. Even the minutest thought clutters our mind with fear, anxiety excessive worrying and similar negative emotions. Since emotions cannot be regulated we can train our thinking brain to respond instead of reacting

Hence to accomplish tasks within a specific time frame with the flavour of creativity, one needs to handle all the 4 clutterers simultaneously. Few other ways of decluttering are working with the concept of Top-down thinking. Where one defines the goal first and then works accordingly. This way one is more organised and focused. It also helps us anticipate various road blocks beforehand.

Another way to declutter our mind is to stop multi tasking as it markedly reduces our productivity. By paying attention we mindfully bring life to every moment our lives.

"It is not the years in your life but the life in your years that counts." – Adlai Stevenson

The thought provoking exercises and journaling prompts, that encourage self-reflection

actively engage readers with the content and apply it to their unique situations

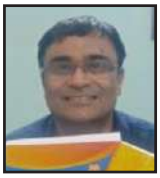
Some sections of book are repetitive, but they serve as a reminder of crucial concepts for the readers who might need reinforcement.

Overall, "Rewire your mind" by Stevens Schuster is a valuable resource for

anyone who is constantly worrying, seeking to overcome overthinking, anxiety or simply seeking self-improvement as this book offers a road map to a more peaceful and productive mindset.

Dr. Poonam Bhatia, MBBS, DCH, PGD-AP, DCMH (NIMHANS), PGPN
Tot's 2 Teens Child Guidance Clinic
E : doctorpoonambhatia@gmail.com
M : 9425051333

QUIZ ON ADOLESCENT MEDICINE



Dr. Ravi Bhatia
Professor and Head
Department of Pediatrics, PMCH

Q.1. What is the minimum age at which an adolescent can open an account on social media sites like Facebook ?

Q.2. Social media platforms should be banned for adolescents True/False

Q.3. While using Laptops and computers encourage the child to follow 20-20-20 rule. What is the 20-20-20 rule?

Q.4. What is the permissible age for using Whatsapp?

Q.5. Which mobile strategy video game developed by Supercell in 2012 encourages adolescents to develop strategy for developing their own village by using the resources provided?

Q.6. Which term meaning the use of information and communication to bully or otherwise harass an individual or group through personal attacks or other means was coined by Bill Belsey?

Q.7. In relation to social media what does the term SNS stand for?

Q.8. How much screen time is recommended for an adolescent?

Q.9. What term is given to the process of using the internet and technology to harass or stalk a person?

Q.10. Approximately what percentage of users on social media in India are adolescents?

FALLING DOWN DOESN'T MEAN LOSING

Dr. Neha Singh
· Practising Pediatrician, Navi Mumbai (Raigad)
· Co-Chairperson MAHAIAP Women Committee
· Editor of Drushtikshep (MAHAIAP Bulletin), Utkarsh (Raigad IAP Bulletin)

Iam sure each one of us, must have, at least once, held a basketball tried to basket or just dribble... if not played the game as a pro.

What's the feeling when we are able to throw the ball in that basket? Thrill, joy, contentment.

Does the ball go up or down?

No, this is not a weird question as many if u might think. The basketball comes down. and we are winners.

Isn't it contradictory in today's world? How can anything or anyone falling down make us a winner?

I say Why Not?

Falling down always doesn't mean to lose. This holds the same for Grades or Marks. In this era of percentage mania, the students and parents and even teachers are over burdened with performance pressure.

Result day is a big day for thousands of parents and their children. It is a culmination of all their hard work and the efforts. While it is normal to feel stressed and anxious, it is equally important to keep a good head on your shoulders and not let this affect you. Team work of teachers, parents and primarily the students. All deserve kudos and applause. Your child needs you the most, be a friend and help them relax. Try to be their safe place! Be calm and your child will be calm too.

I hope as parents your child is looking up to you and also looking at you. Make sure your stress isn't transferred to your child and that you don't add to their anxiety by discussing percentages and having unrealistic expectations. Do not mention a list of things that you are doing for the child. That is your responsibility as you brought the child into this world and not some favour you are doing.

Sadly, our society expects " A cat, a fish and an elephant to have equal tree climbing skills! " They either surrender or unfortunately succumb to their failure permanently believing in their inadequacy.

Every individual is different and special and has his own specialty. A fall in grades doesn't tag you as a loser. The inborn talent remains within. it's just a matter of getting the right support and direction. It's our responsibility to ensure that our child feels as happy with a 60% as with a 95%. Remember you are your child's comfort zone, not a place where he gets panic attacks.

I don't understand the Indian obsession with percentages and grades. Parents scare their children with statements like," You should have studied more", "You wasted so much time, this is what happens", "We give you everything, all that you want and still you perform so badly "and the classic one "Look at Sharmaji's son's marks and look at yours". Everyone wants to know how much you got. Relatives & neighbours who are never in touch, call to ask your child's grades. When you tell them the percentage then starts comparisons with random people who scored more; some friend's son, colleague's daughter, or even maid's child.

All this just adds to the disappointment of the child and the family. Children become quieter, they question their capabilities, blame themselves and some of them indulge in self-harm. Mental health needs to be discussed, a gentle reminder that a **child who scores less is better than a child who is gone.** All your regrets later and the words you should have said won't matter anymore. Some people are very competitive and they want their kids to be the best at everything. Like in a game of

basketball, some are good in shooting the ball, other dribble swiftly and a few are a strong support.

Each one of us is different .. even the fingers of a hand are not similar but when fingers become fist they can knock out any trouble in life Marks and percentages may not be that important but education is very important. Education broadens your mind, your perspective, and your opportunities. The digital era has opened up a plethora of opportunities

Parents, students and teachers .. let not grades affect the normal course of life .. don't succumb to trivial failures ... the game is going to get better ...and better .. Keep emotions and ambitions strong but don't let them overpower your senses .. After all life is all about falling down and then getting up to start the game again with double the force ...

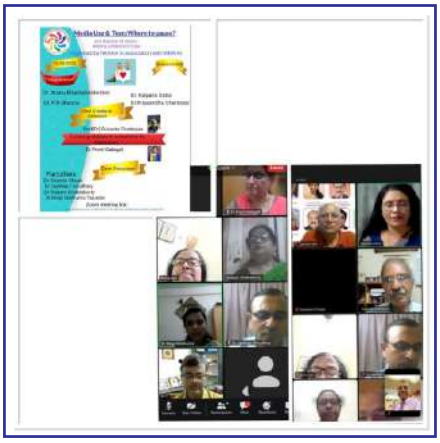
Falling down is not losing…it's about Winning!

QUIZ 2 KEY

1. 13
2. False, social media has its benefits too.
3. Take a break every 20 minutes, for 20 seconds and look at an object 20 feet away.
4. 16 years
5. Clash of Clans
6. Cyberbullying
7. Social Networking Sites
8. Maximum 2 hours per day
9. Cyberstalking
10. 30 percent

CENTRAL AHA ACTIVITIES

AHA ACTIVITIES



KERALA

INDIVIDUAL ACTIVITY

"Drug Abuse Prevention - “Uyare" by Dr. Sreela, Dr. Ranjith P on Adolescent Issues at SZ Pedicon 23

R Diet Program by Dr. Sree Prasad, Dr. Nimmy and Dr. M N Venkiteswaran