Acute care for Adolescents and Young Adults

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The Young Adult Care Gap

Paediatric services and paediatricians

Adult services and adult physicians

Setting higher standards
Plan

• A bit about the gap in service by telling a story.
• Some about young people and how they differ from adults
• A bit more about how they present.
• A lot about Young adults in Acute care.
• A plug for the RCP Acute care toolkit

WHO definition: Adolescence 10-19 yrs
Emergent Adulthood 19-25 yrs
Sarah

- Type 1 diabetes
- Frequent attender
- Challenging behaviour
- Disengaged with care
- Alcohol and substance misuse

38 admissions in one year
Years later

Seen in clinic with her child

Admitted to abuse, on line exploitation, suicidal ideation, drug use.

Hospital ‘was safe’
Years later

Seen in clinic with her child

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Hospital ‘was safe’

You never asked…..
Natalie, 17yrs

- Admitted to AMU with severe headache, needing LP.
- Difficult procedure in theatre by anaesthetist.
- Mum with her on AMU overnight, went to theatre at 9 am.
- Natalie admitted to ward post procedure.
- Mum not allowed to visit till 2pm
- Natalie phoned mum distressed and crying at 12 am
- Mum still not allowed to visit – ‘Visiting starts at 2 – she is an adult now and shouldn’t be phoning her mum all the time’
4 Key reasons why Young Adults are important.

• Shift of disease burden out of childhood, with poorer outcomes
• Rise in long term conditions: physical/mental health
• Widespread initiation of health and self-management behaviours
• They are different from adults with a lot going on!
Young adults die more frequently than children
Poorer health outcomes in adolescence

Asthma and epilepsy control poorer in adolescents than children

Cancer – least improvement in survival than children or adults

Renal Transplants:
18-25 year olds greater risk of graft loss
cf <18, or 25-35.

Diabetes - NDA
Mortality highest aged 15-35

Long term conditions
Physical and mental health

• 70% of childhood Type 1 diabetes diagnosed in adolescence.

• Behaviourally related conditions, e.g. STI/HIV appear in early adolescence and rise rapidly:
  Highest incidence/prevalence of STI’s = 16–24 yrs.

• 75% of lifetime mental health disorders start before 24 yrs. Peak onset 8-15 years

• 10% have a mental health problem at any one time
Health behaviour is forged in adolescence

- Five of the ‘top 10’ risk factors for the total burden of disease in adults are initiated or shaped in adolescence.

![Graph showing percentage of youth behaviors across ages](source: Smoking, Drinking and Drug Use among young people in England in 2011, Health and Social Care Information Centre, Download data)
Adolescents. Different from children and adults

- Different physiologically
  - Endocrine changes and hormonal drives

- Different culturally
  - Dress codes, social networking, eye contact, language
Different neuropsychologically¹
Neuronal pruning, risk taking behaviours

Limbic System
Emotional regulation, reward processing, appetite and pleasure seeking

Pre frontal Cortex
Executive function

Risk taking and Emergent Adulthood

- **Identity development in adolescence**
- **Identity exploration in emerging adulthood**

**Emerging adults vs adults**
- Similar logical competencies
- **Differences in decision and risk taking**

*JJ Arnett 2000*

![Graph showing functional development over age with key areas: Limbic regions - emotion and reward, Prefrontal cortex - mentalising, planning, inhibition and future thinking.](casey-et-al_2008.png)
Young Adults in Acute Care. Numbers, presentations and challenges
Young people use Unscheduled Care

- Emergency admissions in 16-19 year olds has increased by 32%
  Hagell A, Key data on Adolescence. Assoc Young Peoples Health 2013

- Portsmouth AMU, catchment of 500,000: 360 admissions yearly
10% of Inpatients and Outpatients are aged 16 to 25

£12 million (IP) + £5 million (OP) = £17 million
The Concept of Transition in Speciality Paediatrics/Adult Medicine

Paediatric care

Adolescent care

Transfer

Young adult care

Adult care

Royal College of Physicians

Setting higher standards
How young people present to AMU

• New presentation of disease

• As a result of risk taking behaviour

• Frequent presenters with ‘simple’ diagnoses

• Infrequent presenters with rare and complex diagnoses

• Severe and complex disability
Some AYA’s need special consideration

Those with:

- **physiology closer to a young adolescent**, who may require different treatment protocols

- **complex needs** with specific requirements or equipment usually found in paediatric settings

- **rare conditions** eg inherited metabolic disorders

- **long-term conditions who have disengaged** during transition or from adult services

- **MUS medically unexplained physical symptoms/frequent admissions**

- **mental health / substance abuse issues**

- Previously ‘**Looked after’ or in care**

- **life-limiting conditions**
AMU’s present challenges

• Young people may be less ‘visible’
• Staff under confident with limited training
• Environment may be suboptimal
• Expectations of carer/parent may be high
• There may be confusion regarding admission destination
• No clear specialty of Adolescent medicine when need to move off AMU
National Guidance, Practical advice
What could a young person friendly service look like?

You’re Welcome

Quality criteria for making health services young people friendly

YW11-19

Young People Friendly Health Services
An Overview of the You’re Welcome Quality Criteria:

1. Access
Services should be accessible to all young people at locations and times that meet their needs.

2. Publicity
Publicity materials should make young people aware of the services available and explain their right to confidentiality.

3. Confidentiality and consent
Clear policies on confidentiality, competence and consent should be implemented by all staff and communicated to service users to build trust in services.

4. The environment
Services should be delivered from a welcoming and friendly environment that young people feel comfortable to access.

5. Staff training, skills and attitudes
Staff should be committed to delivering young people friendly services to meet the needs of young people.

6. Joined-up working
Services should ensure seamless delivery, through effectively joined up services across health, local authority, community and voluntary and private sectors.

7. Monitoring, evaluation, and involvement of young people
Young people should be involved in the design, delivery and ongoing evaluation of health services. Mechanisms need to be in place to provide appropriate feedback to young people.

8. Health issues for young people
An integrated and proactive approach should be taken by services to address a range of key health issues.

9. Sexual and reproductive health services

10. Child and Adolescent Mental Health services
Young people friendly sexual health and CAMHS services should be delivered to meet the specific needs of young people.

Setting higher standards
Acute care toolkit 13
acute care for adolescents and young adults October 2015

All staff working in acute medical units (AMUs) will care for adolescents and young adults (AYAs) aged 16–24 years old. They may be aware that these young people are potentially vulnerable and that current provision is suboptimal.
Acute care toolkit 13
acute care for adolescents and young adults October 2015

All staff working in acute medical units (AMUs) will care for adolescents and young adults (AYAs) aged 16–24 years old. They may be aware that these young people are potentially vulnerable and that current provision is suboptimal.

Background
AYAs are increasingly accessing acute care in adult settings, including AMUs. Emergency presentations in those aged 16–19 years in England have increased three-fold over the past decade. AYAs account for 36% of emergency department attendances and 20% of those that receive inpatient care.

In national surveys, AYAs report lower satisfaction with their care than older adults. Compared with older adults, they report being less likely to feel involved in their care, having less confidence and trust in their doctor, and being less likely to feel that they are treated with respect and dignity. The characteristics of the caregiver correlate most strongly with the overall care rating.3

AYAs are vulnerable. All-cause mortality among adolescents (aged 10–19) is now higher than in other periods of childhood, except the newborn period. Mortality due to disability and long-term conditions is higher among adolescents than among children or adults. Five of the “top 10” risk factors for the total burden of disease in adults are initiated or shaped in adolescence. At any one time, approximately 10% of adolescents suffer from a mental health problem.4 The World Health Organization (WHO) has described adolescence as providing “a second chance in the second decade”, recognising the opportunity to intervene positively to influence both short- and long-term health in AYAs.5 Despite major national initiatives undertaken between 1999 and 2009 to reduce both inequalities in health and risk in the young, healthcare outcomes for UK AYAs aged 10–24 remain amongst the worst in Europe.6

“AYAs report lower satisfaction with their care than older adults. Compared with older adults, they report being less likely to feel involved in their care, having less confidence and trust in their doctor, and being less likely to feel that they are treated with respect and dignity...”
What training have 600 HST received?

Training in transition

Training in Adolescent Health

Setting higher standards
Talking to young people

• Warm, positive, and respectful

• Sit at the same level and observe body language

• Explain, explain, explain! (and draw!)

• Offer a choice within a ‘no choice’ situation

• ‘When and then’ statements

• Don’t promise what you may not be able to deliver!
Issues to Consider

• **Privacy**
  – body consciousness
  – A curtain vs. a closed door

• **Confidentiality**
  – Often PRIMARY CONCERN
  – Address early.

• **Parental involvement**
  – How to manage Parent
  – present during consultation?
  – During exam?
  – Accommodation
### The HEADSS assessment – A Useful tool

**Box 3 Example screening questions for HEADSS psychosocial and health assessment**

**Top tips:**
- Remember to optimise the environment and reiterate confidentiality.
- Interactions should be conversational rather than interrogatory.
- Consider risks, but consider protective factors as well.
- Consider a warning question or statement before sensitive topics are raised.
- Remember that the young person has the right not to answer.

**Domain 1: Home and environment**
- Where do you live, who do you live with? Have you lived there long?
- How are things with your parents/carers?
- Are there any problems or things that worry you?
- Do you feel okay and safe at home?

**Domain 2: Education and employment**
- So you’re at school/working/looking for work. How’s that going?
- Do you enjoy school/work? What do/don’t you like about it?
- Do you go in every day? If not, how many days have you missed over the past 2 weeks?
- Have you ever thought that you were being bullied? Was that via the internet/mobile phone/in person?

**Domain 3: Eating**
- Do you worry about your body or your weight?
- Do you try things to manage your weight?
- Do you restrict food or exercise a lot?
- Has your weight changed recently and are any of your family or friends worried about it?

**Domain 4: Activities**
- What do you like doing?
- What does a usual day involve for you? Can you describe a normal day to me?
- Do you have friends that you hang out with?
- What kinds of things do you like to do together?
- Do you mainly spend time on your own? Is that okay with you?

**Domain 5: Drugs including alcohol**
- Do you drink or smoke, and have you tried or used drugs? What do you like and what don’t you like about it?
- Do you regularly use alcohol or drugs to help you relax, calm down or feel better?
- Have you had problems with family, friends, police (or courts) because of drinking or drugs?
- Would your friends or family say that you have a problem with drinking or drugs?

**Domain 6: Suicide, anxiety and depression**
- Have you ever felt really anxious all of a sudden – eg for no reason at all?
- Was your heart racing, were you breathless, were you worried that you would lose control?
- Do you think you feel more anxious or worry more than your friends?
- Do you avoid situations because you get too anxious? Does this affect your day-to-day life?
- Do you feel sad or down more than usual or have you felt that way in the past?
- Have you lost interest in things that you usually like doing?
- Are you having trouble sleeping?
- Do you find yourself spending less and less time with friends or family?
- Would you rather just be by yourself most of the time? Why?
- Have you thought of harming or killing yourself? Have you made plans? What stops you?

**Domain 7: Sexuality and relationships**
- Are you in a relationship? Have you ever been in one?
- What’s your relationship like?
- Are you interested in boys or girls? Perhaps you’re not sure?
- Have you ever had any negative experiences about being gay/bisexual/lesbian?

**Domain 8: Safety, conduct difficulties and risk-taking**
- Have you deliberately harmed or hurt yourself when you weren’t actually suicidal? When did it start? How often? Why do you do it?
- Have you had to get medical assistance for this?
- Have you put yourself in unsafe situations (eg unsafe sex, risky driving)?
- Have you ever wanted to hurt someone else?
- Do you often feel out of control (with your behaviour)?
Models of care – one size does not fit all

**Receiving care beside older adults**

High-quality care is possible in this situation.

**Important considerations:**
- Sensitive placement of the AYAs, e.g., it might be distressing for them to be near confused or dying patients.
- Single-sex requirements and lack of side rooms could be an issue.
- Training is required for all staff who will have contact with AYAs.

**Dedicated AYA areas**

(DGHs) with a catchment of around 250,000 could support a dedicated adolescent unit of 18 beds. Focusses resources, optimises the environment and development of staff.

**Important considerations:**
- Patient flow will need to be managed.
- Plans must be able to deal with surges in demand is needed.

**AYA liaison teams**

Similar model in geriatrics, learning disabilities and safeguarding. Consistent, high-quality acute medical care from AMU teams with value-added input from liaison team.

**Important considerations:**
- Shared understanding of roles
- Clear referral pathways
- Rapid response time
- Availability of time and space for psychosocial and health screening
- Strong links to mental and sexual health services
- Ability to access drug/alcohol services
- Links with safeguarding and learning disability teams.
### Individual management plan

**Patient:**  
**Address:**  
**GP details:**

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#### Should be seen by a middle-grade doctor or consultant if possible

**Mechanism for admission**
- Within hours: Contact GP will contact the GP admissions centre: 8am–8pm
- Weekends: Via acute medical unit (AMU) coordinator: bleep XXXX
- Out of hours/acute unwell: Emergency services

**Location of individualised care plans:** electronic patient-reported outcome (EPRO), patient administration system (PAS) alert (second PAS screen) or Oceano (it will differ between organisations); GP; parents; AMU folder; responsible consultants: Dr A, Dr B, Dr C (Ward A)

**Ideal placement:**  
Side room with space for resident parent/carer. Consider direct admission to be Ward A if clinical situation is stable. Discuss with AMU consultant on call.

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#### Diagnoses

1. cerebral palsy with four limb involvement
2. focal epilepsy with secondary generalisation
3. gastro-oesophageal reflux with gastrojejunostomy
4. renal and bladder calculi
5. ileostomy
6. central line *in situ* for emergency use.

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#### Current medication

- lamotrigine 100 mg twice daily
- levetiracetam 1,500 mg twice daily
- midazolam PRN (home protocol: 10 mg after 2.5 minutes, further 10 mg after further 2.5 minutes – call paramedics)
- clobazam 10 mg, use as required (for increasingly severe absence seizures)
- diazepam 10 mg twice daily
- lansoprazole 30 mg twice daily
- baclofen 20 mg twice daily
- oxybutynin 10 mg once daily.

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**Setting higher standards**
Algorithm to support a standard operating procedure for acute admissions for 16–19 year olds

**Consideration 1 – clinical need:**
- For example: medical / obstetrics and gynaecology / surgical / trauma / oncology
- Is the service available on this site?

**Consideration 2 – young person centred care:**
Are there other reasons why the patient might be better cared for in a paediatric or adult environment? For example, a patient who:
- has a learning disability
- has a long-term condition
  - is still receiving care from the paediatric team
  - has already transferred to and been seen by the adult team
- is known to child and adolescent mental health services (CAMHS)
- is known to have a child protection plan
- is/or was a 'looked-after' child.
(In hours, notify the relevant consultant and/or team.)

**Consideration 3 – seamless care:**
Has there been consultant-to-consultant discussion and agreement about acute admission, and appropriate sharing of management and information by the adult and paediatric teams?

**Consideration 4 – developmentally appropriate care:**
Is an appropriate bed available on the paediatric wards or adult wards (eg with other adolescents or in a single room)?

**Consideration 5 – young person’s preference:**
Would the young person prefer a paediatric or an adult ward?
Think about your AMU

• How many young people do you see?
• Are there clear policies and guidelines regarding admission? Are they easy to find?
• Is there a lead clinician for Adolescents?
• Do paediatricians hand over complex/frequent attenders?
• Is there space/time for assessment beyond the presenting complaint?
• Are staff trained in management of young people? Is it part of Induction/appraisal/ CMT/ACCS teaching?
In summary

- Young people are a distinct physiological/cultural group with poor health outcomes
- Who often present to acute care.
- They present challenges, and opportunities
- Getting it right can have huge benefits, beyond the acute presentation
- RCP Adolescents and Young adults in Acute Care Toolkit provides guidance to improve care
Thanks to

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Useful Links

- www.youngpeoplehealth.org.uk
- http://www.e-lfh.org.uk/programmes/adolescent-health
- https://www.rcplondon.ac.uk/projects/acute-care-toolkits