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PSYCHOSOCIAL ASSESSMENT OF ADOLESCENT PATIENTS WITH CHRONIC ILLNESS

Developed by Tina Madani Kia, Dr. Hayley Turnbull and Dr. Simone Lebeuf
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Introduction:

Hello PedsCases listeners. I'm Tina Madani Kia (she/her), a medical student at the University of Alberta. This podcast was developed under the guidance of Dr. Hayley Turnbull (she/her), a General Pediatrician and Dr. Simone Lebeuf (she/her), an Adolescent Medicine Pediatrician, both practicing at the Stollery Children's Hospital in Edmonton, Alberta. This podcast is the first of a series on the psychosocial impacts of chronic illness in pediatric patients and their families. This episode will be an introduction to taking the psychosocial history of an adolescent pediatric patient with a chronic illness. The second episode of this series will feature an interview with a youth about their lived experience.

This episode will discuss the following **learning objectives**. By the end of this podcast, you will be able to:

1. Demonstrate an understanding of chronic illness and its impact on an adolescent and their family
2. Employ the THRxEADs framework to guide a detailed psychosocial history for an adolescent with a chronic illness

Case

You are a fourth-year medical student on a community pediatrics rotation, working with a staff pediatrician, and are asked to see a new patient, Jamie. The patient's family has moved from Vancouver to Edmonton recently and were referred from their pediatrician in BC for your preceptor to take over Jamie's ongoing care. Jamie is a 14-year old male who was diagnosed with a chronic illness two years prior, and otherwise has an unremarkable medical and developmental history.

What is chronic illness?

While there are many varying definitions of chronic illness, for this podcast we will define chronic illness as a condition that lasts for longer than one year that requires ongoing medical attention and/or limits the daily activities of the patient (1). While this episode will focus on employing the general psychosocial history framework for any pediatric patient with chronic illness, future episodes will focus on more specific conditions, such as inflammatory bowel disease, and more specific considerations for these conditions.

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Outlining THRxEADs

You've likely heard of the HEADSS framework, the handy acronym that allows you to rock your adolescent history taking. If you haven't heard of HEADSS, there is an entire PedsCases podcast that you can listen to on that topic on our website called [Pediatric History \(HEADS\)!](#) THRxEADS is a similar tool, developed by Dr. Chadi, Dr. Amaria and Dr. Kaufman, from the Hospital for Sick Children in Toronto, Ontario, specifically to expand upon the HEADSS history for adolescents with chronic illness or disability (2). This will allow you to remember to ask specific questions that pertain to the patient's chronic illness.

The THRxEADs acronym stands for:

- Transition
- Home
- Rx (Medications & Treatment)
- Education & Eating
- Activities & Affect
- Drugs
- Sexuality

We will now go through this framework and apply our case to it, so you can see it in action! As with the HEADSS history, the THRxEADS history should ideally be done without parents or guardians in the room, and the limits of confidentiality should be reviewed.

Applying the case to THRxEADs

Transition

The first item on the THRxEADs framework is "transition" which stands for transition to adult care. It is important to be aware of local policies around when pediatric patients are considered to be adults in their specific setting. In Canada, the age at which transition occurs varies from 16-19 depending on the province and hospital (3). This is a process that should be started early in adolescence. Transition to adult care is something that can weigh heavily on patients and their parents and can have a significant impact on their health trajectory (4). Information may get lost during the transfer, or parents and adolescents may not feel prepared to make the change. Negative health outcomes have been associated with transitions to adult care, such as increased hospital admissions or long gaps in care for their illness. Over time, adolescents should grow more comfortable providing their own histories, including current and past therapies as well as detailed knowledge of their medications as well as the names of the health care providers that make up their medical team.

Thus, for this aspect of the framework, you should engage Jamie directly about his illness. Here is an example of how that could sound.

Student: How long have you had this illness, Jamie?

Jamie: I first started feeling symptoms about two and a half years ago, then my parents took me to our family doctor, and I was diagnosed two years ago.

Student: That's good to know! Do you have any concerns about your eventual transition to adult care?

Jamie: My mom usually books my appointments for me so having to remember to be on top of it myself is something I'm scared about doing.

It is also critical that you ask about current plans and/or discussions around his future adult health team and if he has any specific concerns or requests. Ensuring your patient is adequately prepared for a transition to adult care will ensure the process can happen with limited anxiety and a seamless transfer to the adult care team.

Home

Similar to the routine HEADS history, it is crucial to inquire about the patient's home life. Chronic illness can have a major impact on the family unit as a whole and can affect not only the patient but their parents, siblings, and extended family. Here is what that can sound like:

Student: How are things going at home, Jamie?

Jamie: Not bad! Mom and dad have been really busy with moving all our furniture to our new house, but they still make time to have movie nights.

Student: Movie nights sound like so much fun! Do you have any siblings?

Jamie: Yeah, I have a little sister. Sometimes she gets jealous because mom and dad spend so much time with me taking me to my doctor's appointments.

Student: Since you've moved recently, has your family been able to be connected to everything you need to support your illness?

Jamie: Yes! We live very close to a pharmacy so that's convenient for my dad to pick up my medications, and I've been continuing my sessions with my therapist from back home online.

Learning more about Jamie's home life and family will allow us to know if there are any additional supports we can add to help him and his family in managing his condition. Patients often worry about the burden they place on their supports, so it can be helpful to understand their relationships and supports. It is important to inquire what his relationship is like with his parents, siblings, and extended family and how chronic illness plays a role in that.

Rx (Medications and Treatments)

Managing a chronic illness often involves medication or therapeutic regimes, so asking about medications is an important component of the THRxEADS history. These questions should also be asked in an age-appropriate and non-judgemental way, so the adolescent

and family feel comfortable opening up about sensitive issues such as side effects or adherence.

Student: Do you know what treatments you have tried in the past and are currently on?

Jamie: I'm not sure what the name of it is, but I'm currently on a drug that reduces inflammation, and I've also been on short courses of steroids.

Student: That's great that you know so much about your medications! Do you know if your mom and dad have had any issues with insurance for those drugs?

Jamie: Not that I know of.

Student: And how do you feel about your medications?

Jamie: Sometimes they have side-effects I don't like, but after my dose was adjusted that has happened less. Sometimes I find it hard to remember to take them.

Student: That's a really common issue to have with meds, it can be hard to fit them into your schedule! We can definitely discuss this more to see if we can find some strategies to help you with that.

As we discussed in the transition section, this is a great opportunity to ensure Jamie is knowledgeable about his medication and begins to take ownership of this information. The discussion needs to include not only which medications he is taking but how they fit into his routine, such as school and extracurricular activities, and how he feels about them.

Education and Eating

Adolescents with chronic illnesses often experience school absences due to their condition, which can impact many parts of a pediatric patient's life, from social connections to academics. Therefore, the history should include asking about school.

Student: How are you feeling about your new school?

Jamie: I'm a little nervous because I'm the new kid, but I am looking forward to starting again!

Student: And how does your health condition impact school for you?

Jaime: It makes it hard to stay on top of school sometimes. I really hate it when I have to miss school because of doctor's appointments or because I'm not feeling well. It's always so hard to catch up when I go back.

Student: That's a fair concern to have! School is really important and it can be hard to feel like you're missing out. Do you think it would help if we try and minimize the number of appointments you have during school hours?

Jaime: That would be good.

Student: Great! And if you find yourself having so many flare-ups that they interfere with school, we can look into adjusting your medications. Do you think you any need special supports during school to help with your condition?

Jaime: Not right now but I'm glad that is an option if I need it.

Student: Any idea what you want to do after grade 12?

Jamie: I'm still thinking about it, but I really like math class.

Eating, weight and body image issues are also important to explore with this history, as many chronic illnesses and their treatments can cause weight and appetite fluctuations in addition to significant impacts on body image. Some health conditions also have specific diets that need to be followed.

Student: How do you feel about your diet?

Jamie: I eat most things.

Student: Has your condition impacted your eating habits at all?

Jamie: I do eat less when I have flare-ups, but it's not a big concern right now.

Student: Does your illness ever affect the way you see yourself and your body?

Jamie: It does, it makes me feel self-conscious sometimes.

Activities & affect

This component of the THRxEADS history can really help us better understand the patient and how their life is impacted by their chronic illness, and screen for any issues with mental health, sleep, self-esteem or social isolation.

Student: What do you like to do with your free time, Jamie?

Jamie: I play the guitar and I'm going to join my new school's field hockey team. I also hang out with my friends and cousins outside of school.

Student: Cool! Sounds like you have a great social circle. Does your condition ever get in the way of participating in these activities?

Jamie: Yeah, sometimes I don't feel as up to doing things.

Student: Does your condition affect your mental health?

Jamie: Sometimes I do feel anxious about it, but right now it's not bad, and therapy has helped.

Student: Does your condition affect how much you sleep?

Jamie: Not usually, I can still sleep pretty well even if I have flare-ups.

Other useful tools if we do suspect Jamie might struggle with anxiety or depression are the Generalized Anxiety Disorder 7 (GAD-7) (5), a tool that screens for generalized anxiety disorder symptoms and the Patient Health Questionnaire 9 (PHQ-9) which screens for major depressive disorder symptoms (6).

Drugs

Substance use is important to inquire about in any adolescent history, and this is especially true in the context of chronic illness. Certain illnesses and treatments put youth at higher risk for negative outcomes when combined with substances. Providing adolescents with a safe space to ask questions about substance use is important in building a relationship with the patient, and also in assessing their risk for adverse effects.

Student: Have you ever tried smoking or vaping?

Jamie: No, I haven't.

Student: Alcohol?

Jamie: I haven't but I've thought about it.

Student: Cannabis?

Jamie: No.

Student: What do you know about how your health condition might be impacted by those things?

Jamie: Not much. I think the pharmacist told me I shouldn't drink alcohol with one of my medications.

Student: That's good that you chatted with the pharmacist about that! I'm always here if you ever want to talk about substances and their effects on your health. Since you have this illness, you may experience additional side-effects from alcohol or substances, and I'm happy to talk more about this with you at any time.

Sexuality

Finally, sexuality is our last component of the THRxEADS framework. Learning more about one's sexuality is a common developmental task of adolescence. Offering once again, a non-judgemental and curious ear to discuss these sensitive issues and encourage the

development of a healthy identity is important. Chronic illness can impact sexual health by impacting puberty, fertility, contraceptive methods or body image.

Student: Are you sexually active in any way or have you been in the past?

Jamie: No, I'm not.

Student: What do you know about the effect of your condition on your sexual health?

Jamie: I haven't really thought about that before.

Student: Ok! In the future, if you ever want to discuss the impact of your illness on sex, or learn more about safe sex practices, we can talk about that at any time.

Even if a teen is not sexually active in a way that could result in pregnancy, it can help to let them know if there are contraindications or specific considerations for contraception, the genetics of their health condition, or how their health condition or medications may impact sexual function.

Conclusion – recap of learning objectives

This brings us to the end of this podcast!

1. To review we learned that chronic illness is a condition that lasts for longer than 6 months that requires ongoing medical attention and/or limits the daily activities of the patient which can profoundly impact the psychosocial wellbeing of the adolescent patient and their families in a variety of ways.
2. We learned how to employ the THRxEADS history, consisting of questions relating to transition, home life, medications, eating, education, activities, affect, drugs and substances and sexuality.

References

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