

Adolescent risk behavior syndrome

Adolescent risky behavior syndrome is adolescent behavior in which:

- substance abuse,
- **pathological behavior** (aggression, delinquency, auto-aggression)
- **early onset of sexual life.**

It is one of the leading causes of mortality in adolescence.^{[1][2]}

Sensitive psychological development takes place during adolescence. According to Erikson, adolescence corresponds to *the developmental stages* of the period in which an individual completes **his personal identity**, compiles his own **scale of values** and learns **self-criticism**. When this development fails for various reasons, there is a **confusion of roles in society**, which manifests itself in pathological behavior.

Risks of individual manifestations

Drug abuse

Alcohol is probably the worst drug, at least in terms of the number of hospitalizations due to severe intoxication. In the Czech Republic, 97% of adolescents have personal experience with alcohol^[1], 79% of adolescents report alcohol consumption in the last month^[3] and up to 54% of adolescents fall into the category of *excessive alcohol consumption* in the last month (more than five "*model glasses*" of a certain alcoholic drink on one occasion)^[3]. This ranks the Czech Republic in 1st place in Europe in these categories. Approximately 200 adolescents die in the Czech Republic between the ages of 15 and 19 per year, with 75% of them dying from *external causes*. In the vast majority of cases, it is a traffic accident. It typically occurs at the weekend between midnight and 5 a.m. and is caused by a driver under the influence of alcohol - risky behavior with visits to bars, discos, excessive alcohol consumption and poor judgment of the ability to drive a car.

Among the other drugs, it is mainly **marijuana**, in the Czech Republic it is used long-term by up to 43% of adolescents, which again ranks the Czech Republic in 1st place in Europe^[3]. **Nicotine** abuse is also around 40%^[3]. Around 50% of boys and 40% of girls in the Czech Republic have experience with any illegal drug, and there are about 2,000 applicants for institutional addiction treatment between the ages of 15 and 19.

Psychosocial area

Risky behavior manifests itself in aggression and delinquency. Another part of deaths from external causes, in addition to traffic accidents, are injuries that are usually caused by this behavior. Even more important, however, is **self-aggression** - around 20% of external causes of death in adolescence are due to **completed suicides**; up to three times more common in boys than in girls. There are up to 10 times more completed suicides at the age of 15-19 than at the age of 10-14^[2].

Sex life

14.5% of adolescents have experienced coitarche (*beginning of sexual life*) at the age of 15, and 37.2% at the age of 16. With premature coitarche, it is almost certain that there will be **a frequent change of sexual partners** and the resulting high incidence **of sexually transmitted infections**. In the incidence of syphilis, the age group of 14-24 years is in 2nd place (the 25-34 year-old group is 1st), in the incidence of gonococcal infections, the age group of 14-24 years is in 1st place. In the age group 14-19 years, 25% of sexually active people have any sexually transmitted infection, 18% have an HPV infection and 4% have a chlamydia infection (data from the USA^[4] 8.2% of chlamydia infections in the Czech Republic^[2]). A promiscuous life is also associated with quantity **abortions** and **early and unwanted pregnancies**.

Etiology

All three areas of manifestation (substance abuse, psychosocial area, risky sex life) occur together and have the same risk and protective factors.

Risk factors

Exogenous risk factors:

- weakening of family function,
- urbanization (impersonal environment),
- uncertainty of life prospects (typically an adolescent expelled from school – poor job placement and unemployment)

Endogenous risk factors:

- eg.: ADHD

Protective factors

Most protective factors are well documented and proven:

- quality education,
- positive role models in society,
- strict legislation (arms possession, etc.)

Diagnostics

The doctor can discover the following symptoms through anamnesis and examination:

- **deterioration of grades at school** – very sensitive data, can be obtained through anamnestic,
- abandoning previous interests (direct and indirect anamnesis),
- behavioral disorders (aggressive tendencies,...),
- change of peer group (direct and indirect medical history),
- change of clothing style,
- **signs of self-harm,**
- **weight loss** (including drug use),
- skin injections (including drug application),
- thrombosis (including drug application),
- frequent infections and an unusual spectrum of etiological agents (including drug use),
- dental deterioration (drug abuse)

Prevention

In the Czech Republic, the vast majority of prevention programs are implemented in schools. The methodology of individual preventive interviews of the adolescent with the doctor was also elaborated. According to research, a doctor can gain the trust of an adolescent through a gentle and friendly interview, who then confides in him about his problem or experience with addictive substances. **CRAFT** questionnaires and a questionnaire based on **ICD-10** are part of the methodology^[1].

	CRAFT Questionnaire
C (Car)	Have you ever driven a car or motorcycle driven by someone under the influence of alcohol or other drugs, or have you ever driven a motorcycle under the influence of alcohol or other drugs?
R (Relax)	Have you ever drunk alcohol or taken any other drug to relax, feel better or fit in among friends?
A (Alone)	Have you ever drunk alcohol or taken any other drug when you were alone?
F (Forget)	Have you ever forgotten what you were doing when you drank alcohol or took some other drug?
F (Friends)	Has someone in your family or friends told you that you should cut down on your drinking or taking other drugs?
T (Trouble)	Have you ever gotten into trouble when you drank alcohol or took other drugs?

Positive responses counted	
0-2 yes answers	It is probably not an addiction, the risk of substance abuse is low.
3-4 yes answers	Occasional to harmful use, mild or moderate risk of progression substance abuse.
5-6 yes answers	It is probably an addiction.

Addiction questionnaire based on ICD 10			
<p><i>All the following questions refer to the past 12 months. Choose the one from the following answers that is closest to reality.</i></p> <p><i>The word "drug" also means alcohol or marijuana or a combination of different addictive substances.</i></p>			
During the past 12 months, have you felt a strong desire or urge to use alcohol or another drug?	Often	Sometimes	No
Have you been unable to control yourself in relation to alcohol or other drugs? (Did you take it even when it was inappropriate, or did you take more than you originally intended, e.g. did you go for "one" beer and stay for more?)	Often	Sometimes	No
Have you had physical withdrawal symptoms after stopping alcohol or other drugs, or have you taken any drug or medication to relieve withdrawal symptoms?	Often	Sometimes	No
Did you increase the dose to achieve the effect originally produced by the lower dose? (In the beginning, 1 beer was enough for you to know that you were drinking alcohol and not lemonade, now there are more.)	Often	Sometimes	No
Have you neglected your hobbies because of alcohol or other drugs? (Because you needed more time to obtain and use the drug or to recover from its effects?)	Often	Sometimes	No
Have you continued to use alcohol or other drugs despite the harmful consequences that you knew about?	Often	Sometimes	No

Total number of "often" and "sometimes"	
0 answers "often" and "sometimes"	It is probably not an addiction, low risk of substance abuse.
1-2 answers "often" and "sometimes"	This result requires further investigation, medium risk.
3-6 answers "often" and "sometimes"	It is probably an addiction.

Links

Related Articles

- Family dysfunction
- Abused, abused and neglected child syndrome
- Anorexia nervosa
- Bulimia
- Adolescence
- Psychological development according to EH Erikson

References

1. KABÍČEK, Pavel – SULEK, Štěpán – MIZEROVÁ, Linda. Syndrom rizikového chování v dospívání (možnosti efektivní prevence v oblasti abúzu návykových látek). *Pediatric pro praxi* [online]. 2010, y. 11, vol. 1, p. 46–48, Available from <<http://pediatricpropraxi.cz/artkey/ped-201001-0011.php>>. ISSN 1803-5264.
2. KABÍČEK, Pavel. *Syndrom rizikového chování v dospívání* [lecture for subject Pediatric, specialization Všeobecné lékařství, 1. lékařská fakulta Univerzita Karlova v Praze]. Praha. 6.11.2013.
3. The European School Survey Project on Alcohol and Other Drugs. . *The 2011 ESPAD Report : Summary* [online] . 1. edition. 2012. Available from <<http://www.espad.org/en/Reports--Documents/ESPAD-Reports/>>.
4. FORHAN, Sara E – GOTTLIEB, Sami L – STERNBERG, Maya R. Prevalence of sexually transmitted infections among female adolescents aged 14 to 19 in the United States. *Pediatrics* [online]. 2009, y. 6, vol. 124, p. 1505-12, Available from <<https://www.ncbi.nlm.nih.gov/pubmed/19933728>>. ISSN 0031-4005 (print), 1098-4275. DOI: 10.1542/peds.2009-0674 (<http://dx.doi.org/10.1542%2Fpeds.2009-0674>).