

Risk behaviour syndrome in adolescence

Adolescent Risk Behaviour Syndrome is an adolescent behavior that results in:

- **substance abuse,**
- **pathological behaviour** (aggression, delinquency, self-aggression), and
- **early onset of sexual activity.**

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

During adolescence, sensitive psychological development takes place. In Erikson's *developmental stages*, adolescence corresponds to a period in which the individual is forming a *personal identity*, establishing his or her own *scale of values* and learning to be *self-critical*. When this development fails for various reasons, it leads to **role confusion in society**, which manifests itself in pathological behaviour.

Risks of individual manifestations

Drug abuse

Of the drugs, **alcohol** is probably the worst, at least in terms of the number of hospital admissions due to severe intoxication. In the Czech Republic, 97% of adolescents have personal experience with alcohol^[1], 79% of adolescents report having consumed alcohol in the last month^[3] and up to 54% of adolescents fall into the category of *heavy drinking* in the past month (more than five *model drinks* of a particular alcoholic beverage on one occasion)^[3]. This ranks the Czech Republic 1st in Europe in these categories. Approximately 200 adolescents per year die in the Czech Republic between the ages of 15 and 19, 75% of whom die from *external causes*. In the vast majority of cases, this is a road accident. Typically, it occurs on a weekend between 24.00 and 5.00 a.m. and is caused by an alcohol-impaired driver - risky behaviour with visits to bars, discos, excessive alcohol consumption and poor judgement of the ability to drive a car.

Other drugs include **marijuana** in particular, with up to 43% of adolescents in the Czech Republic using it on a long-term basis, again ranking the Czech Republic first in Europe^[3]. Abuse of **nicotine** 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 around 2000 applicants for inpatient treatment for addiction aged 15-19.

Psychosocial area

Risk behaviour is manifested by aggression and delinquency. Another part of deaths from external causes besides traffic accidents are injuries, which tend to be caused by this behaviour. More importantly, 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 girls. Completed suicides are up to 10 times more common in 15-19 year olds^[2].

Sexual life

Completed coitarché (*beginning of sexual life*) is experienced by 14.5% of adolescents at age 15, and 37.2% by age 16. Premature coitarché is almost certain to result in **frequent change of sexual partners** and a consequent high incidence of **sexually transmitted infections**. The 14-24 age group is ranked 2nd in the incidence of syphilis (1st in the 25-34 age group), and the 14-24 age group is ranked 1st in the incidence of gonococcal infections^[2]. In the 14-19 age group, 25% of sexually active people have any STI, 18% have HPV infection and 4% have chlamydia infection (data from the US^[4], 8.2% of chlamydial infections in the Czech Republic^[2]). A number of **abortions** and **early and unwanted pregnancies** are also associated with promiscuous life.

Etiology

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

Risk factors

Exogenous risk factors:

- weakening family function,
- urbanization (impersonal environment),
- uncertainty of life prospects (typically adolescents excluded from school - poor job placement and unemployment)

Endogenous risk factors:

- e.g. ADHD

Protective factors

Most protective factors are well documented and proven:

- quality schooling,
- positive role models in society,
- strict legislation (gun ownership, etc.)

Diagnostics

A physician can figure out the following symptoms by anamnesis and examination:

- **deteriorating grades in school** - very sensitive data, can be obtained anamnethetically,
- abandonment of previous interests (direct and indirect history),
- behavioural disorders (aggressive tendencies,...),
- change of peer group (direct and indirect history),
- change in dress style,
- **signs of self-harm,**
- **weight loss** (i.v. drug use),
- skin punctures (i.v. drug administration),
- thrombosis (i.v. drug administration),
- frequent infections and an unusual spectrum of aetiological agents (i.v. drug administration),
- dental deterioration (drug abuse)

Prevention

In the Czech Republic, the vast majority of prevention programs are implemented in schools. A methodology for individual prevention interviews of adolescents with a doctor has also been developed. According to research, a doctor can gain the trust of an adolescent through a gentle and friendly interview, who then confides in him/her about his/her problem or experience with addictive substances. The methodology includes the **CRAFT** and the **MKN-10** questionnaires. ^[1]

| | CRAFT questionnaire |
|-------------|---|
| C (Car) | Have you ever been in a car or on a 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 drug? |
| R (Relax) | Have you ever drunk alcohol or taken any other drug to relax, feel better about yourself or to fit in with your 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 another drug? |
| F (Friends) | Has anyone in your family or friends told you that you should cut down on your drinking or taking other drugs? |
| T (Trouble) | Have you ever got into trouble when you were drinking alcohol or taking other drugs? |

| Counted positive answers | |
|--------------------------|---|
| 0-2 answers yes | It is probably not an addiction, the risk of substance abuse is low. |
| 3-4 yes | Occasional to harmful use, mild to moderate risk of progression of substance abuse. |
| 5-6 yes | Slightly addictive. |

| Dependency questionnaire based on MKN 10 | | | |
|--|------------|-----------|----|
| <p><i>All the following questions refer to the last 12 months. Choose the answer that is closest to reality.</i></p> <p><i>The word "drug" includes alcohol or marijuana or a combination of different addictive substances.</i></p> | | | |
| In the last 12 months, have you felt a strong desire or urge to use alcohol or any other drug? | Frequently | Sometimes | No |
| Have you been unable to control yourself in relation to alcohol or any other drug? (Did you take it 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?) | Frequently | Sometimes | No |
| Have you had physical withdrawal problems after stopping alcohol or another drug, or have you taken a drug or medication to ease the withdrawal problems? | Frequently | Sometimes | No |
| Have you increased your dose to achieve the effect originally produced by a lower dose? (At first, 1 beer was enough to let you know you were drinking alcohol and not soda, now it's more.) | Frequently | Sometimes | No |
| Have you neglected your hobbies because of alcohol or other drug use? (Because you needed more time to get and use the drug or to recover from its effects?) | Frequently | Sometimes | No |
| Did you continue to use alcohol or other drugs despite the harmful effects you knew about? | Frequently | Sometimes | No |

| Total number of "often" and "sometimes" | |
|---|--|
| 0 responses "often" and "sometimes" | Probably not an addiction, low risk of substance abuse. |
| 1-2 answers "often" and "sometimes" | This result requires a more thorough examination, medium risk. |
| 3-6 answers "often" and "sometimes" | Probably an addiction. |

Links

Related articles

- Family dysfunction
- Abused, Abused and Neglected Child Syndrome
- Mental anorexia
- Bulimia
- Adolescence
- Psychological development according to E. H. Erikson

Reference

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2. {KABÍČEK, Pavel. *Adolescent Risk Behavior Syndrome* [lecture for subject Pediatrics, specialization General Medicine, 1st Medical Faculty Charles University in Prague]. Prague. 6 November 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. , et al. 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>).