

Sick Adolescent Patients in a Children's Hospital

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Introduction

Adolescence is a period in which an individual undergoes major physical and psychological changes, often accompanied by critical changes in social interactions and relationships. Adolescence is a time of increased vulnerability to stress, even for children in good health, and any kind of illness can alter this situation. There is also an evolutionary break down, in which somatic and psychic evolution run along different paths and at different speeds [1].

Our Children's Hospital admits in particular cases adolescents and young adults. As a consequence of this the hospital increases the level of consideration for their needs and for the organization of care provided to this age group. There are several reasons for placing adolescents in a group separated from younger patients, including the possibility to have health professionals who are skilled at communicating with, and treating people of this age. Expert professionals aim to create a good environment that would be more effective for building a therapeutic alliance and therefore better compliance with therapy. On the other hand, there is no consensus concerning the benefits of building specialized wards for adolescents, while all parts agree on the importance to select expertise in adolescent health and to develop specific guidelines for the management of teenagers in hospital with regard to both communication and privacy [2-4]. Adolescents suffering from chronic diseases may require frequent visits to hospitals as outpatients or for hospitalization which disrupt their everyday life, and in particular hospitalization could be perceived as stressful event, thus enhancing demands on coping skills and increasing problems in adaptation [5,6].

Adolescents are very vulnerable during their life in the hospital due to the combined effects of new relationship patterns, scholastic requests, lack of normal life, and the disease-related events. Adolescents deserve consideration, including the possibility to receive honest answers to their questions and requests of information concerning the diagnostic procedures and treatment, including the possibility to express their informed assent [7]. Every attempt must be made to establish intimate, critical yet constructive, trust-based relationships among all patients with a stake in the process, wherein common goals could be identified and pursued [8]. Both contracting a disease and facing treatment may create strong interference in the growth and in the identity process. Some sick adolescents need to be constantly and carefully nurtured, others are scarcely interested, others work easily, but all of them require give and take. Many transformations take place at this point in life, and there is often a discrepancy in physical and cognitive maturity.

Adolescents affected by a severe disease who undergo high-risk treatment may experience extreme frustration, depression, and anger [9,10]. In this large spectrum of emotions, several conditions and situations must be taken into account and examined carefully. Physicians must always keep this reality in mind in their daily work

with patients and their families, especially at the beginning when the interaction with a sick adolescent has to be started [2,11,12]. The World Health Organization reports that, a different group of adolescents coming from various part of the world, identified as common priorities when admitted to a hospital the presence of a friendly health service listening to their requests and protecting their privacy.

In our experience it is very important to care about social and psychological distress at admission and during hospitalization to improve coping skills and to provide the hospital with a list of priorities to be addressed when treating patients of that age including internet facilities.

In most cases at the children's hospital, activities designed to provide support to hospitalized patients are mainly addressed to infants and children, and in most wards, the available equipment (computers, magazines, etc.) is not suitable for adolescents.

Inpatients adolescents lack peer-to-peer aggregation site, spaces isolated from the children's playroom, and they suffer from difficulties in establishing a relationship with the youngsters. The main complaint is disappointment over missing activities with friends, loss of independence and worries about the treatment. In our experience there are no gender differences regarding to these needs.

Adolescents are use to stay connected with their peers via electronic media. Through social network, teens can share ideas, experiences, and emotions. Moreover most of sick adolescents use Internet sites to get medical information on their disease [13]. It is therefore very important to maintain good communications and to establish preventive measures to avoid misunderstandings about personal clinical conditions.

Health service providers should develop specific expertise to deliver the right health service targeted to adolescents need [13,14].

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