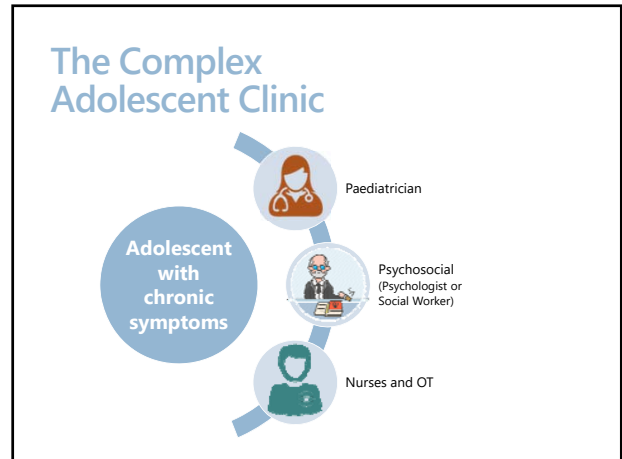


Managing chronic conditions in adolescence

Alex Rushworth & Nadi Fernando
Complex Adolescent Clinic, Adolescent Medicine
The Children's Hospital at Westmead



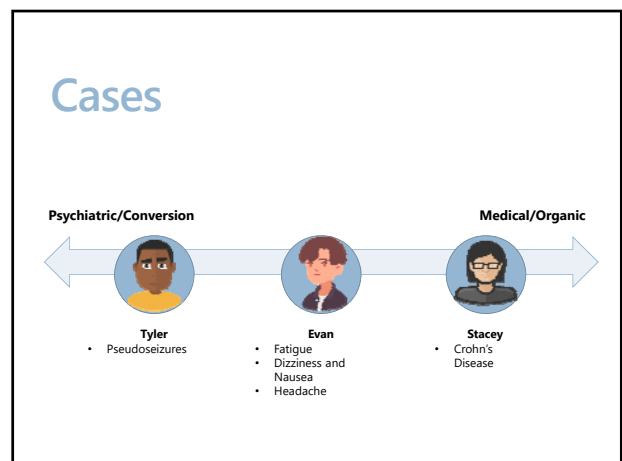
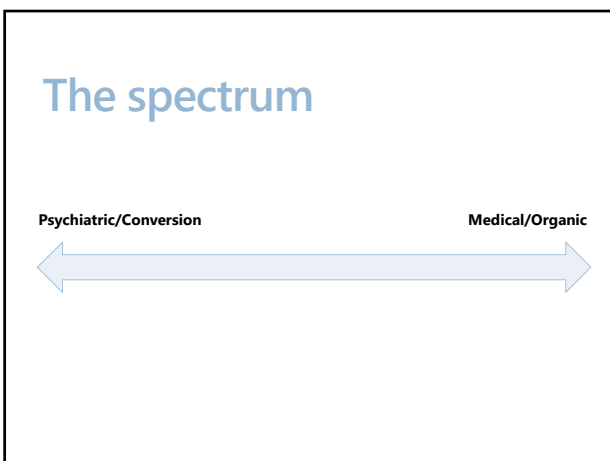
Adolescent Development

- Adolescence involves lots of changes!
- Progressing through normal adolescent milestones can become delayed or disrupted with chronic illness

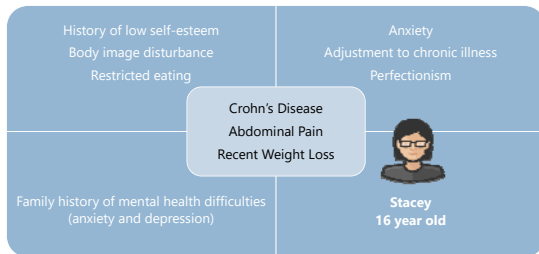


What do we mean by 'chronic illness'?

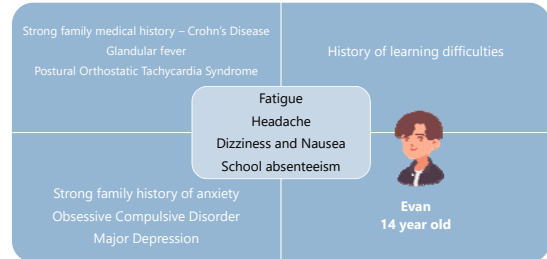
- Persistent medical symptoms
- Impact on daily functioning
 - School
 - Social
 - Adaptive
 - Family



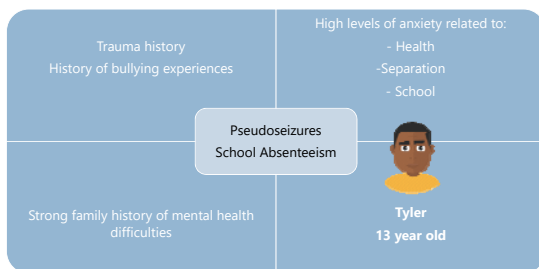
Case 1: Stacey



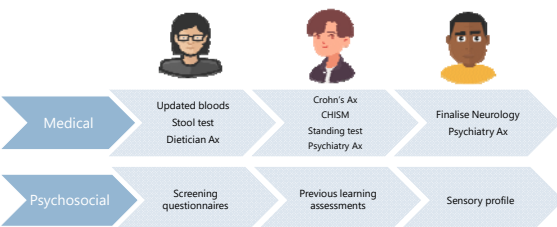
Case 2: Evan



Case 3: Tyler

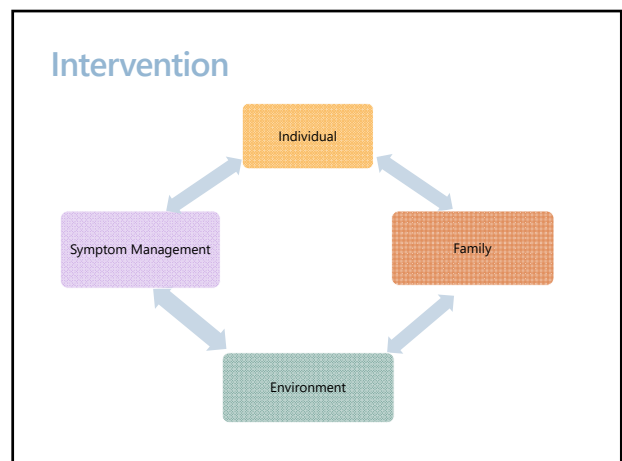
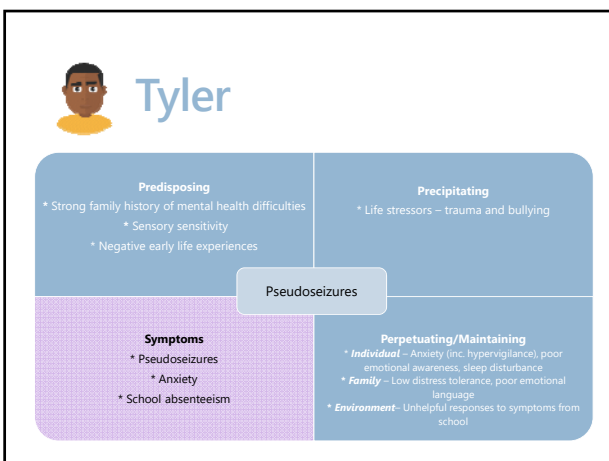
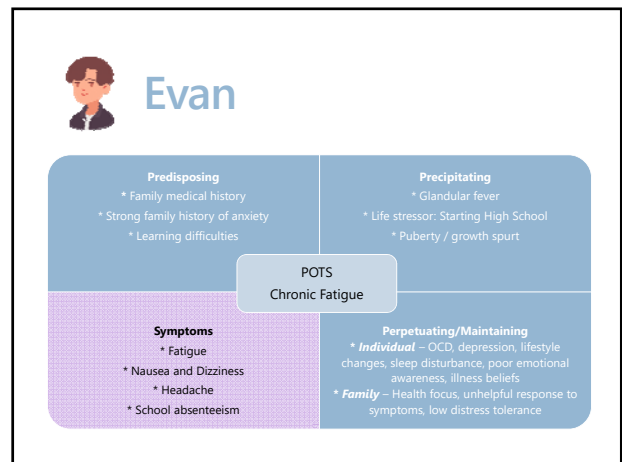
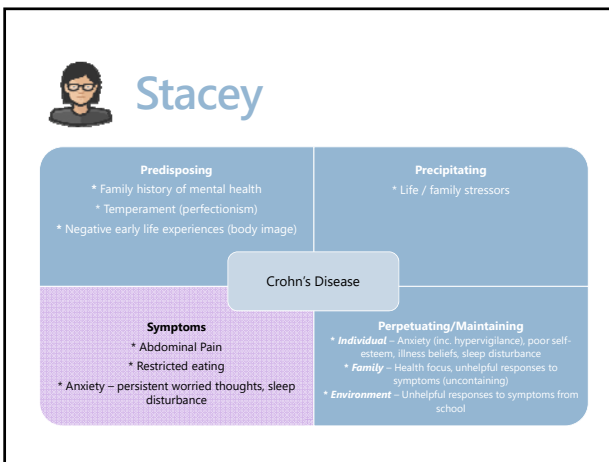
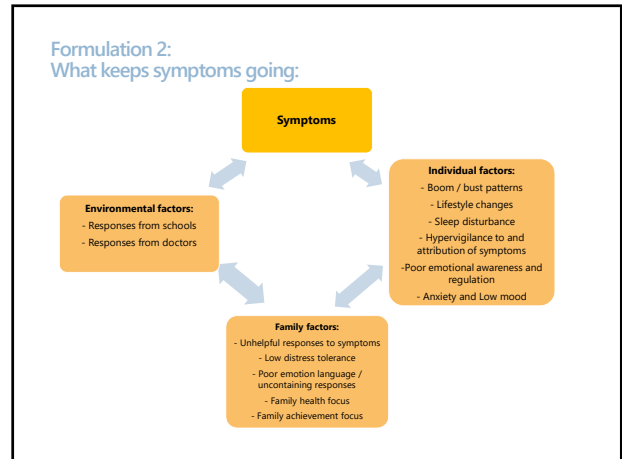
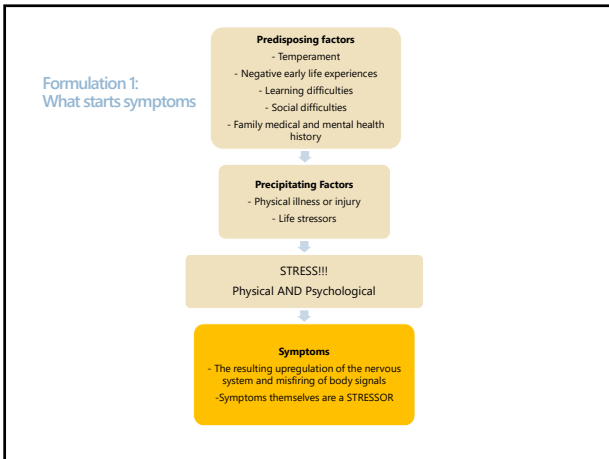


Assessment



Formulation

- Drawing a line in medical investigations
- Validation of symptoms as real and distressing
- Move away from medically unexplained language
- BOTH/AND approach:
Explanation of symptoms that include both medical and psychosocial factors and their interaction



Physical interventions

- Medications
- Physiotherapy
- Exercise prescription
 - Graded activity and pacing
- Structured activity (OT)
- School attendance
- General health interventions
 - Conservative management (e.g. Salt/Fluids)
 - Sleep
 - Nutrition



<ul style="list-style-type: none"> • Medications (sleep and anxiety) • Graded exercise • Structured activity • Weight monitoring • Meal plans and regular Dietician input • General health interventions <ul style="list-style-type: none"> - Sleep - Nutrition 	<ul style="list-style-type: none"> • Medications (anxiety, mood, headache, sleep, POTS) • Graded school attendance • Structured activity • Physiotherapy • General health interventions <ul style="list-style-type: none"> - Conservative POTS management - Sleep - Nutrition 	<ul style="list-style-type: none"> • Medications (anxiety, sleep) • Graded school attendance • Structured activity • General health interventions <ul style="list-style-type: none"> - Sleep

Psychosocial Interventions

Different strategies from different approaches

Individual	Family	Environment
<ul style="list-style-type: none"> • Psychoeducation • Anxiety management • Mood management • Pain strategies • Sensory interventions • Cognitive strategies to support illness adjustment 	<ul style="list-style-type: none"> • Psychoeducation • Addressing parental mental health • Symptoms responses • Cognitive strategies to support illness adjustment 	<ul style="list-style-type: none"> • Psychoeducation (e.g. teachers) • Adjustments and modifications • Balancing activities • Engagement in community supports

Stacey

<p>Individual</p> <ul style="list-style-type: none"> • Psychoeducation • Adjustment to chronic illness • Anxiety and perfectionism • Cognitive strategies 	<p>Family</p> <ul style="list-style-type: none"> • Parent education • Family therapy • Symptom responses
<p>Symptom Management</p> <ul style="list-style-type: none"> • Mindfulness for pain • Relaxation interventions – breathing, visualisation • Hypnotherapy 	<p>Environment</p> <ul style="list-style-type: none"> • Social – Enrolled in CHIPS program, Balancing activities • School – Education of teachers + adjustments and modifications

Crohn's Disease

Evan

<p>Individual</p> <ul style="list-style-type: none"> • Psychoeducation • Mood and safety planning • Exposure therapy for OCD • Strengths / identity • Cognitive strategies 	<p>Family</p> <ul style="list-style-type: none"> • Treatment of parental mental health • Medico/Psychoeducation • Symptom responses • Emotion coaching
<p>Symptom Management</p> <ul style="list-style-type: none"> • Mindfulness • Relaxation – breathing and visualisation 	<p>Environment</p> <ul style="list-style-type: none"> • School adjustments and modifications

POTS
Chronic Fatigue

Tyler

<p>Individual</p> <ul style="list-style-type: none"> • Psychoeducation • Body maps • Trauma work - tapping • Cognitive strategies • Exposure therapy 	<p>Family</p> <ul style="list-style-type: none"> • Parent psychoeducation • Parent therapy inc. emotion coaching
<p>Symptom Management</p> <ul style="list-style-type: none"> • Sensory interventions • Distress tolerance strategies • Relaxation interventions 	<p>Environment</p> <ul style="list-style-type: none"> • Action Plan for school • Education of teachers • School adjustments and modifications including time out

Pseudoseizures

Challenges

- Shared understanding between services and teams
 - School, other teams (e.g. GP/medical), and families
- Shifting symptoms on the spectrum
- Acceptance and commitment to formulation
- Drawing the line
 - When? And How? Especially when new symptoms emerge
 - Finding the balance



<ul style="list-style-type: none"> • Shared understanding between services 	<ul style="list-style-type: none"> • Family acceptance of formulation • New symptoms 	<ul style="list-style-type: none"> • Severity of mental health difficulties
<ol style="list-style-type: none"> 1. Case conferencing between services 2. Education across all services 	<ol style="list-style-type: none"> 1. Engaged medical team for containment 2. Further appropriate medical investigations 3. Ongoing revisiting the formulation 	<ol style="list-style-type: none"> 1. Intensive psychiatric input

Resources

• Kozłowska, Kasia. (2013). Stress, Distress, and Bodytalk: Co-constructing Formulations with Patients Who Present with Somatic Symptoms. *Harvard review of psychiatry*, 21, 314-33.

• A great website for Pain education and interventions: <https://www.aci.health.nsw.gov.au/chronic-pain/painbytes>

• Mindfulness apps: <https://www.headspace.com/> and <https://www.smilingmind.com.au/>

• Breathing apps: <https://au.reachout.com/tools-and-apps/reachout-breathe>

• Some other useful tools and apps: <https://au.reachout.com/tools-and-apps>

