Teenagers and their family practitioner: matching between their reasons for encounter

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Objectives. The aim of this study was to analyse the reasons for encounter of teenagers in family practice and to compare them with the reasons recorded by their family practitioner (FP).

Methods. This cross-sectional study involved 91 FPs from the Paris area and from the French-speaking part of Belgium. The teenagers (12–17 years old) filled in an auto-administered questionnaire in the waiting room of their FP during a 1-week period. The doctor independently filled in a similar form after the consultation. Both questionnaires were matched afterwards to assess the concordance between the reasons for encounter recorded by the young patient and by his/her FP.

Results. More than 100 reasons for encounter were given by 457 teenagers. The majority of the complaints were respiratory (26%), general health (18.5%), osteoarticular (15%), digestive (11%) and neurological problems (9.5%). Gender did not influence the nature of the complaints, but age played a role. The older teenagers had more respiratory complaints, general and pregnancy/contraception problems. In 80% of the cases, the ailments listed by the teenagers were picked up by the practitioner. In 18% of the consultations, the FP recorded problems that had not been noted by the patient.

Conclusion. Many common and a few serious although frequent youth problems were found among the reasons for encounter. Most of them were recorded by the practitioner. Time and communication skills are important to give the opportunity to the teenager to share sensitive topics with his/her FP.

Keywords. Adolescence, family practice, primary health care.

Introduction

In the eyes of the teenager, the family practitioner (FP) is the first professional who can provide assistance for health- and well-being-related problems. However, teenagers' reasons for consulting a FP have been little studied.

The University of Paris XI undertook a study on this subject in collaboration with the University Centre for General Practice of the Catholic University of Louvain (Brussels). The main objectives of this research were to study the reasons why teenagers consult their FP and to analyse the concordance between these reasons and the complaints noted by the physician. This project also gave medical students a research topic on which to work during their training period.

Subjects and methods

Data collection

The study was opened to all teenagers (12–17 years of age) who consulted their FP over a 2-week period in January 2001. It was carried out in practices of FP trainees (Parisian area and French-speaking part of Belgium). Three concise questionnaires were developed and tested prior to the study:

- Characteristics of the FP
- Teenager’s characteristics and reasons for encounter (questionnaire filled in by the teenager prior to the medical consultation and put anonymously in a box)
- Subjects discussed during the consultation (completed by the doctor after the appointment).

Data analysis

All reasons for encounter were coded according to the French version of the International Classification for Primary Care. The procedures (mainly prescriptions,
certificates and prevention procedures) were grouped separately. The agreement between the reason(s) noted by the teenager and by the doctor were analysed by a researcher physician. The quantitative data were analysed using the SAS statistical package, version 8.1.

Ethics and confidentiality
An agreement was reached with the ethics commission. Both the practitioners’ and the teenagers’ questionnaires were coded and analysed anonymously.

Results
Participants
Ninety-one physicians agreed to participate (participation rate = 75%). The doctors recorded between 0 and 23 consultations (mean = 4 consultations).

A total of 457 teenagers filled in a questionnaire (150 in France and 307 in Belgium). More girls (57%) than boys (43%) saw their doctor. The distribution between age groups was homogenous, except that there were a higher proportion of girls aged 16–17 years (25% of the sample). One-third of the teenagers came alone (35%, n = 158) and 131 (29%) were accompanied by their mother.

Reasons for encounter
A total of 103 reasons for encounter were given by the 457 teenagers (see Figure 1). The majority of the respondents (61%, n = 278) only gave one reason. Respiratory complaints (26%) and procedures (25%) were followed by general (18.5%), musculoskeletal (15%), digestive (11%), neurological (9.5%) and skin complaints (5.7%). One girl in 20 consulted for contraception or pregnancy. Psychological or social problems were rarely expressed (3.8%). The differences between genders were not statistically significant, but age made a difference. General and respiratory symptoms (and contraception) were more frequent for older teenagers, while the younger ones complained more of digestive disorders (P < 0.05).

Matching between adolescents’ and practitioners’ forms
In 80% of the consultations, the reasons expressed by the teenager were also recorded by the FP. In 16% of the consultations (n = 74), one (rarely two) reason(s) was not recorded by the doctor, mainly request for a certificate (n = 34), sore throat (n = 5) and headaches (n = 4). Sensitive topics (ICPC chapters P, W, X, Y and Z) were missed eight times by the physician, i.e. depression (n = 2), sleeping disorders (n = 2), emergency (n = 1) and oral contraception (n = 2) and pregnancy (n = 1).

The FP identified problems that had not been noted by the teenager in 18% of the consultations (n = 83). These were mainly ENT infections (n = 10), vaccines (n = 5), fatigue (n = 4), headaches (n = 3), depression (n = 3) and acne (n = 3). An issue related to a sensitive topic (ICPC chapters P, W, X, Y and Z) was raised 11 times by the physician, while the adolescent did not intend to discuss it beforehand [depression (n = 3), sleeping disorder (n = 3), oral contraception (n = 1), menstruation problem (n = 3), fear of sexually transmitted disease (n = 1)].

Discussion
This study analysed the reasons for encounter of adolescents in family practice and the matching between these reasons and their perception by the FP. Upper respiratory infections were the main reason for consulting, followed by general complaints, musculoskeletal and digestive problems. Teenagers often mentioned a need for a certificate as a reason for their appointment, but the practitioner did not record it as a reason for encounter. In a US study, stomach pain, headaches and respiratory problems were the main reasons for encounter during adolescence.3 Another US study found respiratory (19.4%), skin (10%) and musculoskeletal (9.7%) problems as the main reasons.4 A third study mentioned infections (40%) as the main reason.6 The adolescents’ reasons for encounter in family practice differ from the findings from population studies. A study from the WHO showed that headaches, stomach pain, back pain and tiredness were frequent among teenagers.7 Acne, nutrition, depression and contraception were also cited frequently in other teenage-related studies.2,8 However, those problems are seldom a reason for consulting a FP.7

Less than one-fifth of the reasons given by the teenagers were not recorded by the practitioner. This difference could be caused by a lapse of memory during the consultation or by transcription bias on the practitioner’s part. The patient could also have reported another reason for encounter in order to preserve confidentiality.

![Figure 1](https://academic.oup.com/fampra/article-abstract/21/2/143/509494)
Conversely, a fifth of the reasons recorded by the practitioners had not been noted by the teenagers before the consultation. Some explanations are plausible, e.g. forgetting problems when filling in the questionnaire, a hidden agenda, the fear of the study or discomfort with the doctor.²,⁹,¹⁰ Studies have indeed shown that some teenagers, girls in particular, feel awkward with their FP.³,¹⁰ The art of the FP consists of decoding this hidden agenda or raising issues that the patient did not intend to discuss.

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References


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