

# Considerations when dealing with adolescents

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**Louise Baur** AM, PresAHMS

**Chair of Child & Adolescent Health, University of Sydney**

**Past-President, World Obesity Federation**

[ ] I have the following potential conflict(s) of interest to report:

➤ Novo Nordisk

➤ ACTION Teens Steering Committee – honoraria, travel support

➤ Speaker fees

➤ Lilly

➤ Advisory Committee – honoraria, travel support

## *Neurocognitive development<sup>1</sup>*

- **A period of major brain development**



<b>Mid-adolescence</b>	<b>Maturation of the emotional brain</b>	<b>Control of reward-seeking, hyper-excitability, proneness to impulse</b>
<b>Mid-20s</b>	<b>Development of the prefrontal cortex</b>	<b>Planning organisation, risk vs benefit assessment, ability to delay immediate gratification for future gain</b>

<sup>1</sup>Steinbeck KS et al. Treatment of adolescent obesity. *Nature Rev Endocrinol* 2018; 14:331-344.

## *Neurocognitive development*<sup>1</sup>

- Treatment programs for adolescents therefore need to recognise:<sup>1</sup>
  - **Choices often based on emotion or impulse**
  - **Difficulties in consistently following through action plans**
  - **Relative inability to comprehend *future* health risks**
  - **Adolescents want to be like their peers & want to be independent**
  - **Family support remains vital**

<sup>1</sup>Steinbeck KS et al. Treatment of adolescent obesity. *Nature Rev Endocrinol* 2018; 14:331-344.

## *Fertility & contraception*

- **Some adolescents with obesity may be sexually naïve**
  - The change in sexual attraction/experience or fertility post weight-loss may be unexpected and needs to be discussed sensitively
- **Some adolescents with obesity may already be sexually active & believe they do not need contraception**
  - The expected changes in fertility post weight-loss will need to be ++ highlighted and the adolescent given contraceptive advice

## *Weight stigmatisation<sup>1</sup>*

- **Widely experienced**
- **Delivered by family members, teachers, peers, health professionals/ health system, general public ...**
- **Results in barriers to seeking & receiving treatment, and worsens treatment outcomes**
- **Health system: Highlights the importance of clinician role modelling, using appropriate language, incorporating behavioural health screening, ensuring a safe and welcoming environment**

<sup>1</sup>Pont SJ et al. *Pediatrics* 2017; 40:e20173034; <sup>2</sup>Steinbeck KS et al. *Int J Obes* 2014; 38:475-9.

## *Transition to adult services<sup>1</sup>*

- **Planned, coordinated processes to transition adolescents with chronic disease to care in adult health system, in order to optimise continuity of care – not always addressed**
- **Higher risk for poorer outcomes post-transition**

<sup>1</sup>Steinbeck KS et al. *Int J Obes* 2014; 38:475-9.

## *Implications*

- **Be developmentally aware in working with adolescents**
- **Work with a multidisciplinary adolescent clinical care team**
- **Focus on the more immediate, rather than longer-term, needs/ issues**
- **Ensure that adolescents seeking treatment for obesity receive contraceptive advice**
- **Tackle weight stigma in a range of ways**
- **Plan for transition from adolescent to adult clinical services**