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Welcome to the Adolescent Health 2014 issue of *Healthy Children* magazine—the only parent magazine backed by 62,000 pediatricians committed to optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

This edition is dedicated to parents of adolescents (preteen to teenager)—a new chapter in parenting awaits you! Though your goals to keep your children safe, healthy, and happy are the same, you may face new parenting concerns as your children begin a new chapter in their lives. Instead of taking the training wheels off a bicycle, you may need to hand over your car keys ([page 17](#)); instead of worrying about a fussy eater, you may be concerned about an eating disorder ([page 25](#)); instead of looking up information about the signs of an ear infection, you may be looking up information about the signs of substance abuse ([page 27](#)).

Remember that each adolescent is unique, but parents have a great deal of influence in shaping their children’s choices. Read on and you will find information to help you and your teen navigate the adolescent years. Here are a few additional highlights.

- **Adolescence begins with puberty**—the key developmental milestone of early adolescence. “Puberty: Transition From Childhood to Adulthood” on [page 7](#) describes the physical changes your son or daughter will experience.

- **Well-child visits** may taper off as children get older; however, adolescence is an important time to check in with the doctor. See [page 14](#).

- **Immunizations** are not just for babies. See [page 20](#) for information about preteen and teen immunizations.

- Also included in this edition is a handout written especially for teens on [page 16](#).

As you embark on this new journey, remember that your pediatrician is dedicated to the physical and mental health and well-being of your adolescent too and can be a helpful resource as you and your adolescent make a healthy transition into adulthood.

James M. Perrin, MD, FAAP
President
American Academy of Pediatrics
This Just In...  The latest parenting news, research, and health tips from the AAP

Ask the Pediatrician  Answers to common questions

Puberty: Transition From Childhood to Adulthood
Learn about the sequence of stages affecting the skeletal, muscular, reproductive, and nearly all other bodily systems.

Teen Checkups: An Important Time to Check in With the Doctor
Well-child visits (annual health supervision visits) are especially important during adolescence.

Behind the Wheel: Helping Keep Teens Safe on the Road
Safety begins with parents setting a good example!

Immunizations: Are Your Older Children Protected?
Guidelines for specific vaccines for preteens and teens as established by the American Academy of Pediatrics and other medical organizations

Sports Safety: Prevention Is the Best Medicine
Parents can help their children minimize sports injuries.

Is Your Teen at Risk for Developing an Eating Disorder?
Eating disorders can lead to serious health problems and endanger life. It is important for parents to know the risk factors.

Talking With Teens About Drugs and Alcohol
Teens will try to hide, disguise, or downplay alcohol or other drug use, so parents must learn to recognize the signs of abuse and stay on top of things.
Motor vehicle crashes caused by alcohol and drug impairment can involve driving while intoxicated and riding with an impaired driver.

In the study, "Association Between Riding With an Impaired Driver and Driving While Impaired," published in the April 2014 Pediatrics, researchers studied data from the first 3 years of the NEXT Generation Study, which included a nationally representative, longitudinal sample of 10th graders starting in 2009–2010.

Teens who rode with an impaired driver were significantly more likely to drive while impaired, compared with those who reported never riding with an impaired driver. Furthermore, the earlier and more frequently teenagers reported riding with an impaired driver, the more likely they were to drive while impaired. Also, teenagers who reported obtaining a driver’s license earlier were more likely to drive while impaired compared with those who obtained a driver’s license later. This and other studies have found that exposure to parental and peer drinking and driving during adolescence is associated with a higher probability of driving while impaired within one year and during young adulthood.

Study authors conclude that in addition to well-implemented substance use, designated driver, and other drinking and driving prevention programs, parents should model safe driving, refrain from drinking and driving, reinforce the dangers of drinking and driving, delay licensure, and monitoring teens’ riding as well as their driving behavior.
This Just In...

Tobacco use is the leading cause of preventable death in the United States. Children are especially susceptible to smoking experimentation and initiation, with more than 3,800 children smoking their first cigarette between the ages of 12 and 17 years.

In the article, “Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement,” in the September 2013 Pediatrics, new evidence has shown that primary care clinicians can provide simple, economical, and effective interventions to help prevent tobacco use among children and teens.

The US Preventive Services Task Force (USPSTF) recommends behavioral counseling with a health care professional face-to-face or by phone, reading materials, computer applications, and videos. Although most serious and life-threatening effects from smoking show up in adults, it is important for children and adolescents to understand that young smokers can suffer from impaired lung growth, early onset of lung deterioration, and respiratory and asthma-related symptoms.

The USPSTF concludes that primary care clinicians can make a difference in helping young patients make a choice to not use tobacco. The evidence proves that these interventions can be successful in preventing tobacco use and help children and teens live long, healthy lives.

Earlier Onset of Puberty in Girls Linked to Obesity

Several studies have documented earlier onset of puberty in girls over the past few decades. In a longitudinal study following more than 1,200 girls for 7 years, researchers found those with higher body mass index (BMI) had earlier onset of puberty, as measured by breast development, and that white girls are entering puberty at younger ages than previously reported.

The study, “Onset of Breast Development in a Longitudinal Cohort,” in the December 2013 Pediatrics, tracked girls in San Francisco, CA; Cincinnati, OH; and New York, NY.

The age at onset of breast development varied by race, BMI, and geographic location. In white, non-Hispanic girls, breast development began at a median age of 9.7 years, which is earlier than previously documented, according to the study authors. Black girls continue to experience breast development earlier than white girls, at a median age of 8.8 years, compared with 9.3 years for Hispanic girls and 9.7 years for Asian girls. However, BMI was a stronger predictor of puberty onset than race or ethnicity.

Study authors conclude the earlier onset of puberty in white girls is likely caused by greater obesity.
This issue’s focus: adolescent health

Q My teenager has become a vegetarian. Should I be concerned?

A With careful planning, a vegetarian lifestyle can be healthy and meet teenagers’ nutritional needs.

- A vegetarian diet that includes milk products and eggs usually provides adequate nutrients; however, your teenager may need to take an iron supplement.
- Vegans are strict vegetarians who don’t eat any animal products, including dairy foods, eggs, and fish. They may need additional calcium, vitamin B12, and vitamin D, which can be provided by fortified foods and supplements.
- Ask your pediatrician to help you plan healthy meals.

Q What is sexting?

A Sexting refers to sending a text message with pictures of children or teens that are inappropriate (for example, children or teens who are naked or engaged in sex acts). According to a recent survey, about 20% of teen boys and girls have sent such messages. The emotional pain it causes can be enormous for the child in the picture as well as the sender and receiver—often with legal implications. Parents must begin the difficult conversation about sexting before there is a problem and introduce the issue as soon as a child is old enough to have a cell phone.

Talk to your kids, even if the issue hasn’t directly affected your community. “Have you heard of sexting? Tell me what you think it is.” For the initial part of the conversation, it is important to first learn what your child’s understanding is of the issue and then add to it an age-appropriate explanation.

Q My daughter just started developing breasts. Should she be wearing a training bra?

A There’s no need for one right now, as long as she’s comfortable. But given the sensitivity of early breast tissue, some girls find it more comfortable to wear a soft, gently supportive undergarment like an undershirt or sports bra. Let her decide. Girls’ feelings about their first bra are decidedly mixed. Some are thrilled to take this early step toward womanhood, but others are mortified by the thought of wearing a bra to school.
My son knows that he needs to become more physically active, but he has so much homework, plus piano lessons after school, and there’s just no time for exercise. What can he do?

So many of today’s kids lead very busy lives. It seems as though their planned activities start immediately after school and continue until well after nightfall. If you think about it, there’s probably some time in your child’s afternoon and evening, even just 15 or 20 minutes, when he could fit in some physical activity.

Remember, activity needs to become a priority in your child’s life. That means that exercise wins out over video games or surfing the Web almost every time. After school, can your child play outside with the neighborhood kids or work out to an exercise video? Frankly, there aren’t too many kids who don’t have a few minutes to spare each day for squeezing in some physical activity.

Physical activity promotes motor and mental development and is essential for developing coordination.

Are tanning beds safe for teens?

Having a tan is often considered fashionable, especially among young people. A lot of teens are turning to tanning beds to get that “healthy glow” of a tan year-round. But tanning at a salon is dangerous! Like the natural sun, tanning beds give off ultraviolet (UV) rays that can cause sunburns and skin cancer. UV exposure early in life—including during teen years—increases the chances of skin cancer even more.

Sunless tanning lotions, sprays, and airbrush tanning booths are becoming a popular option. These products contain a chemical that darkens the skin. The tan usually lasts for several days. However, all sunless tanning products, no matter how they are applied, can cause side effects such as skin rashes and irritation. They should also be kept away from the eyes, nose, and mouth. Most of these products do not include sunscreen, so skin is not protected from the real sun. Anyone using a sunless tanner must also use a sunscreen.
NEW from the American Academy of Pediatrics

Now Available!

Mama Doc Medicine: Finding Calm and Confidence in Parenting, Child Health, and Work-Life Balance
By Wendy Sue Swanson, MD, MBE, FAAP

“Parents want to do what’s right,” explains Mama Doc blogger and pediatrician Wendy Sue Swanson. Yet many parents find that defining what’s right can sometimes be elusive, so Dr Swanson has created this innovative guide to help.

Based on Dr Swanson’s experience as a mother and a pediatrician, this book provides helpful answers to the “how,” “what,” “why,” and “who” questions of parenting.

Available in August 2014!

The Big Book of Symptoms: A–Z Guide to Your Child’s Health
By the American Academy of Pediatrics; Editors: Steven P. Shelov, MD, FAAP, and Shelly Vaziri Flais, MD, FAAP

From the most respected authority in pediatrics comes a must-have resource—The Big Book of Symptoms! This book is designed to help parents evaluate their child’s symptoms and distinguish minor everyday concerns with more serious conditions and, once that is determined, suggest a reasonable course of action.

This new resource also includes updated information on topics including an illustrated first aid manual and safety guide.

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WHEN DOES PUBERTY BEGIN?

Puberty often begins earlier than parents think. Breast budding in girls—their first sign of puberty—starts at age 9 or 10 years on average, with some girls starting as early as 8 and others not starting until 13. Boys start puberty about one year later than girls. The first sign is enlargement of the testes and a thinning and reddening of the scrotum, which happens at an average age of 11 but may occur anytime between 9 and 14 years.

WHAT IS “NORMAL”?

Puberty is made up of a clear sequence of stages, affecting the skeletal, muscular, reproductive, and nearly all other bodily systems. Although boys and girls are generally of similar height during middle childhood, that changes with the beginning of puberty. Particularly in junior high school, girls are often taller than their male classmates, but within a year or two, boys catch up and usually surpass their female classmates. About 25% of human growth in height occurs during puberty.

On occasion, children start puberty very early or very late. There is no need to overreact to this occurrence. Even so, girls should be checked by their doctor if they begin pubertal changes before age 8, while boys should be checked if they enter puberty before age 9. Likewise, see a doctor if there are no pubertal changes in a girl by age 13 or a boy by age 14.

Also, contact your doctor if your child’s pubertal development does not follow the typical pattern—for example, if your daughter begins menstruation before she experiences breast development.

The following is additional information about the physical changes that occur during puberty.

Pimples. Perspiration. Privacy, please! Puberty?

There is no turning back once children begin the physical transition from childhood to adulthood.
**PUBERTY IN GIRLS**

**Breast Development (Thelarche)**
The first visible sign of puberty in girls is a nickel-sized lump under one or both nipples. Breast buds, as these are called, typically occur around age 9 or 10, although they may occur much earlier or somewhat later.

Regardless of a girl’s age, her parents are often unprepared for the arrival of breast buds and may be particularly concerned because at the onset of puberty, one breast often appears before the other. The girl herself may worry that something is wrong, especially because the knob of tissue can feel tender and sore and make it uncomfortable for her to sleep on her stomach. Parents should stress that these unfamiliar sensations are normal.

What appear to be growing breasts in heavyset prepubescent girls are often nothing more than deposits of fatty tissue. True breast buds are firm to the touch.

**Pubic Hair (Pubarche)**
For most girls, the second sign of puberty is the appearance of hair in the pubic area. (About 10% to 15% will develop pubic hair before the breasts begin to bud.) At first the hair is sparse, straight, and soft, but as it fills in it becomes darker, curlier, and coarser. Over the next few years, the pubic hair grows up the lower abdomen, eventually taking on a triangular shape; finally, it spreads to the inner thighs. About 2 years after the onset of puberty, hair begins to grow under the arms as well.

**Changing Body Shape**
Preadolescent females may acquire extra fat in the belly area; this development may cause considerable anxiety for these girls. The weight gain of puberty comes at a time when girls may be aspiring to be like their role models—superthin models, singers, and actresses.

Girls and their parents can be reassured that their body will soon redistribute the fat from the stomach and the waist to the breasts and the hips. However, your doctor will follow your teen’s height, weight, and body mass index (BMI) at yearly checkups and address any excess weight gain.

**Menstruation (Menses/Menarche)**
Girls often have many misconceptions and unfounded fears about menstruation. The time to begin discussing this subject with your daughter is when the breasts start to develop. Typically, 1½ to 3 years pass before the first menstrual period or menarche.

Although there’s no way to pinpoint the day, most girls reach menarche at about the same age as their mothers and older sisters did. It’s best to prepare your daughter in advance. Talk to her about different hygiene products (such as sanitary pads or tampons). However, you may choose not to talk about tampons; some families, because of religious or cultural beliefs, are opposed to tampons.

Explain that her menstruation may be highly irregular at first, with as many as 6 months passing between periods. Even once a girl becomes regular, any number of conditions can cause her to miss a cycle: sickness, stress, excessive exercise, poor nutrition, and pregnancy.
If your daughter has not menstruated by age 16 or 17 or is more than a year or two older than her mother was at the time of menarche, consult your child’s doctor. Although everything is probably normal, it’s wise to rule out any medical problems.

The first several periods are almost always painless. Once a girl begins to ovulate, she may experience some discomfort before, during, or after her period. Common symptoms include cramping, bloating, sore or swollen breasts, headaches, mood changes and irritability, and depression. Menstrual cramps, probably the most bothersome effect, can range from mild to moderate to severe. If your daughter complains of pain in the lower abdomen or back, talk with her doctor, who may recommend exercises and an over-the-counter pain medication such as acetaminophen, ibuprofen, or naproxen.

WHEN TO CALL THE DOCTOR
Contact your daughter’s doctor if she experiences any of the following symptoms or if there is any concern that there might be a problem:
- A sudden, unexplained change in her periods
- Heavy menstrual bleeding that soaks more than 6 to 8 pads or tampons per day for more than 7 to 10 days
- Persistent bleeding between periods

Call your child’s doctor right away if your daughter develops severe abdominal pain.

PUBERTY IN BOYS

Enlargement of the Testicles and Scrotum
A near doubling in the size of the testicles and the scrotal sac announces the advent of puberty. As the testicles continue to grow, the skin of the scrotum darkens, enlarges, thins, hangs down from the body, and becomes dotted with tiny bumps. These are hair follicles. In most boys, one testicle (usually the left) hangs lower than the other.

Pubic Hair (Pubarche)
Fueled by testosterone, the next changes of puberty come in quick succession. A few light-colored downy hairs appear at the base of the penis. As with girls, the pubic hair soon turns darker, curlier, and coarser in texture, but the pattern is more diamond-shaped than triangular. Over the next few years it covers the pubic region, then spreads toward the thighs. A thin line of hair also travels up to the navel. Roughly 2 years after the appearance of pubic hair, sparse hair begins to sprout on a boy’s face, legs, arms, and underarms and, later, the chest.

Changing Body Shape
A girl’s physical strength virtually equals a boy’s until middle adolescence, when the difference between them widens considerably. During early puberty, both sexes add some fat, lending many boys a chubby appearance. The growth spurt soon offsets that; in fact, the dramatic increase in height often makes them look gangly. Boys continue to fill out with muscle mass long after girls do, so that by the late teens, a boy’s body composition is only 12% fat, less than half that of the average girl’s.
Penis Growth
A boy may have adult-size genitals as early as age 13 or as late as 18. First the penis grows in length, then in width. Teenaged males seem to spend a lot of time inspecting their penis and secretly (or openly) comparing themselves to other boys. Their number-one concern? No contest: size.

Most boys don’t realize that sexual function is not dependent on penis size or that the dimensions of the non-erect penis don’t necessarily indicate how large it is when erect. Parents can spare their sons needless distress by anticipating these concerns rather than waiting for them to say anything because that question is always there regardless of whether it is said. Consider asking your son’s doctor to assure your son that many boys worry about their penis size and that size doesn’t matter. A doctor’s reassurance that a teenager is “all right” sometimes carries more weight than a parent’s.

Boys’ preoccupation with their penis probably won’t end there. They may notice that some of the other guys in gym have a foreskin and they do not, or vice versa, and might come to you with questions about why they were or weren’t circumcised. You can explain that the procedure is performed due to custom, parents’ choice, or religious beliefs.

Bumps on the Penis
About 1 in 3 adolescent boys have penile pink pearly papules on their penises—pimple-like lesions around the crown, or corona. Although the tiny bumps are harmless, a teenager may fear he’s picked up a disease. Though usually permanent, the papules are barely noticeable. Your teen may need reassurance from his doctor that all is OK.

Fertility (Spermarche)
Boys are considered capable of procreation on their first ejaculation, which occurs about 1 year after the testicles begin to enlarge. The testicles now produce sperm in addition to testosterone, while the prostate, the 2 seminal vesicles, and another pair of glands (called Cowper glands) secrete fluids that combine with the sperm to form semen. Each ejaculation, amounting to about one teaspoonful of semen, contains 200 million to 500 million sperm.

Tasks of the Teen Years
In addition to physical changes, 7 key intellectual, psychological, and social developmental tasks are a part of adolescence. The fundamental purpose of these tasks is to form one’s own identity and to prepare for adulthood. Here is a brief summary of how these events typically unfold during adolescence.

1. Learning to feel comfortable with their bodies
2. Becoming emotionally independent from their parents
3. Learning to think and express themselves conceptually
4. Developing a personal set of values: ideas, priorities, concepts of right and wrong
5. Forming meaningful relationships with members of both sexes
6. Defining their sexual orientation and deciding whether or not to become sexually active
7. Working toward economic stability

Nocturnal Emissions and Involuntary Erections
Most boys have stroked or rubbed their penises for pleasure long before they’re able to achieve orgasm—in some instances, as far back as infancy. A teen may consciously masturbate himself to his first ejaculation. Or this pivotal event of sexual maturation may occur at night while he’s asleep. He wakes up with damp pajamas and sheets, wondering if he’d wet the bed.

A nocturnal emission, or wet dream, is not necessarily the result of a sexually oriented dream. Explain to your son that this happens to all boys during puberty and that it will stop as he gets older. Emphasize that a nocturnal emission is nothing to be ashamed of or embarrassed by. While you’re at it, you might note that masturbation is normal and harmless, for girls as well as boys.

Erections, too, are unpredictable during puberty. They may pop up for no apparent reason—and at the most inconvenient times, like when giving a
report in front of the class. Tell your teen there’s not much he can do to suppress spontaneous erections (concentrating on the most unsexy thought imaginable doesn’t really work) and that over time, they will become less frequent.

**Voice Change**

Just after the peak of the growth spurt, a boy’s voice box (larynx) enlarges, as do the vocal cords. For a brief period of time, your son’s voice may “crack” occasionally as it deepens. Once the larynx reaches adult size, the cracking will stop. Girls’ voices lower in pitch too, but the change is not nearly as striking.

**Breast Development**

Breast development in boys? Normal? It is, but try telling that to a young man with gynecomastia, which means growth of the male mammary glands.

Early in puberty, most boys experience soreness or tenderness around their nipples. Three in 4, if not more, will actually have some breast growth, the result of a biochemical reaction that converts some of their testosterone to the female sex hormone estrogen. Most of the time the breast enlargement amounts to less than half an inch and is restricted to the nipples, but it can be more noticeable in a thin teen.

Boys who have developed breasts may be self-conscious, especially in situations they may need to be seen without a shirt (like changing for gym class).

Boys are greatly relieved to learn that gynecomastia usually resolves in 1 to 2 years. There are rare instances in which the excess tissue does not subside after several years or the breasts become unacceptably large. Elective plastic surgery may be performed, strictly for the patient’s psychological well-being.

Gynecomastia should be evaluated by your child’s doctor, especially if it arises prior to puberty or late in adolescence, when the cause is more likely to be organic. A number of medical conditions can cause excessive breast growth, including endocrine tumors, the chromosomal disorder Klinefelter syndrome, and thyroid disease. Breast development may also be a side effect of various drugs, including certain antidepressants and antianxiety medications, insulin, and corticosteroids. Or a boy may not have true gynecomastia after all, but rather pseudo-gynecomastia, which is common in overweight boys. Fatty tissue, not breast tissue, builds up in the chest area, simulating breasts. 😊
How to Talk With Your Preteen and Teen About Sex

When it comes to something as important as sex and sexuality, nothing can replace your influence. You are the best person to teach your children about relationships, love, commitment, and respect in what you say and by your own example.

Talking about sex should begin when your children first ask questions like, “Where do babies come from?” If you wait until your children are teens to talk about sex, they will probably learn their first lessons about sex from other sources. Studies show that children who learn about sex from friends or through a program at school instead of their parents are more likely to have sex before marriage. Teens who talk with their parents about sex are sexually active at a later age than those who don’t.

What should I tell my preteen and teen about sex?

Communication between parents and teens is very important. Your teen may not share the same values as you, but that shouldn’t stop you from talking about sex and sexuality.

Before your children reach their early teens, girls and boys should know about

- Correct body names and functions of male and female sex organs
- Puberty and how the body changes (When and how the body changes is different for each child.)
- Menstruation (periods)
- Sexual intercourse and the risk of getting pregnant or getting a sexually transmitted infection (STI), including HIV (the virus that causes AIDS)
- Your family values about dating, sexual activity, cigarettes, alcohol, and drugs

During the teen years, your talks about sex should focus more on the social and emotional aspects of sex and your values. Be ready to answer questions like

- When can I start dating?
- When is it OK to kiss a boy (or a girl)?
- How far is too far?
- How will I know when I’m ready to have sex?
- Won’t having sex help me keep my boyfriend (or girlfriend)?
- Do you think I should have sex before marriage?
- Is oral sex really sex?
- How do I say “No”?
- What do I do if someone tries to force me to have sex?

Answer your teen’s questions based on your values—even if you think your values are old-fashioned. If you feel strongly that sex before marriage is wrong, share this with your teen and explain why you feel that way. If you explain the reasons behind your beliefs, your teen is more likely to understand and adopt your values.
The only Web site backed by 62,000 American Academy of Pediatrics (AAP) member physicians, HealthyChildren.org offers:

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Visit HealthyChildren.org today!
Next stop, adolescence! Are you and your child ready for your child’s transition from childhood to adulthood? Though each child is unique, all adolescents will experience major physical changes and will begin to process information and emotions and relate to others on a different level.

The journey may be more challenging for some than others. However, parents should remember that they are not alone and that their child’s doctor can offer some useful guidance.
WHAT’S UP, DOC?

Well-child visits (annual health supervision visits) are especially important during adolescence. Aside from all the physical changes, including growth spurts and sexual maturation, adolescents also are developing intellectually, emotionally, and socially. Your child’s doctor will make sure your child is on a healthy track and suggest necessary changes to get on track and how to stay on track.

PREVENTIVE CARE

Bright Futures is a set of comprehensive health supervision guidelines for pediatricians to follow during well-child visits. Visits include a physical exam as well as a developmental, behavioral, and learning assessment. The topics your child’s doctor may discuss may cover the following 5 themes:

1. **Physical Growth and Development** (Your Growing and Changing Child): Oral and dental health; body image; nutrition; media use; physical activity
2. **Risk Reduction** (Healthy Behavior Choices): Alcohol, tobacco, and other drugs; sex; friendships; activities
3. **Emotional Well-being** (Feeling Happy): Decision-making; dealing with stress; sexuality/puberty; mental health concerns
4. **Social and Academic Competence** (School and Friends): Relationships with family and friends; managing homework and classes; promoting reading; community involvement; age-appropriate limits
5. **Violence and Injury Prevention** (Violence and Injuries): Vehicle safety (eg, seat belts); gun safety; bullying; conflict resolution; safety gear (eg, sport helmets)

**TEEN PRIVACY: AN IMPORTANT MESSAGE FOR PARENTS**

Now that your son or daughter is a teenager, his or her body and feelings are changing. It’s important to keep a close relationship with your teen, but this also means encouraging the ability to make healthy decisions and allowing your teen to talk alone with the doctor at each visit. This will help your teen learn about himself or herself, develop a trusting relationship, and make healthy decisions. To build trust, the doctor will not share any of these conversations with you unless your teen says it’s OK or if your teen or others are in danger (see “For Teens Only: A Message From Your Pediatrician About Privacy” on the next page).

The doctor will encourage your teen to share information with you, but there may be some things he or she would rather talk about initially with the doctor. The most important thing is that your teen is talking with a responsible adult about his or her health concerns.

If you prefer to be in the room with your teen, that is OK.
For Teens Only
A Message From Your Pediatrician About Privacy

Who do you talk with when you need advice about your health and personal life?
While it’s best to talk with your parents (or guardians), they might not be your first choice.
If you are too embarrassed or worry about how your parents will react, it’s important that you talk with an adult who can give you trusted advice, like your doctor.

Your doctor
• Respects your privacy.
• Has answered all kinds of questions from other teens.
• Is an expert in health issues and will want to ask you private questions about your health to help you make healthy decisions.
• Can help you find a way to talk with your parents or other trusted adults in your life.

The following are some questions teens have asked about providing privacy and their health concerns:

Questions About Privacy

Q: How do I talk with my doctor in private?
A: Just ask. Time can be set aside by your doctor to talk privately during almost every visit.

Q: What can I talk about with my doctor?
A: You can and should talk with your doctor (or the office nurse) about ANYTHING and EVERYTHING. Sometimes your doctor will ask questions about school, your friends, and family members. Sometimes your doctor will ask you personal things like how you’re feeling or what you like to do in your free time.

Q: The more your doctor knows about you, the better he or she is able to answer your questions or concerns.

Q: Will my doctor tell my parents what we talked about?
A: Your doctor will keep the details of what you talk about private or confidential. The only times when your doctor cannot honor your privacy is when someone is hurting you or you are going to hurt yourself or someone else. There are state laws that require doctors to share information when there is a concern about someone possibly getting hurt.

If this happens, you and your doctor will talk about how to share any information necessary to keep everybody safe.

Q: If I see my doctor on my own, won’t my parents find out when they get the bill?
A: You should ask your doctor because it depends on the type of insurance that your family has.

Ask your doctor what steps are taken to protect your information when records need to be shared with insurance companies and other health care professionals outside your doctor’s office.

At your next visit, be sure to
• Ask your doctor about what things can be kept confidential in the state where you live.
• Tell your doctor if some of the things you talk about can be shared with your parents.
• Ask your doctor who has access to your medical records (paper and electronic) and if your records are secure.
• Discuss any privacy concerns if you communicate with your doctor by e-mail or on the phone.
Behind the Wheel
Helping Keep Teens Safe on the Road

A driver’s license symbolizes freedom and a growing independence from adults.

As far as teens are concerned, the day they pass their road test can’t come too soon. But from a developmental standpoint, the license may indeed come too soon.

Traffic crashes are the leading cause of death for teens and young adults. More than 5,500 young people die every year in car crashes and thousands more are injured.

The chief reason for adolescents’ poor safety record is their lack of experience in handling a car and sizing up and reacting appropriately to hazardous circumstances like merging onto a highway, making a left-hand turn at a crowded intersection, or driving in poor weather conditions.

Inexperience aside, teen drivers can be easily distracted. Distractions may include texting or talking on the phone, adjusting the control panel (eg, radio, air-conditioning), eating and drinking, and reaching for objects inside the vehicle while driving.

TIPS FOR PARENTS OF TEEN DRIVERS

Parents can play an important role in reducing these numbers and keeping their teens alive.

The following are ways you can help keep teens safe on the road:

Be a role model.
If you expect your teen to drive safely, you need to drive safely too.

• Always wear your seat belt.
• Don’t drink and drive. Never allow any alcohol or illegal drugs in the car.
• Don’t eat, drink, talk or text on your cell phone, or do anything else that could distract you from your driving.
• Stay within the speed limit and obey all traffic signals.
Know the laws in your state.
It is important that you know and understand the graduated driver licensing (GDL) laws where you live. Specifically, you need to know the restrictions and limitations on teen drivers who have permits and provisional licenses. You must also learn about your own legal responsibilities for providing a good supervised driving experience for your teen.

Set specific rules.
Before you let your teen drive, set specific rules that must be followed.

Click on this form to download a Parent-Teen Driving Agreement.

- At first, the restrictions you set should be strict. You can gradually relax the rules after your teen has demonstrated safe driving. And the rules you set should depend on the maturity level of your teen.
- Because so many crashes occur in the first 6 months of unsupervised driving, your teen shouldn’t drive teen passengers or drive after 9:00 pm at first. And don’t ask your teen to give rides to younger siblings until he or she has had extensive driving experience.
- After your teen has demonstrated safe driving for 6 months, you might allow one passenger and a later curfew (eg, 10:00 pm). Before allowing more passengers, keep in mind that more passengers may make it more likely that your teen will have a crash. Studies show that one passenger increases the risk of a crash by 40%, 2 passengers doubles the risk, and 3 passengers almost quadruples the risk.

Enforce strict penalties.
Generally, penalties for breaking the contract should match the seriousness of the rule broken. Punishments for reckless driving, such as speeding or drunk driving, should be strict and may involve loss of driving privileges.

Take your teen on the road.
The 6 hours of driving practice in many driver education programs is not enough. Your teen needs a lot more supervised driving practice, and some nighttime driving is important too. Some states require 50 hours of supervised practice. There are books, videos, and classes for parents on how to teach teen drivers. Remember that you’ll probably need a lot of patience.

Contact the doctor if your teen is taking medicine for attention-deficit/hyperactivity disorder (ADHD). The doctor can discuss with you and your teen the possible benefits of taking a short-acting medicine prior to driving at night. Evidence shows that medicine helps the teen driver with ADHD stay better focused and less distracted.
Teaching a Teen to Drive (Without Driving the 2 of You Crazy)

The Allstate Insurance Company suggests these valuable tips for productive driving lessons.

1. Before getting started, discuss the route you’ll be taking and the skills you’ll be practicing.
2. In an even tone of voice (please, no barking like a drill sergeant), give clear, simple instructions: “Turn right at this corner”; “Brake”; “Pull over to the curb.”
3. If your teen makes a mistake, ask him to pull over, then calmly discuss what he did wrong.
4. Encourage your teen to talk aloud about what she’s observing while driving.
5. After each session, ask, “How do you think you drove today?” Let him point out any lapses in judgment or other gaffes. Then evaluate his progress together. Be sure to offer praise where appropriate.
6. Keep a log in which you enter the route taken and your critique of each skill practiced.

Check out the car.

Make sure the car your teen is driving is safe and in good condition. If your teen is buying a car, help your teen research safety ratings and find a mechanic to inspect the car. Air bags and lap-shoulder belts in the rear seat are important safety features.

Make a tough decision.

If you’re concerned that your teen may not be ready to drive, you can prevent your teen from getting a license. All states allow parents to block their teen from getting a license if the teen is thought to be immature or reckless.

For More Information

American Academy of Pediatrics
www.aap.org and www.HealthyChildren.org
AAA Foundation for Traffic Safety
www.aaafoundation.org
National Highway Traffic Safety Administration
www.nhtsa.gov
National Safety Council
www.nsc.org
Network of Employers for Traffic Safety
www.trafficsafety.org
Immunizations: Are Your Older Children Protected?

Many parents tend to think of vaccines as something needed for infants and young children but less important later in life. In fact, older children (preteens, teens, and young adults) can get a number of vaccine-preventable diseases, including hepatitis B, measles, rubella (German measles), and chickenpox. They need protection against infectious illnesses as well. There also are 3 vaccines recommended during the 11- and 12-year well-child visits: human papillomavirus (HPV), tetanus-diphtheria-acellular pertussis (Tdap), and meningococcal.

Older children should continue to see their doctor on a regular basis—at least once a year is recommended. In addition to monitoring growth and development, annual well-child visits ensure that children are up-to-date with their immunizations. During preteen, teen, and young adult visits, immunizations may be

- Needed if not previously given
- Recommended to keep children healthy
- Recommended for special health reasons

Here are guidelines for specific vaccines for preteens and teens as established by the American Academy of Pediatrics (AAP) and other medical organizations. Current copies of your children’s immunization records should kept at home; school admissions may require proof that immunizations are up-to-date.
VACCINES FOR PRETEENS AND TEENS

Influenza (Flu)
• All teens should be vaccinated every year with influenza vaccine as soon as it becomes available in the community. And because the influenza vaccine is recommended for everyone 6 months and older, remember to schedule an appointment for yourself and your other children too.

Tetanus-Diphtheria-Acellular Pertussis (Tdap)
• The Tdap vaccine should be given to children aged 11 through 12 years. It can be given at 13 through 18 years if not received at an earlier age.
• New in 2014 is an AAP recommendation that pregnant adolescents receive Tdap vaccine for each pregnancy. All pregnant women should receive Tdap vaccine for each pregnancy to protect against tetanus, diphtheria, and pertussis, preferably during week 27 through week 36 of gestation, regardless of the time since previous Tdap vaccine.

Meningococcal (MCV)
• Meningococcal conjugate vaccine (MCV) is recommended for children aged 11 through 12 years, with a booster dose given at age 16 years. Adolescents who received their first MCV dose at 13 through 15 years of age should receive a booster dose at age 16 through 18 years.
• One dose of MCV should be given to previously unvaccinated college students, especially freshmen living in dormitories.
• Any older teen who has never been vaccinated should get vaccinated as soon as possible.

Human Papillomavirus (HPV)
• The HPV vaccine series is recommended for children aged 11 through 12 years so that they are protected before exposure to the virus. See “Questions From Parents About HPV” on page 22.
There are 2 types of HPV vaccine (HPV2 [Cervarix] and HPV4 [Gardasil]) that are given as a 3-dose series. Adolescents and young adults need all 3 shots for full protection.
• Girls should receive 3 doses of either vaccine to prevent HPV-related diseases.
• Boys should receive 3 doses of HPV4.
• Teens 13 years and older who did not get any or did not receive all of the HPV vaccines when they were younger should complete the vaccine series.
QUESTIONS FROM PARENTS ABOUT HPV

If my child is not sexually active, why is the HPV vaccine needed?

While it’s difficult to imagine your preteen engaging in sexual activity, especially because most do wait until they are in the second half of their teen years to have sex, the AAP recommends HPV vaccination at 11 through 12 years of age for several reasons. HPV is spread by intimate skin-to-skin contact, not just sex. People need all 3 doses of the vaccine before ever coming into contact with the virus to be protected. Also, the immune system of an 11- or 12-year-old responds better to the vaccine than that of an older teen.

Even if your child waits until marriage to have sex or only has one partner in the future, he or she could still be exposed to HPV by that partner.

Will receiving HPV vaccine give my child permission to engage in sexual activity?

As pediatricians, we understand this concern—we want teens to be mature before sexual activity. Studies show that children who receive HPV vaccine do not have sex any earlier than those who only received other teen vaccines. This tells us that children do not see this vaccine as a license to have sex.

Why does my son need HPV vaccine if it protects against cervical cancer?

HPV vaccine prevents cervical cancer, which, of course, only females can get. But HPV vaccine can protect males and females by preventing genital warts and cancers of the mouth, throat, anus, and genitals.

A preteen boy who receives HPV vaccine can also protect his future partner. Men and women infected with HPV often have no symptoms. Women can get cervical cancer screening, but there is no such test for men. Men who are infected and don’t know it can spread HPV to a partner.
Sports Safety

Prevention Is the Best Medicine

No sport is 100% safe. But there is much that parents, players, and coaches can do to minimize young athletes’ risk of injury.

The frequency and type of injury will vary according to the nature and demand of the sport. Contact and collision sports such as basketball, ice hockey, and soccer are associated with a greater risk of acute injuries such as sprains, strains, contusions, fractures, and dislocations. Endurance sports may have lower acute injury rates but a higher proportion of overuse injuries such as tendinitis and stress fractures.

Following are some suggestions for minimizing injuries:

**Be sure that your child is competing against players of comparable size and development.**

Young athletes can be the same age yet vary considerably in height, weight, and physical maturity. This can place the less-developed child at a competitive disadvantage and jeopardize his safety, particularly when players of varying strength and size are competing in contact or collision sports.

Encourage young athletes to train for their sport rather than rely on the sport to whip them into shape.

Proper physical conditioning can go a long way toward keeping a player off the disabled list and on top of his game. Ask your teen’s coach to help design a suitable exercise regimen. It’s best not to wait until the week before practice starts to begin training; staying in shape over the summer or in the off-season is helpful in reducing abrupt training overload and overuse injuries.
Don’t abuse or overuse arms and legs. Baseball players need to listen to their bodies carefully and avoid pitching through pain. An athlete who complains of pain around the elbow or shoulder, popping, or discomfort with throwing should not be allowed to throw anymore that day until pain-free. After that, a careful plan for strengthening the shoulder and a gradual return to throwing would include warm-up and throws that are less than maximum effort. Use pitch counts outlined by Little League Baseball (www.littleleague.org) for guidance.

Runners can prevent overuse injuries by running on soft, flat terrain and alternating days of strenuous running with cross-training or less-demanding workouts. They should gradually build up to their training goal. It has been suggested that increases of more than 20% per week should be avoided. For example, if the total mileage for a week is 20 miles, the maximum mileage for the next week should be no more than 24 miles.

**Stretching and warm-up before practice and competition potentially help improve performance and decrease injuries.**

To gain flexibility, it may also be helpful to stretch after activity. Whether before or after a workout, the muscles should be warmed up before stretching.

**Water breaks should be scheduled at least every 20 minutes to prevent dehydration.**

Inadequate fluid replacement can decrease muscle strength and endurance and can increase the risk of heat-related injury. Plain water is usually adequate to replenish fluid losses. Sports drinks have a limited function for young athletes; they should be ingested when there is a need for rapid replenishment of carbohydrates or electrolytes in combination with water during prolonged, vigorous physical activity.

**Use the right equipment the right way.**

Teens often use hand-me-down equipment that may not be the correct size or fit for their particular use. A racket or club that is a poor fit can lead to undesirable compensations in technique or the frustration of suboptimal performance. The same can be said for protective equipment such as helmets and pads. If the equipment is not properly fitted or maintained, the efficacy will be compromised. And be sure to replace athletic footwear when the soles of shoes begin to show wear and tear.

**When practicing or playing in hot weather, steps should be taken to avoid heat-induced illnesses such as heat cramps, heat exhaustion, and heatstroke.** Exercising in dry, mildly warm weather generally poses no problem for teenagers unless there is high humidity. In high-temperature, high-humidity conditions, young people take longer to adjust than adults do. Teenagers have less sweating capacity than adults and may generate more heat during activity. With the proper precautions and good hydration, heat injury and dehydration are preventable in nearly all cases.

- At the start of a heat wave or a vigorous exercise program, workouts should be shorter and less taxing. Gradually, the duration and intensity can be increased over a period of 10 to 14 days.
- Practices and games can be held in the morning or the late afternoon, when the heat is less oppressive.
- Drink up! Teenagers should drink 10 to 15 ounces of cool water before exercise and 8 to 10 ounces every 20 to 30 minutes while working up a sweat. Sports drinks become necessary only for prolonged activities (eg, marathons, soccer tournaments). Neither fruit juices nor soft drinks rank among the beverages of champions; in fact, both can upset children’s stomachs and interfere with the absorption of fluid.
- Boys and girls should be outfitted in a single layer of lightweight, absorbent clothing to facilitate sweat evaporation and expose as much skin as possible. Perspiration-soaked garments should be replaced by dry ones.
Odd behaviors and rituals with food are common in children and adolescents. In most cases, they fade away over time and do not have harmful health effects. Eating disorders, on the other hand, are expressed in persistent patterns of behavior that are associated with major psychological issues that lead to serious health problems and can endanger life. This excerpt, adapted from the American Academy of Pediatrics book, *Nutrition: What Every Parent Needs to Know*, identifies risk factors for developing an eating disorder.

**Is Your Teen at Risk for Developing an Eating Disorder?**

**How Common Are Eating Disorders?**
In the United States, as many as 10 million females and 1 million males are fighting a life-and-death battle with an eating disorder such as anorexia or bulimia. Millions more are struggling with binge-eating disorder. The true number is difficult to know because many people manage to hide their eating problems even from those closest to them. Once thought to be restricted to middle- and upper-income families, eating disorders are increasingly found at every social and economic level.

**No Age Group Is Immune**
Eating disorders most commonly start in girls between ages 14 and 17 years but are also seen in adolescent boys and younger children.

Eating disorders in children younger than 14 years are described as childhood onset. Some women secretly persist in eating disorders from their teens into their 20s, 30s, and beyond. Others develop abnormal eating and exercise behaviors in response to stress long after adolescence is over. This type of eating and overconcern with body shape and image is an occupational hazard for those whose jobs or activities rely on appearance, such as fashion models, dancers and other performers, and competitive athletes like gymnasts.

**Types of Eating Disorders**
The principal eating disorders are anorexia nervosa, or self-starvation, and bulimia nervosa, or binge eating followed by purging through induced vomiting or laxative abuse to prevent weight gain. Another less “formal” but common eating disorder is bulimorexia—starvation alternating with gorging and induced purging.
EATING DISORDER RISK FACTORS

Whatever the specific behavior and diagnosis, those with eating disorders share a preoccupation with their food, weight, and shape; have a severely erratic or inadequate food intake; and can’t regulate their eating and related emotions. They often have other symptoms of anxiety, depression, and obsessive-compulsive thoughts and symptoms. Some develop substance use problems over time. Girls who start menstruating earlier than their peers tend to have more problems with body image and a somewhat higher risk of eating disorders. Children from families with eating disorders and obsessive-compulsive disorders are also more vulnerable.

COMPLEX PROBLEM

The roots of the problem appear to be complex. Outside influences are one contributor to eating disorders; for example, magazines, movies, and television promote thinness. Most young people can deal with the message, but those who develop an eating disorder are more susceptible and cannot keep the media images in perspective. Young people are rarely aware of the extent to which images are altered to make models or actresses appear perfect, and they aspire to what they perceive as perfect beauty. However, there are invariably more complex and deep-seated psychological issues and genetic vulnerabilities that influence who is susceptible, including low self-esteem.

RISKS FOR ADOLESCENT ATHLETES

High school and college athletes are particularly susceptible to eating disorders, as well as patterns of disordered eating or use of excessive exercise to be in control of their weight. For example, some coaches encourage wrestlers to develop strength by training above their weight limits but competing at a lower weight, just under the limit. Wrestlers may be pressured to lose several pounds in the few days before a competition. Adolescent athletes are often urged to follow drastic and unbalanced weight-loss regimens (eg, eating only bananas or oranges for days). In the past, several college wrestlers died when trying to make a weight class by going without food and water and working out while wearing special clothing to promote sweating. These practices are unsafe, and fortunately there are more strict guidelines on weight loss in the sport of wrestling.

The American College of Sports Medicine and some states have released guidelines for weight control and monitoring high school and collegiate wrestlers (www.acsm.org). Coaches should be responsible for encouraging healthful eating and exercise. Parents who suspect that their children are subjected to dangerous or abusive practices should stop their children’s involvement and bring their concerns to the attention of school or college authorities.

COMMON FORERUNNERS FOR EATING DISORDERS

Be on the lookout for diet fads, especially with adolescent girls. Some, such as high-protein, very low-carbohydrate regimens, require medical supervision when used in adolescents. They’ve been around for decades and resurface periodically under new names. The more extreme diet routines are never intended for long-term adoption. Prescription and nonprescription over-the-counter and over-the-Internet preparations and supplements are poorly regulated and have contributed to serious and deadly problems.

Ephedra-containing over-the-counter diet aids illustrate the hazards of these products. In 2004, after compounds containing ephedra or the related compound ephedrine were found to be associated with a number of deaths, they were banned by the US Food and Drug Administration. Fen-phen combination prescription diet pills led to fatal heart complications in some users in the 1990s. Ipecac abuse by people with eating disorders caused permanent damage to hearts.

Be observant for warning signs such as knuckles that are scraped or bad breath caused by induced vomiting. Some athletes will speak over-frequently about their weight or obsessively stand on the scales. Using overexercise as a way to control weight allows them to eat more of what they want; however, excessive exercise controls their weight but can also lead to overuse injuries. Patterns may or may not exist, but coaches and parents should be aware of their child’s approach to exercise and weight control.
About Drugs and Alcohol

Some of the most common concerns for parents of adolescents are tobacco, alcohol, and drugs. The pressure to experiment with these substances can come from friends and peers. If you suspect your child is using these substances, open a discussion about the dangers involved with using tobacco, alcohol, and drugs. Here are some key points you should try to emphasize.

SMOKING AND TOBACCO

Smoking can turn into a lifelong addiction that can be extremely hard to break. Discuss with your adolescent some of the more undesirable effects of smoking, including bad breath, stained teeth, wrinkles, a long-term cough, and decreased athletic performance. Long-term use can also lead to serious health problems like emphysema and cancer.

Chew or snuff can also lead to nicotine addiction and causes the same health problems as smoking cigarettes. In addition, mouth wounds or sores can form and may not heal easily. Smokeless tobacco can also lead to cancer.

If you suspect your teen is smoking or using smokeless tobacco, talk with your child’s doctor. Schedule a visit with her doctor when you and your daughter can discuss the risks associated with smoking and the best ways to quit before it becomes a lifelong habit.

IF YOU SMOKE, QUIT

If you or someone else in the household smokes, now is a good time to quit. Watching a parent struggle through the process of quitting can be a powerful message for a teen who is thinking about starting. It also shows that you care about your health, as well as your teen’s.

E-CIGARETTES: DANGEROUS, AVAILABLE, AND ADDICTING

Parents should talk with their children and teens about the dangers of electronic cigarettes or e-cigarettes. They may come in kid-friendly flavors, but one electronic cigarette can have as much nicotine as a whole pack of cigarettes.


quick tip
Never make jokes about getting drunk.
ALCOHOL

Alcohol is the most socially accepted drug in our society and also one of the most abused and destructive. Even small amounts of alcohol can impair judgment, provoke risky and violent behavior, and slow down reaction time. An intoxicated teen (or anyone else) behind the wheel of a car makes it a lethal weapon. Alcohol-related car crashes are the leading cause of death for young adults aged 15 to 24 years.

Though it’s illegal for people younger than 21 to drink, we all know that most teens are not strangers to alcohol. Many of them are introduced to alcohol during childhood. If you choose to use alcohol in your home, be aware of the example you set for your teen. The following suggestions may help:

• Having a drink should never be shown as a way to cope with problems.
• Don’t drink in unsafe conditions—for example, driving the car, mowing the lawn, and using the stove.
• Don’t encourage your teen to drink or to join you in having a drink.
• Never make jokes about getting drunk; make sure that your children understand that it is neither funny nor acceptable.
• Show your children that there are many ways to have fun without alcohol. Happy occasions and special events don’t have to include drinking.
• If you drink, be an example of how to do it responsibly.

DRUGS

Your child may be interested in using drugs other than tobacco and alcohol, including marijuana and cocaine, to fit in or as a way to deal with peer pressure. Try to help your adolescent build her self-confidence or self-esteem. Ask her also about any concerns and problems she is facing and help her learn how to deal with strong emotions and cope with stress in ways that are healthy. For instance, encourage her to participate in leisure and outside activities with teens who don’t drink and use drugs.

HOW CAN I TELL IF MY CHILD OR TEEN IS USING DRUGS?

Certain symptoms and behaviors are warning signs for drug use. But keep in mind they may also indicate other problems, such as depression. Look for:

• Alcohol, smoke, or other chemical odors on your child’s or their friends’ breath or clothing
• Obvious intoxication, dizziness, or bizarre behavior
• Changes in dress and grooming
• Changes in choice of friends
• Frequent arguments, sudden mood changes, and unexplained violent actions
• Changes in eating and sleeping patterns
• Sudden weight gain or loss
• Loss of interest in usual activities or hobbies
• School problems like declining or failing grades, poor attendance, and recent discipline problems
• Trauma or frequent injuries
• Runaway and delinquent behavior
• Depressed mood or talk about depression or suicide; suicide attempts

Teens will try to hide, disguise, or downplay alcohol or other drug use, so you must learn to recognize the signs of abuse and stay on top of things. Also, trust your instincts. If you suspect a problem, talk with your teen, ask questions, and speak with a health professional about your concerns.

Remember that your child’s doctor has the knowledge and experience to help you find out if your child has a drug or alcohol problem and how to help your child.