



“Nicolae Testemițanu” State University of Medicine and Pharmacy

Behavioral risk assessment among children and teenagers

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Healthy Kindergartens



Health promoting schools

Healthy Schools

Integrated Pest Management (IPM)

Family/Community
Involvement

Health Education

Physical
Education

Health
Promotion
for Staff

Health
Services

Healthy
School
Environment

Nutrition
Services

Counseling, Psychological
and Social Services



According to WHO, the **main characteristics of health promoting schools are:**

- they engage health and education officials, teachers, teachers' unions, children, parents, health providers and community leaders in efforts to make the school a healthy place;
- they strive to provide a healthy environment;
- they implement policies and practices that respect an individual's well being and dignity, provide multiple opportunities for success, and acknowledge good efforts and intentions as well as personal achievements;
- they strive to improve the health of school personnel, families and community members as well as children.

Behaviors that Contribute to Unintentional Injuries and Violence

- According to the CDC, there are certain risky behaviors that lead to unintentional injury, such as riding a bicycle without wearing a helmet, not wearing a seatbelt when riding as a passenger in a car, riding in cars with drivers who had been drinking, and texting or emailing someone while driving a vehicle. Furthermore, the CDC recognizes behaviors among teens that specifically lead to violence such as carrying a weapon, carrying a gun specifically versus other weapons, being in a physical fight, experiencing being hit, slapped, or physically hurt intentionally by a boyfriend or girlfriend (dating violence), avoiding school because of its lack of safety, experiencing bullying, or considering and/or attempting suicide.

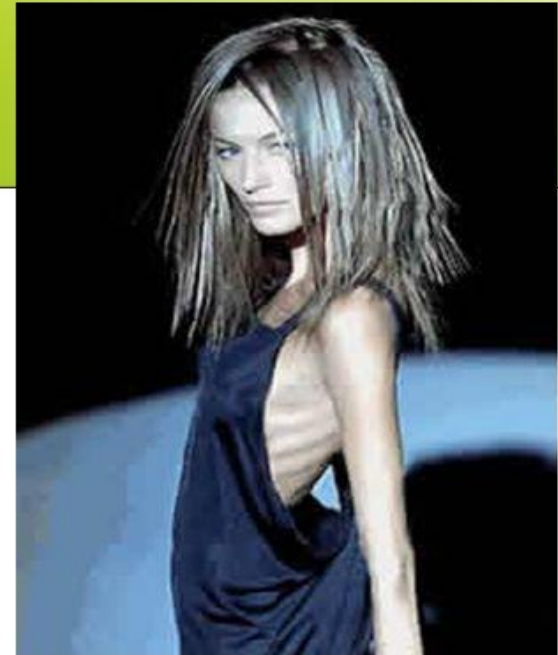
Unhealthy Dietary Behaviors

- Risky behavior that leads to unhealthy diets include not eating the right amounts of fruit or drinking fruit juices, not eating any vegetables, not drinking milk, drinking sugar based drinks such as sodas, not eating breakfast.

Eating behavior disorders

Some statistics

- Eating disorders have increased threefold in the last 50 years
- 10% of the population is afflicted with an eating disorder
- 90% of the cases are young women and adolescent girls
- Up to 21% of college women show sub-threshold symptoms
- 61% of college women show some sort of eating pathology



Eating behavior disorders

Diagnosis for people who experience extreme disturbances in their everyday diet along with possible distress or concern about their body weight



10%

Only 10 percent of people with eating disorders receive treatment.



35%

only 35 percent seek treatment from a facility that specializes in eating disorders.



42%

of 1st-3rd grade girls want to be thinner!



42%

A young woman with anorexia is 12 times more likely to die than other women her age without anorexia.



91 % of women surveyed on a college campus had attempted to control their weight through dieting,



dieted “often” or “always.”



90 % of those who have eating disorders are women between the ages of 12 and 25.



At least 1 out of every 10 people with an eating disorder is male

5-10%

of anorexics die within ten years of onset.

18-20%

die within twenty years of onset

50%

report ever being cured.

Three Types of Eating Disorders

- Anorexia nervosa- characterized by a pursuit of thinness that leads to self-starvation
- Bulimia nervosa- characterized by a cycle of bingeing followed by extreme behaviors to prevent weight gain, such as purging.
- Binge-eating disorder- characterized by regular bingeing, but do not engage in purging behaviors.



Anorexia Nervosa

Characterized by an inability to maintain normal weight, an intense fear of gaining weight, and distorted body perception

Effects of Anorexia Nervosa

- Bones, muscles, hair, and nails become weak and brittle
- Develop low blood pressure, slowed breathing and pulse
- Lethargic, sluggish, and fatigued
- Gastrointestinal system functions abnormally
- Heart and brain damage
- Multiple organ failure

Bulimia Nervosa

- Alternation between the extremes of eating large amounts of food in a short time
 - Compensating for the added calories either by:
 - Vomiting
 - Other extreme actions to avoid gaining weight
- Binge eating
 - Ingestion of large amounts of food during a short period of time
 - Lack of control over what or how much is eaten
- Purging: Eliminating food through unnatural methods
 - Vomiting
 - Administering enemas
 - Taking laxatives or diuretics
- Nonpurging type - Trying to compensate by fasting or excessive exercise

Binge-Eating Disorder

- The ingestion of large amounts of food during a short period of time, even after reaching a point of feeling full, and a lack of control over what or how much is
 - Binges occur at least twice a week for 6 months.
- Significant weight gain can occur since there are no compensatory behaviors.

Bulimia Nervosa

- Has three primary symptoms:
- Regular intake of large amounts of food accompanied by a sense of loss of control over eating behavior.
- Regular use of inappropriate compensatory behaviors such as self-induced vomiting, laxative or diuretic abuse, fasting, and/or obsessive or compulsive exercise.
- Extreme concern with body weight and shape.

Rumination Disorder

- Rumination Disorder is an eating disorder in which the infant or child regurgitates food after it has been swallowed and then either spits it out or re-swallows it.
- Five common disturbances include:
 - (1) delayed or absent development of feeding and eating skills,
 - (2) difficulty managing or tolerating food or drink
 - (3) reluctance to eat food based on taste, texture, and other sensory factors,
 - (4) lack of appetite or interest in food
 - (5) the use of feeding behaviors to comfort, self-soothe, or self-stimulate.

Anorexia

- anorexic people are not in normal weight range for their age and height
 - starve themselves
 - people avoid food and meals
- weigh or count calories for everything they eat
 - bones become brittle
- body temperature, heart rate, and blood pressure drops
 - may result in reduction in organ size
 - can lead to heart problems
- Treatment: must restore the patient's body weight to a healthy level
- psychological and family therapy may be needed



Bulimia

- forced vomiting
- eat a lot but then purge or vomit it out
- if not vomited out then the person may exercise or fast
- normally in the normal weight range for their age and height
 - Bulimia causes dehydration
 - sore and inflamed throat
 - damaged teeth
 - irregular heart rhythms
 - heart failure
- chemical imbalances in the body
- Treatment: must break the cycle of bingeing and purging
- behavioral and psychological therapy may be needed



- Dissatisfaction with body and how they look
- low self-esteem
- eating disorders
- want to change their body
- deadly/death
- want to be as skinny as possible
- depression
- caused by outside influences such as TV and magazines
- exercise excessively
- malnutrition
- may need support groups to heal

Polyphagia

Polyphagia is the consumption of food in excess of normal caloric intake.



Polyphagia

- **Polyuria, polydipsia, polyphagia** = Cardinal signs of diabetes
- **polyphagia**: excessive hunger and food consumption, a sign that the person is "starving in the land of plenty." that is, although plenty of glucose is available, it cannot be used, and the cells begin to starve.
- **without fuel**, cells cannot produce energy
>> fatigue and weight loss.



Hyperphagia

- (also referred to as Polyphagia) is a serious eating disorder defined as an extreme unsatisfied drive to consume food. A person with hyperphagia may keep eating food to the point where they experience gastric pain or even vomiting.



Depression

Depression, particularly in teenagers, is often described as an invisible illness. Rapid changes in hormonal balance, physical and cognitive development, response to peer pressure, and perceptions of the world, combined with conflicting desires to be independent but free of responsibilities, make adolescence a time of emotional turmoil and behavioral extremes.

- **Symptoms of Depression in Children and Adolescents**
 - Poor concentration
 - Irritability
 - Experience of boredom
 - Quitting or decreased involvement in activities or relationships

What You Should Know About Depression

- Depression is a treatable medical illness, not just a bad mood or an inevitable part of life's ups and downs.
- Depression affects 8–10% of adolescents and is the most common cause of disability in the United States.
- Depression in teens differs from depression in young children or adults. Teens are more affected by their social environment, more irritable than sad, and more chronically depressed.
- Depression affects people of all ages and backgrounds. However, post pubescent girls are twice as likely to suffer from serious depression than boys, and certain populations, such as gay and bisexual youths and American Indians, suffer higher rates of depression.
- Untreated depression is the leading risk for suicide among adolescents.
- Suicide is the third leading cause of death among adolescents ages 15–24 and the fourth leading cause of death among children ages 10–14. Nearly 2,000 young people die of suicide every year; nearly 400,000 attempt suicide; nearly 2 million make a suicide plan

What You Should Know About Depression

- Girls are twice as likely to attempt suicide but boys are 10 times more likely to succeed because they tend to choose more lethal methods of attempting suicide (e.g. guns).
- Depression can be linked to poor academic performance, poor social relationships, school absenteeism, dropping out, disruptive behavior, and school violence.
- Depressive episodes can resolve themselves but, if ignored, are likely to reoccur within a year.
- Talking to friends or family is an important source of support but on its own is not enough to treat depression.
- Nearly 70% of children and youth with serious mental health problems do not get treatment.
- Eighty percent of people treated for depression respond to treatment, which usually includes a combination of medication, psychotherapy, and support groups.

Warning Signs of Depression in Adolescents

- Sadness, depressed mood, or irritability
- Agitation, defiance, or sullenness
- Lack of pleasure in daily activities
- Withdrawal or crying
- Unexplained physical complaints
- Lethargy or chronic boredom
- Poor concentration or inability to make decisions
- Poor academic performance
- Negative thoughts about self, the world, and the future
- Self-blame, guilt, and failure to recognize one's success
- Change in appetite or weight gain or loss
- Excessive sleeping
- Increased-risk behaviors (e.g., sexual risk-taking or abuse of drugs and alcohol)
- Suicide ideation or attempts

Risk Factors for Depression

- Existing or history of mental health problems
- Poor academic functioning
- Poor physical health
- Poor coping skills or social skills
- Low self-esteem
- Behavior problems
- Problems with friends or family
- Poor school and family connectedness
- Major life stressors
- Substance abuse
- Family history of depression or suicide



TO COPE WITH DEPRESSION

Follow a routine

Go for walks



Travel

Eat fruits



Be creative

Sleep for
minimum 8 hours



Take
multi-vitamins

How Can Schools Help?

The best intervention is prevention and early intervention. Schools can provide a number of supports to help decrease the occurrence of severe depressive reactions and prompt appropriate early treatment.


- *Destigmatize and shed light on the illness.*
- *Train staff members, students, and parents in appropriate interventions.*
- *Create a caring, supportive school environment.*
- *Develop a suicide prevention and intervention plan.*
- *Be mindful of at-risk students and provide students with appropriate supports.*
- *Encourage cooperation with parents*

Tobacco use

TOBACCO USE

SMOKING ON ONE OR MORE DAYS IN THE PAST MONTH


 **8%**
of women 15-49 years
of age smoked

15%

Richest

6%

Poorest

 **48%**
of men 15-49 years of
age smoked

43%

Richest

63%

Poorest

MORE THAN 20 CIGARETTES PER DAY

12%
of women

47%
of men

15-49 years of age who smoke had more
than **20 cigarettes** in the past 24 hours

HALF of **MEN** age 15-49 years are **CURRENT SMOKERS**, and of those in **THE POOREST** quintile, 2 in 3 smoke. **WOMEN** are 6 times less likely than men to smoke but contrary to men, **THE RICHEST SMOKE** the most.

Causes of smoking

- Curiosity and the need to experience something new
- Peer pressure
- Mimicking models (movie stars, music stars, VIPs)
- The tendency for “emancipation”, for opposition and protest against authority
- Advertising campaigns of the industry.

Tobacco Health risks



**Mamma!
Don't feed me
with Smoke!**

**Give your Child
Smoke Free Present,
Healthy Future!**

WOMEN WHO SMOKE:

- experience delay in conception
- have 30% higher risk of being infertile
- may have spontaneous abortions

BABIES BORN TO WOMEN WHO SMOKE DURING PREGNANCY ARE:

- at a 30% higher risk of being born premature
- more likely to be born with low birth weight
- 1.4 to 3 times more likely to die of Sudden Infant Death Syndrome (SIDS)
- more likely to be still born babies.



Choose **LIFE**, Not Tobacco.



संस्थानिक जयते
Ministry of Health & Family Welfare
Government of India



QUIT SMOKING TODAY



Prevention and control measures

- Prohibition of sales of tobacco to minors
- Limiting the distribution and sale of cigarettes.
- Banning smoking in places where young people spend their time.
- Banning smoking in public for children and teenagers.
- Media campaign against smoking.
- Restrictions imposed on cigarettes advertising and sales promotions.
- Support for health education on smoking.
- Other measures outlined by the legislation include: regulating the content of harmful substances of tobacco products, taxation and economic measures.



Measure Your Success

Alcohol or Drug Use

- Risky behaviors regarding [alcohol](#) or drug use include having at least one drink during their lifetime, currently drinking on a regular basis, having five or more drinks in a row (binge drinking experiences), trying other drugs such as cocaine, inhalants, heroin, methamphetamines, steroids, or prescription drugs.

Alcohol consumption

ALCOHOL USE

ALCOHOL USE ON ONE OR MORE DAYS IN THE PAST MONTH



15-49 years of age had at least one drink of alcohol on one or more days in the past month

MORE than **HALF** of the population **USES** **ALCOHOL**.

FIRST USE OF ALCOHOL FOR ADOLESCENTS 15-19 YEARS OF AGE



started to drink alcohol before the age 15

2 in **10 FEMALE** adolescents started drinking alcohol **BEFORE AGE 15**, compared to **5** in **10 MALE** adolescents.

Risk factors for alcohol consumption in young people.

- Certain personality types and psychological problems (emotional vulnerability, low self-esteem, mental instability)
- Hereditary predisposition
- Alcoholic traditions
- Peer pressure
- The desire for experimentation
- Exposure to false role-models (for young people alcohol is a symbol of maturity)
- Conflicts with the parents
- The social environment etc.

Effects of Alcohol on the Body

Osteoporosis



Blurred vision



Brain damage and even stroke



Liver disease



Stomach ulcers



Increased risk of intestinal cancer



Heart disease and irregular heart beat



Sources: _____

<http://healthmad.com/conditions-and-diseases/health-problems-associated-with-alcohol-addiction/>

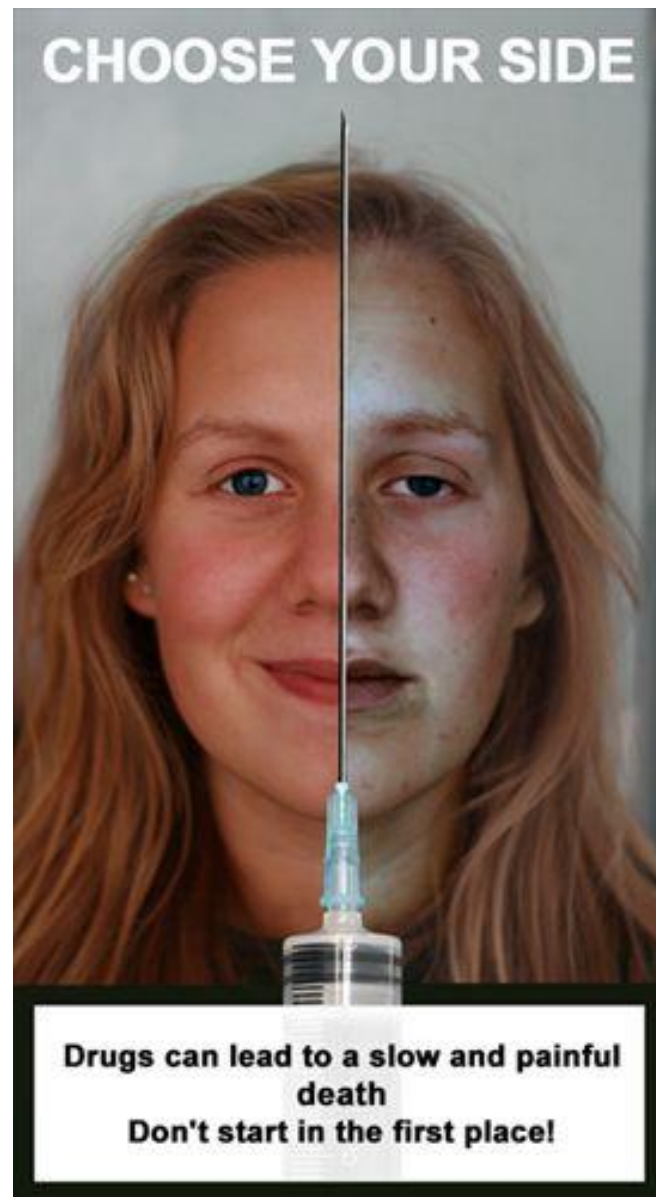
Call Now!
(405) 217-0728


Better Place
Recovery Services
<http://alcoholicrecoveryrehab.com>

Prevention and control measures



Drug abuse



Effects of Drugs on Youth

Academic	Physical	Mental
<ul style="list-style-type: none">•Declining grades•Missing school and other activities•Increased risk of dropping out of school	<ul style="list-style-type: none">•Increased accidents (car, motorcycle, drowning)•Increased risk of contracting HIV and other diseases•Increased risk of death by suicide, homicide, accident, or illness	<ul style="list-style-type: none">•Depression•Problems in mental development•Withdrawal from healthy activities•Apathy (not caring about anything)
Peers	Family	Legal Problems
<ul style="list-style-type: none">•May become alienated or labeled by peers•Disengages from school and community activities	<ul style="list-style-type: none">•Family dysfunction due to drug use•Draining family emotionally and financially	<ul style="list-style-type: none">•Increased legal problems•Arrest•Involvement in the Juvenile Judicial System

Effects of Drug Abuse on Body Coordination and Health

Addiction

- The drug abuser tend to get higher and higher dosage of drug.
- Withdrawal symptoms like vomiting, shivering and hallucination occur when the drug is not available.

Depression

- Drugs like morphine and barbiturate can cause confusion, lack of coordination, and sleepiness.
- Very large doses of depressant drugs can lead to death.



Hallucination

- Marijuana is a mind-altering drug.
- It raises your heart rate.
- It makes you hard to concentrate.
- It can cause hallucination and death.

Infection of diseases

- Diseases such as AIDS and hepatitis B are spread by sharing injection needle among drug addicts.



Preventive and control measures

- Supervising the production and distribution of pharmaceutical products.
- Severe punishment of illegal trade of drugs and of those who instigate teens or young adults to buy or use drugs
- Educational and informative measures targeting especially schools with the involvement of the teachers and most exposed categories of students.

Inadequate Physical Activity

- Risky behavior that leads to lack of physical health is not getting enough exercise, which includes the following risk factors: not doing any cardio activity in the last week, not attending Physical Education classes, playing video games or spending time on the computer for 3 or more hours per day, watching television for 3 or more hours per day.

THE ROLE OF Schools

IN PROMOTING PHYSICAL ACTIVITY

RECESS

Students who get at least

20 minutes of
recess per day

have a lower body mass index
percentile than their peers.

P.E.

In states with P.E.
requirements, high
school girls were active

37
more minutes
per week.

ACHIEVEMENT

Teens who were
active in school were

20%
more likely to
earn an "A" in
math or English.

SAFE ROUTES TO SCHOOL
Students who walked
to school every day had

24
more minutes of
physical activity
per day.

Active Living Research
www.activelivingresearch.org

Sources: RECESS: Fernandes M and Sturm R. "The Role of School Physical Activity Programs in Child Body Mass Trajectory" *Journal of Physical Activity and Health*, 8(2): 174-181, February 2011. P.E.: Cowley J, Meyerhoefer C and Newhouse D. The correlation of youth physical activity with state policies. *Contemporary Economic Policy*, 16(12):1287-1301, 2007. ACHIEVEMENT: Nelson MC and Gordon-Larsen P. "Physical Activity and Sedentary Behavior Patterns Are Associated With Selected Adolescent Health Risk Behaviors." *Pediatrics*, 117(4): 1281-1290, April 2006. SAFE ROUTES TO SCHOOL: Sirard JR, Riner WF, McIver KL and Pate RR. "Physical Activity and Active Commuting to Elementary School." *Medicine and Science in Sports and Exercise*, 37(12): 2062-2069, 2005.

7. Increased Use Of Communication Devices And Social Media

- According to PewResearch Center, 73% of teenagers had access to smartphones in 2015 and more than 92% teens logged into social media every day using their smartphones.

Solution:

- Not giving your teenager a mobile phone or completely cutting off social media access is not a good idea. In fact, it may backfire and lead to stealing, hiding, and lying. It is common for teens to own a mobile phone. Get them one but have strict rules about what they use it for.
- Monitor how they use the Internet
- To have restrictions on time spent on texting and calling their friends or on social media when they are at home.

Sexual Behaviors That Lead to Unwanted Pregnancies or Sexually Transmitted Diseases

- In addition to the behaviors listed above, there are risk factors that contribute to unintentional pregnancies and diseases, such as having intercourse before the age of 13, having multiple partners, not using protection during intercourse, not being tested for HIV, drinking alcohol or using drugs during or before intercourse.

Sexual behavior

Teens manifest a strong curiosity toward the phenomenon of sexuality and can sometimes begin experimenting without realizing that sex life during this period hides many risks: venereal diseases, HIV infection, abortions, “unwanted” children born outside marriage or family conflicts.



Prevention and control

- *Sex education in schools...*
- *.....*

Ways to Reduce Risky Behavior in Teens

- 1. Understand your child's challenges
- 2. Discuss realities
- 3. Set rules—and consequences for breaking them.
- 4. Talk openly about ...
- 5. Brainstorm strategies and approaches
- 6. Help your child be more cautious
- 8. Expect and accept mistakes
- 9. Be a good example
- 10. Start encouraging healthy habits and hobbies early.

Key Takeaways

- Be clear with your teen about the consequences of risky behavior.
- Presenting evidence, like research and statistics, can help your child understand the reality of risky behavior.
- Try to keep the lines of communication open with your teen, and don't hesitate to reach out for support if you need it.

Take care of your body. It's the only place you have to live.

**Sustainability
is a life style**



Sloganshub.com



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