



Innovations in Adolescent and Young Adult Care in the Military Health System

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Presenter

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Air Force Maj Sarah M. Ditch, M.D.



- Major Sarah Ditch is an Active Duty Physician in the US Air Force, currently stationed at Joint Base San Antonio.
- Maj Ditch completed internship and residency in Pediatrics and fellowship in Adolescent Medicine at San Antonio Uniformed Services Health Education Consortium.
- She is board certified in Pediatrics and Adolescent Medicine and is board eligible in Obesity Medicine.
- Maj Ditch is Specialty Chief of the Adolescent Medicine Service and Associate Program Director of the Transitional Year Internship Program at JBSA. She is also an Assistant Professor of Pediatrics at the Uniformed Services University of the Health Sciences.
- She is a Fellow of the American Academy of Pediatrics and a member of the Society for Adolescent Health and Medicine.



Disclosure

- Maj. Ditch has no relevant financial or non-financial relationships to disclose relating to the content of this activity.
- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of Brooke Army Medical Center, the U.S. Army Medical Department, the U.S. Army Office of the Surgeon General, the Department of the Army, the Department of the Air Force, or the Department of Defense or the U.S. Government.
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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Discuss setting up a multi-disciplinary weight management clinic per recommendations of the latest clinical practice guidelines for pediatric obesity.
2. Summarize factors of maintaining a gender inclusive clinic environment for teens and young adults despite uncertain political climate.
3. Outline highly effective contraception for Active-Duty Service women and barriers to use.



What is adolescent medicine?



Med school



Residency



Fellowship



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What is adolescent medicine?

- “We thought you were the dietician...”
- “We want a referral to psychiatry...”
- “We’re here for depression but will not accept medication...”
- “We would prefer to see a specialist...”

- “You speak to teens alone in clinic? Are you sure that’s legal?”



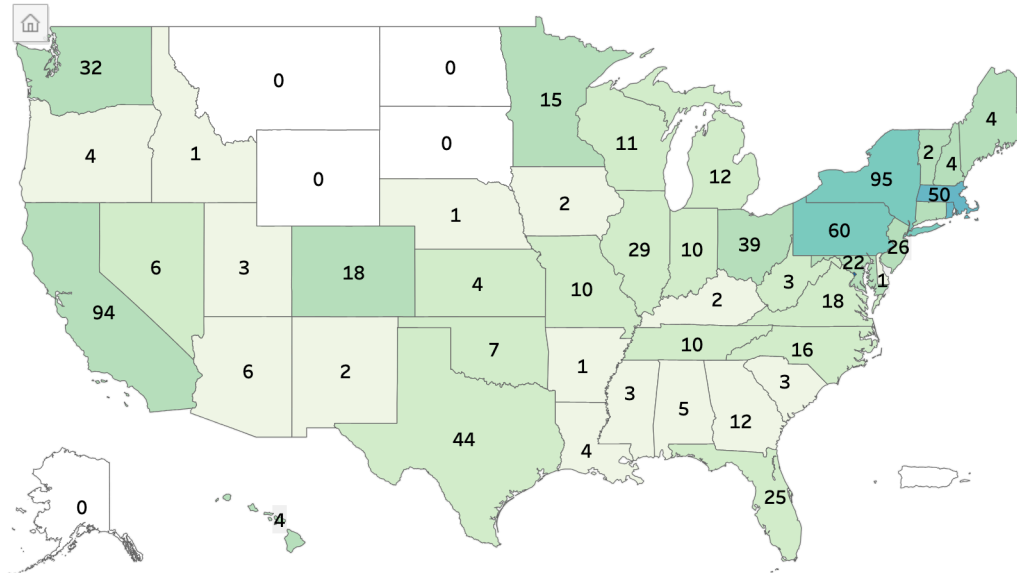
What is adolescent medicine?

| Content Domains | Exam Weights |
|---|--------------|
| 1. Preventive and General Adolescent Care | 10% |
| 2. Safety, Injury, and Violence | 4% |
| 3. Sexuality and Gender | 4% |
| 4. Reproductive Health | 10% |
| 5. Mental and Behavioral Health | 10% |
| 6. Substance-Related Issues and Addictive Disorders | 5% |
| 7. Nutrition and Disordered Eating | 6% |
| 8. Musculoskeletal Health and Sports Medicine | 6% |
| 9. Endocrinology | 6% |
| 10. Sexually Transmitted Infections | 7% |
| 11. Ethics, Legal Issues, and Health Equity | 2% |
| 12. Core Knowledge in Scholarly Activities | 5% |

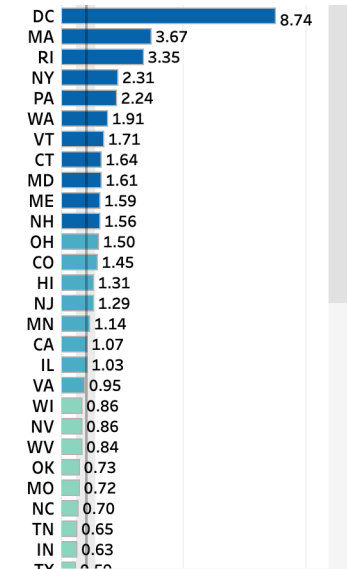


What is adolescent medicine?

Distribution of Adolescent Medicine* by Pediatrician count



State Rank of Those Certified in Adolescent Medicine* per 100,000 Children (0-17)








www.abp.org



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Objectives

| Content Domains | |
|---|---|
|  | 1. Preventive and General Adolescent Care |
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| | 11. Ethics, Legal Issues, and Health Equity |
| | 12. Core Knowledge in Scholarly Activities |

- Outline
 - Transgender care
 - Contraceptive care
 - Mental health
 - Obesity management

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CASE #1

- 12 year old (yo) assigned female at birth presents for continued depressed mood despite a trial of (Selective serotonin reuptake inhibitors) SSRI. No suicidal ideation/homicidal ideation (SI/HI). Parents report patient told them several years ago they feel they were born the wrong gender. Patient affirms pronouns of he/him and requests to be called “Trevor”. He has been dressing “tomboy-ish”. He is asking for puberty blockers. Parents are hesitant but want to be supportive and learn more about this process.



How many of our patients are transgender?

- 0.6% of adults identify as transgender, likely higher percentage of adolescents
- Review of medical administrative claims related to gender dysphoria for patients ages 5-21 rose from 113 in 2010 to 464 in 2014
- Estimated 1.2-4.1% of adolescents report a gender identity different from their assigned gender



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Framework for treatment

- **Social affirmation** = presenting as affirmed gender, including affirmed name and pronouns
- **Legal affirmation** = changing name and gender marker on legal documents
- **Puberty blocking** = medication to pause pubertal progression and suppress sex steroid production
- **Medical affirmation** = administration of sex steroids to induce physical characteristics of affirmed gender
- **Surgical affirmation** = surgically alter physical appearance and function to align with affirmed gender



Endocrine society clinical practice guidelines

- Criteria for puberty suppression for Adolescents
 - Meets criteria for GDD*
 - GDD worsened in puberty*
 - Coexisting medical problems are well controlled
 - Sufficient mental capacity to assent*
 - Parents have given informed consent
 - Puberty has begun
 - No medical contraindications



Endocrine society clinical practice guidelines

- Criteria for gender affirming hormones for Adolescents
 - Persistent Gender Dysphoric Disorder (GDD)*
 - Coexisting medical problems are well controlled
 - Sufficient mental capacity to assent and understand consequences*
 - Adolescent and parents have given informed consent, including fertility discussion
 - Puberty has begun
 - No medical contraindications



Why treatment is important

- Recent prospective cohort of 169 transgender and non-binary youth
- High rates of moderate to severe depression and anxiety
- Medical affirming treatment associated with
 - 60% lower odds of moderate to severe depressive symptoms
 - 73% lower odds of self-harm or suicidal thoughts in the first year of treatment
- Youth not receiving treatment had 2-3 fold higher levels of depressive symptoms at 3 and 6 month follow ups



Providing care for transgender youth in the military



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One option

- Exceptional Family Member Program (EFMP) → reassignment → permanent change of station (PCS) → establish care → Pediatric Endocrinology (pedi endo) referral



Alternative option

- EFMP → reassignment → PCS → establish care → pedi endo referral
- Collaboration with Primary Care (PC), Child Psychiatry, civilian therapist by telemedicine, and Adolescent Medicine
 - Physical exam and labs at local Military Treatment Facility (MTF)
 - Nursing education about Lupron provided by Adolescent Medicine to primary care medical home (PCMH) staff
 - Informed consent obtained by Adolescent Medicine
 - Lupron injection given at PCMH clinic



U.S. AIR FORCE

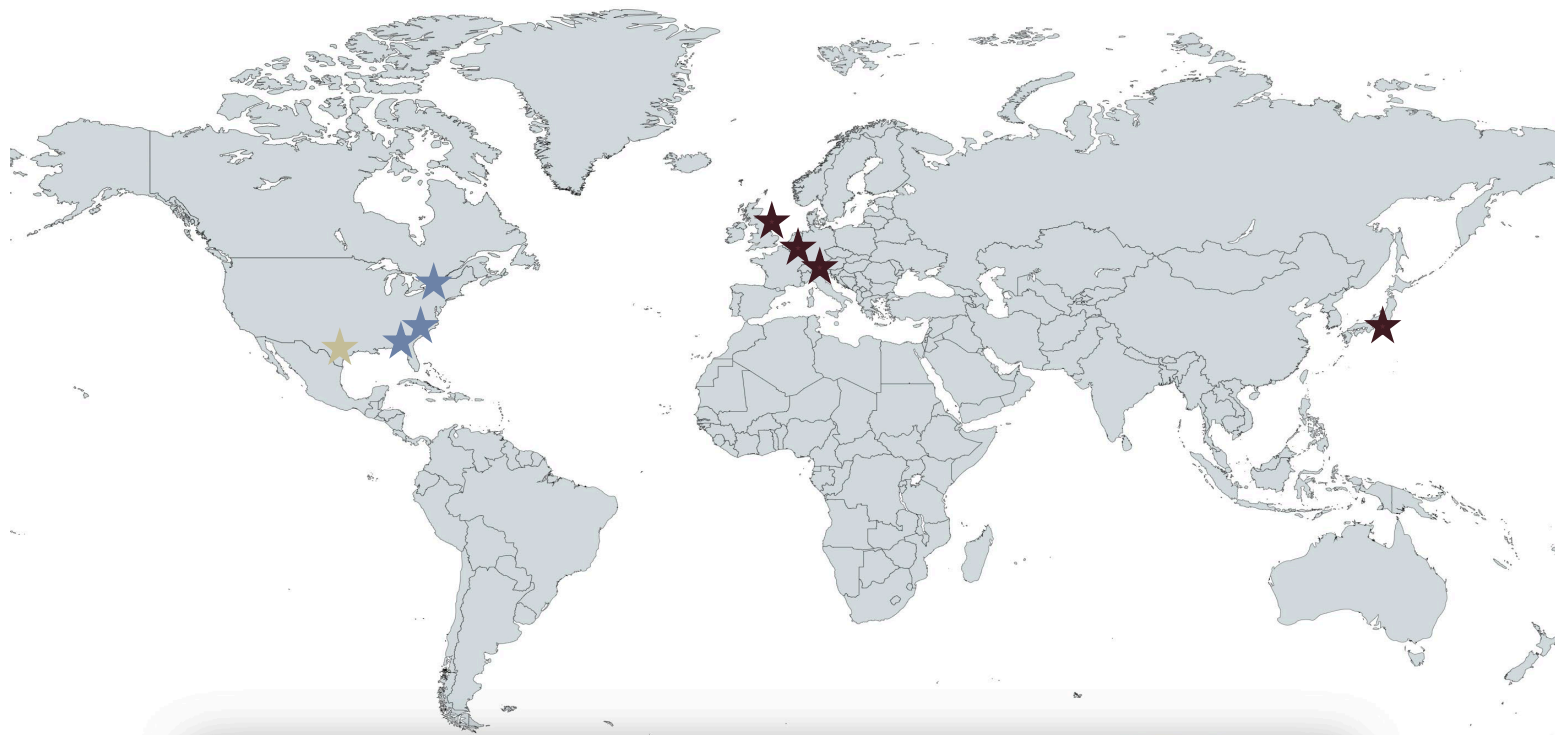
***Gender Dysphoria and
Transgender Care
→ Lupron***

Sarah Ditch, Maj, USAF, MC
06 Apr 2022

Integrity - Service - Excellence



Providing care for transgender youth in the military



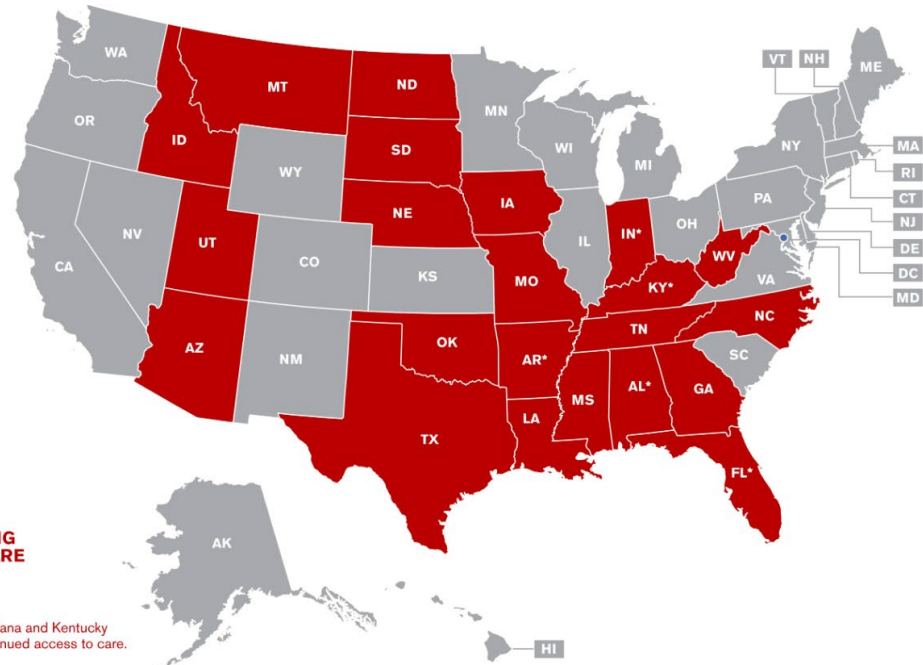
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Gender dysphoria treatment



Gender-Affirming Care Bans Impacting Youth



LAW OR POLICY BANNING GENDER AFFIRMING CARE HAS PASSED UP TO AGE 18

*In Alabama, Arkansas, Florida, Indiana and Kentucky court injunctions are ensuring continued access to care.



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Transcare approach

- Treat transgender individuals with respect.
- Refer to TGD patients by affirmed name and pronouns.
- Ask politely if you are unsure.
- Never reveal a person's transgender status.
- Set a high standard.
- Concentrate on care, not curiosity.
- Avoid negative reactions.
- Remember transgender patients are not always training opportunities.
- Educate about transgender health care.



Clinical environment

- Post a rainbow flag, pink triangle, or other gender-inclusive symbol
- Identify unisex bathrooms
- Post a public statement of nondiscrimination
- Display your pronoun preferences
- Staff should use patient's asserted name and pronouns and this should be reflected in medical record
- Be comfortable deferring sensitive exams per patient preference to a later date if clinically appropriate



Case #2

- 18 year old female basic trainee presents after getting lightheaded and being unable to complete physical training (PT) due to menstrual cramps. Her Military Training Instructor (MTI) referred her to trainee health for dysmenorrhea treatment.



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Info from recruiters

- “I wasn't on any birth control (bc) in basic training (bt) but I did hear girls either weren't supposed to be on it or they wouldn't be able to get it there, something like that”
- “They told me that you couldn't have anything other than the pill and that if you weren't on BC already they would make you in bt so you didn't have a period”
- “The MTIs in basic made it ridiculously hard and seem like an annoyance to have to go to medical to get the prescription”
- “My recruiter told me that I wasn't allowed to be on any kind of birth control. So I got off the pill right before basic training”
- “...he kinda scared me into thinking it would disqualify me from joining in general”
- “Recruiters asked me if I could get my IUD removed before meps (I was just shy of 18, already had a baby and was a single mom absolutely not willing to remove it) and then told me about how they'd have to put in a waiver for it and we'd need to put that I had it for a medical reason or they'd want to remove it.”

Military Entrance processing
station (MEPS)
intrauterine device (IUD)

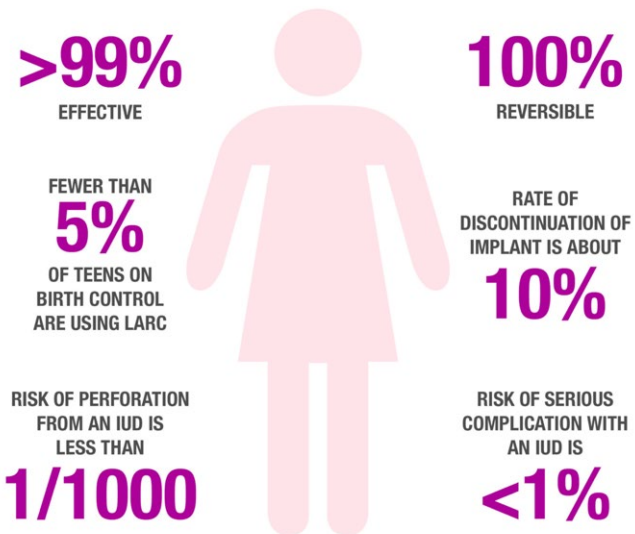


Contraceptive methods

- Long Acting Reversible Contraception
 - Last for years
 - Fertility returns within 1 month of discontinuing
 - Most effective forms of contraception

THE FACTS ABOUT LARC

(LONG ACTING REVERSIBLE CONTRACEPTIVE)



<https://pediatricsnationwide.org/2016/05/31/long-acting-reversible-contraceptives-a-first-line-approach-to-prevent-teen-pregnancy/>



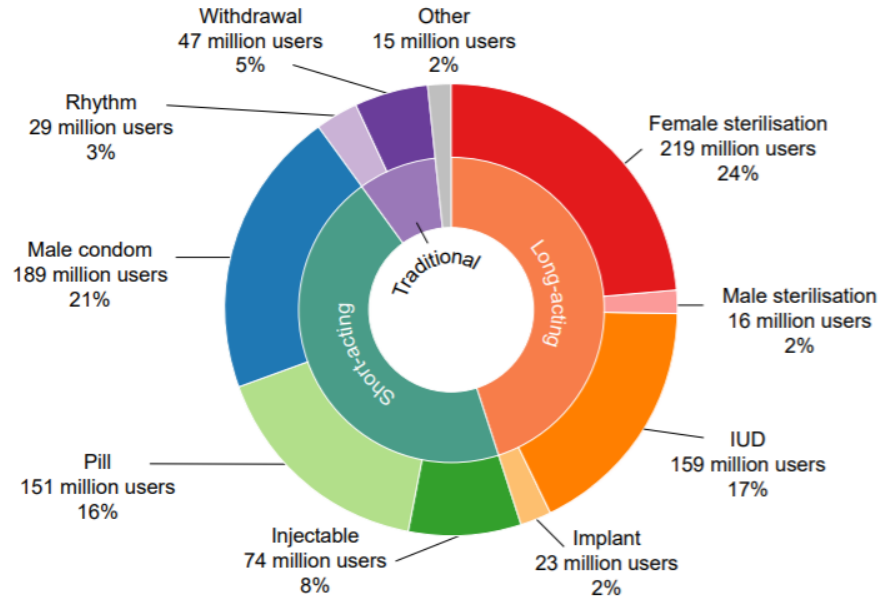
<https://www.plannedparenthood.org/>

<https://www.improvinghealth.org/> *Improving Health and Building Readiness. Anytime, Anywhere — Always*



Contraceptive methods

Figure 2. Estimated numbers of women of reproductive age (15-49 years) using various contraceptive methods, worldwide, 2019



Data source: Calculations are based on the data compilation *World Contraceptive Use 2019*, additional tabulations derived from microdata sets and survey reports and estimates of contraceptive prevalence for 2019 from *Estimates and Projections of Family Planning Indicators 2019*. Population-weighted aggregates.

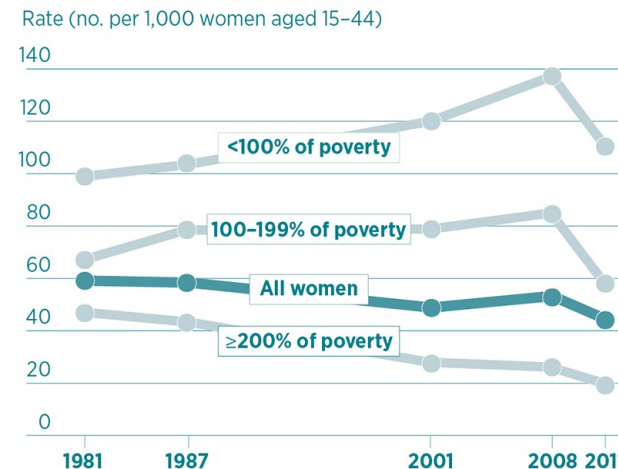


Trends in the United States

- Most women in the US desire 2 children
- 3 years spent attempting pregnancy and being pregnant/postpartum
- 3 **decades** of her life will be spend avoiding pregnancy

UNINTENDED PREGNANCY RATES

Unintended pregnancy is increasingly concentrated among low-income women.



www.guttmacher.org



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Pregnancy and military service

- Each service branch offers a form of contraceptive education during training
 - Have access to some, if not all, forms of hormonal contraception at no cost
- Servicewomen in the US experience a higher frequency of unintended pregnancy
 - Lowest rate of contraception use and highest pregnancy rates among junior enlisted



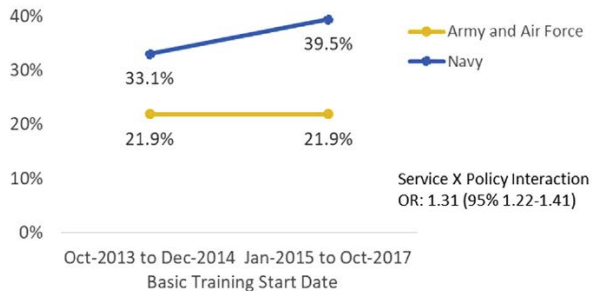
Barriers to contraception while deployed

- Lack of availability of chosen method
- Limited space for storage
- Privacy concerns
- Difficulty obtaining refills
- Limited healthcare provider knowledge

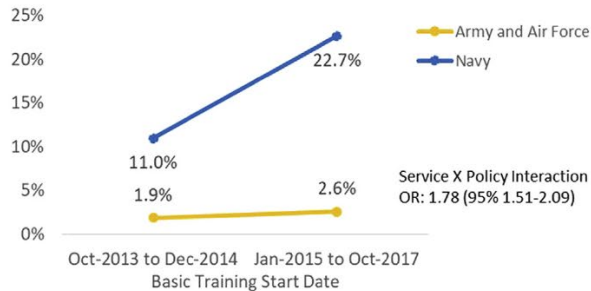


Comparison of policy change

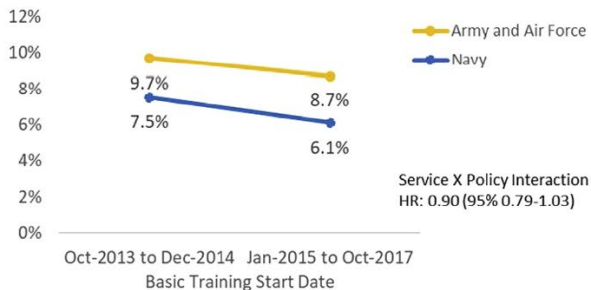
A Pill, Patch, Ring, Shot, and LARC Use at 6-Months after starting Basic Training



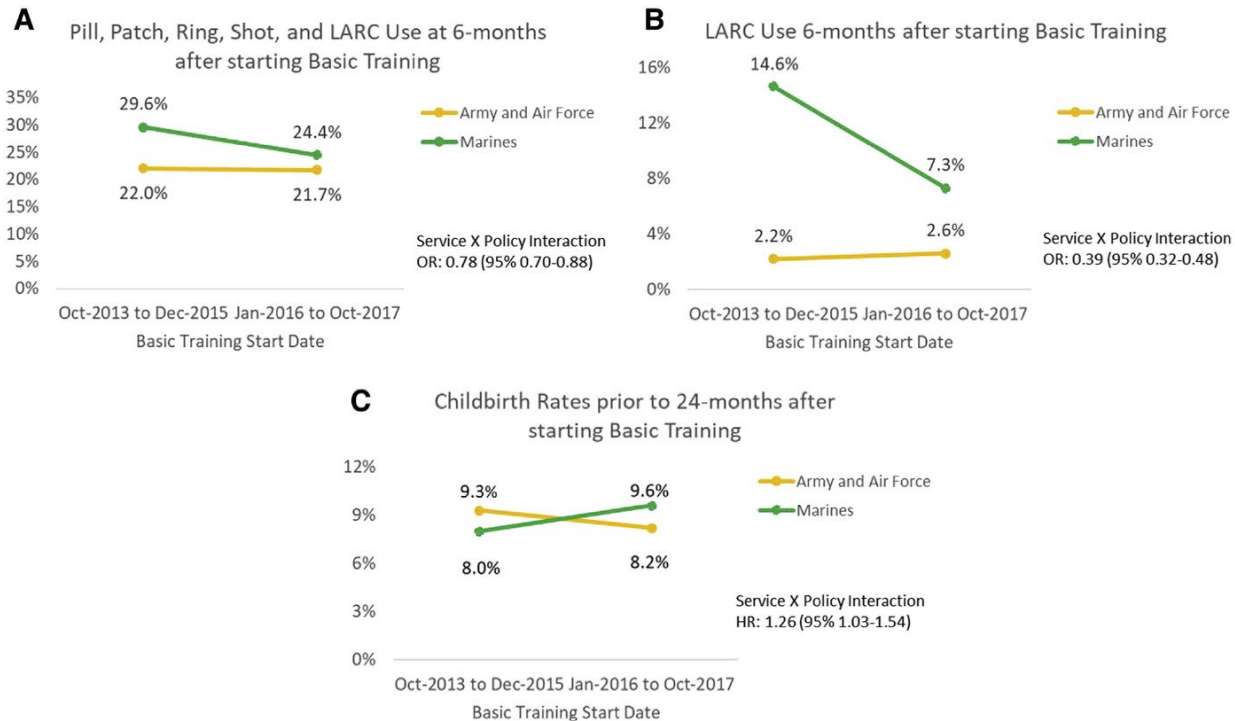
B LARC Use 6-months after starting Basic Training



C Childbirth Rates prior to 24-months after starting Basic Training



Comparison of policy change



Comparison of policy change

- Programs that facilitate access to Long-Acting Reversible Contraception (LARC) increase the use of contraception
- Programs that delay initiation of LARCs have the opposite effect
- Researchers recommend that programs aimed to increased contraceptive use in young adult women need to address access to LARC methods and decrease financial barriers



Contraception



Defense Health Agency

ADMINISTRATIVE INSTRUCTION

NUMBER 6025.09

January 24, 2023

Incorporating Change 1, February 8, 2023

DAD-MA

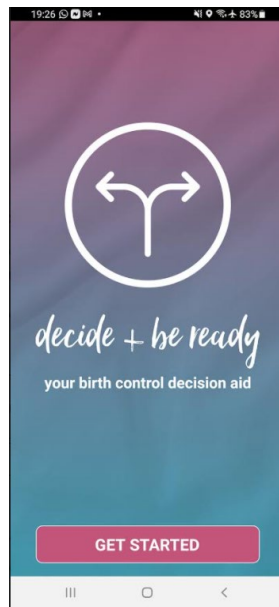
SUBJECT: Walk-in Contraception Services at Military Medical Treatment Facilities

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Patients in Need of Contraception (PINC) at JBSA-Lackland

- Lackland
 - 2 half days per week
- Fort Sam Houston
 - 1 half day per week
- Moreno Clinic
 - 2-3 half days per month



NAME (last, first): _____ FULL SSAN: _____ DOB: _____

CONTRACEPTIVE SCREENING SHEET

SQUADRON: _____ FLIGHT: _____ WEEK OF TRAINING: _____ Tech School? YES / NO Squad: _____

- How old were you when you first got your period? _____
 - Are they normally regular? (occurring every 3-6 weeks) YES / NO
 - How many days does the bleeding last? _____ days
 - How heavy are they? Indicate how many pads/tampons changed on average per day: _____
 - Do you get menstrual cramping that requires medications or impacts your functioning? YES / NO
 - If meds help, which meds do you use? _____
 - Do you experience bleeding between periods? YES / NO
 - Start date of your LAST period: _____
- What reasons do you have for being on (or seeking to start) birth control/hormonal meds? Circle all that apply:

| | | |
|----------------------|------------------|------------------------|
| Pregnancy Prevention | Cycle regulation | Lighten menstrual flow |
| Menstrual cramps | Acne | Other: _____ |
- Are you currently taking a birth control or hormonal medication? YES / NO
- Name of current prescription? _____
 - Have you had any side effects to your current prescription? YES / NO
 - If yes, list: _____
 - Do you want to be prescribed the same similar birth control today? YES / NO
 - Do you have enough with you to last through BMT? YES / NO
 - If yes, STOP and notify technicians
 - If currently using Depo-Provera what is the date of your LAST injection? _____
 - Do you have proof of your last injection? YES / NO
 - Month & Year of FIRST injection: _____
- Do YOU have History of: (Circle all that apply)

| | | |
|---------------------|--------------------------------|--------------------------------------|
| High Blood Pressure | Migraines/Headaches with auras | Blood clots in you or family members |
| Lupus | Breast Cancer/Liver Cancer | Stroke/Heart disease |
- Have you ever had sex? YES / NO
 - Number of partners in the last year? _____
 - Any pregnancies? YES / NO Any births? YES / NO
 - When was the last time you had sex? _____
- List any other Medications you are currently taking: _____
- Indicate any other birth control methods you have used or are currently using (Circle all that apply):

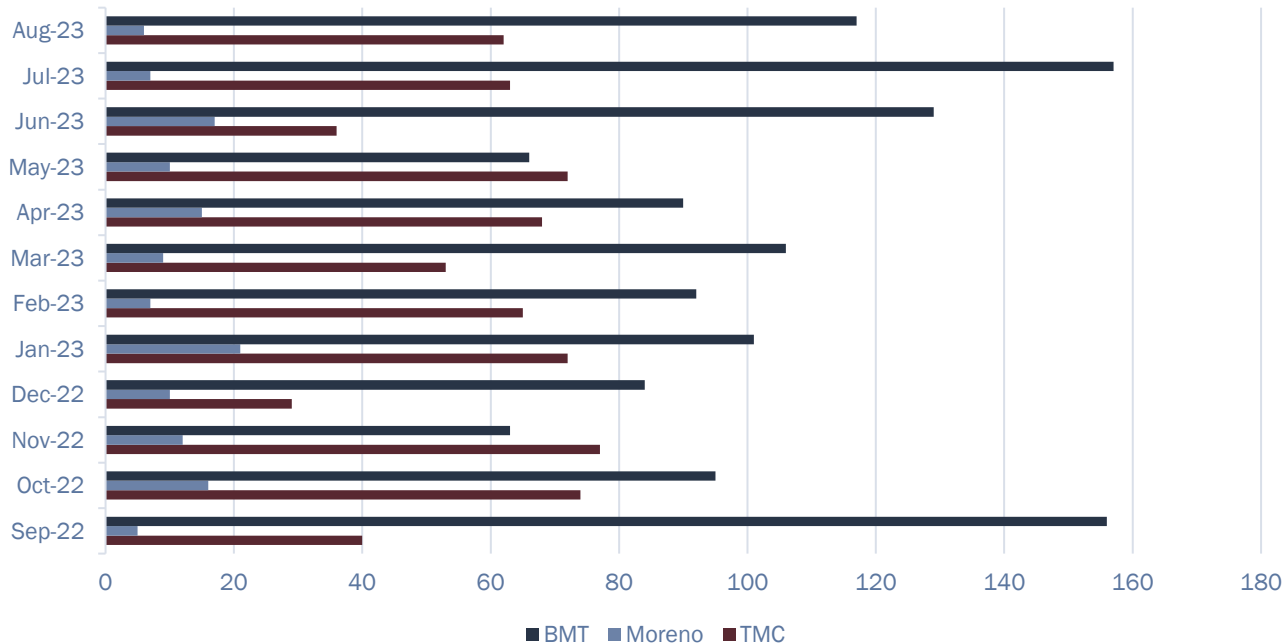
| | | |
|-----------------------|--------------------------------|----------------------------------|
| Withdrawal Method | Transdermal Patch | Diaphragm |
| Oral Contraceptives | Vaginal Ring | Intrauterine Device (IUD) |
| Condoms | Intramuscular Injection (DEPO) | Subcutaneous implant (Nexplanon) |
| Partner had Vasectomy | Tubal Ligation | |

Medical Conditions (i.e.: History of Hypertension, Sickie cell, G6PD, anemia, etc.): _____
 Past Surgical History: _____
 Family History: (i.e.: Diabetes, Cardiac Disease, Hypertension, Cancer): _____



PINC at JBSA-Lackland

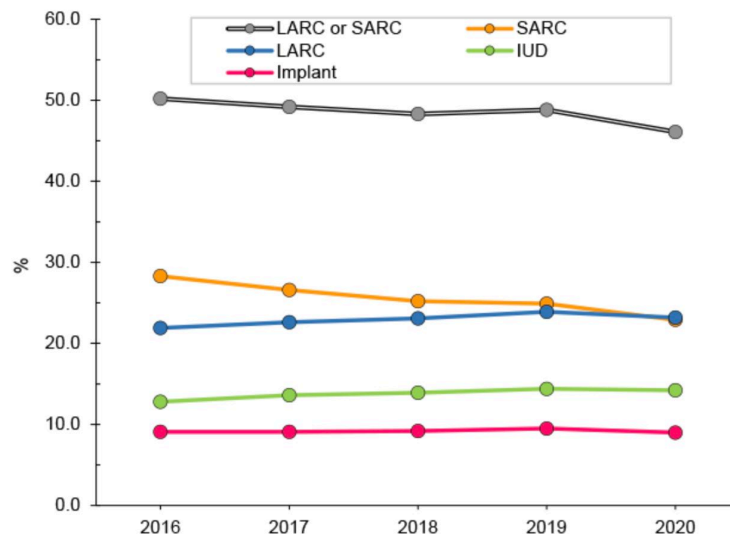
PINC clinics staffed by AYA



Contraception

- LARC use in military servicewomen more prevalent = 23% compared to 10.4% of civilian women
- More likely to be used for women with higher education, aged 20-34, senior enlisted, and “other” marital status
- More common among members of the Navy and Marine Corps followed by the Air Force and Army
- Continuation use higher in those with a college education
 - Also higher use in officers and warrant officers versus enlisted members

FIGURE 1. Annual prevalence of LARC, SARC, IUD, and implant use, female service members, active component, U.S. Armed Forces, 2016–2020



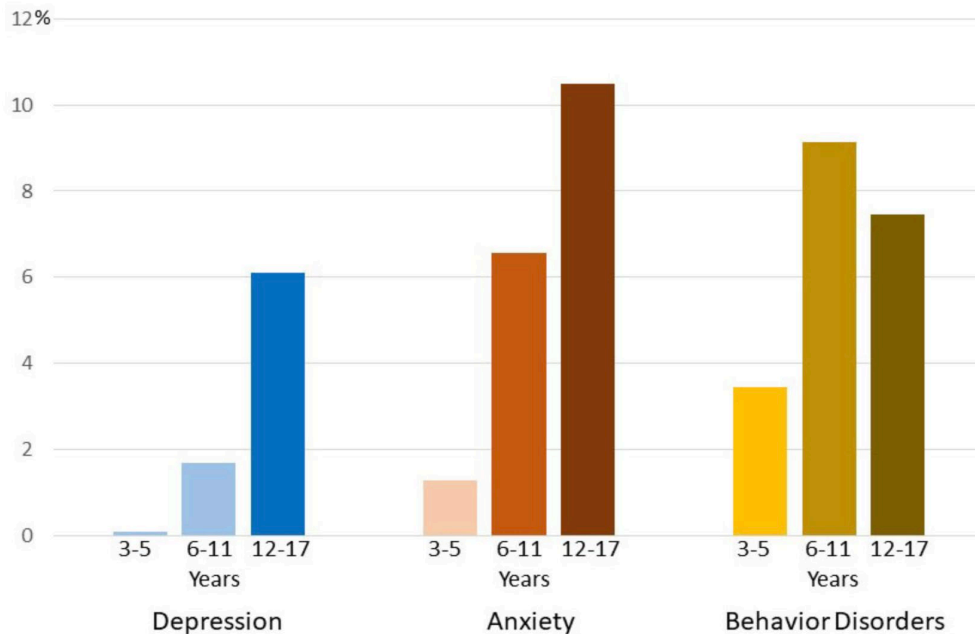
Case #3

- 16 year old female admitted to inpatient psych for SI. She is started on Lamictal and Trazodone and told to follow up with her PC. Mom calls her PCMH and she is booked into a 20 min 24 hour appointment 2 days from today.



Mental health

Depression, Anxiety, Behavior Disorders, by Age



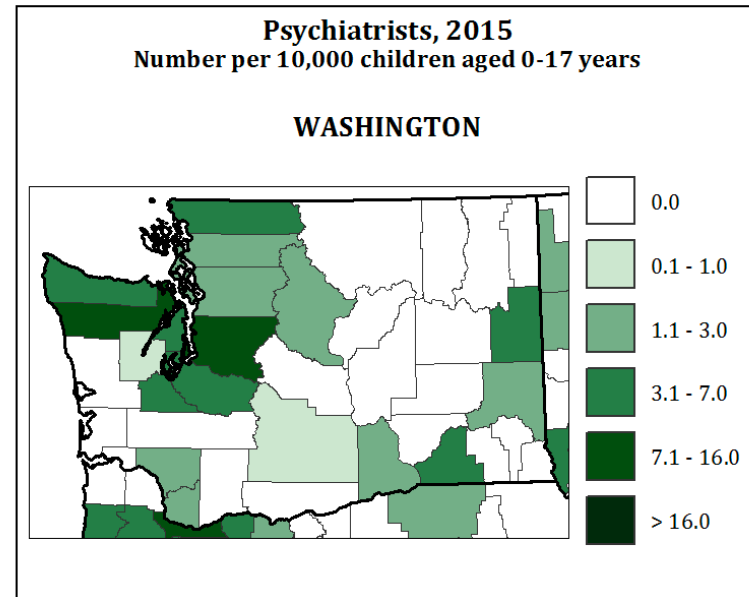
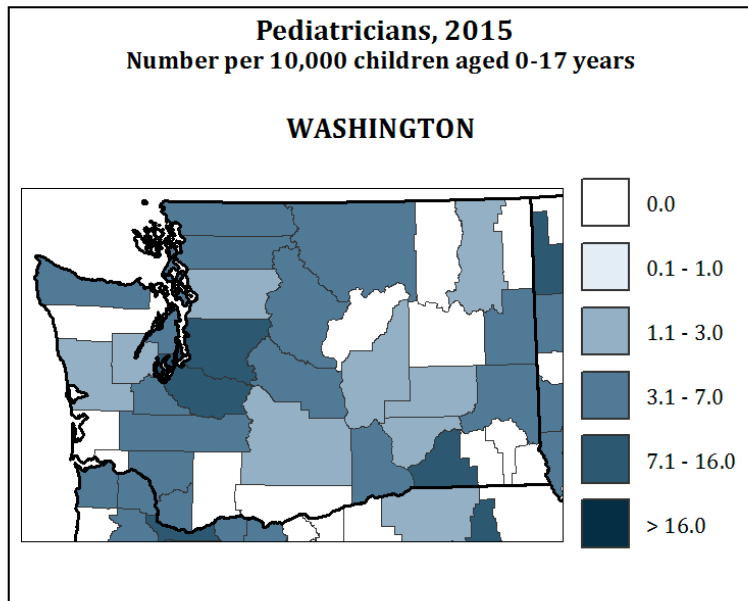
www.cdc.gov



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Psychiatrist per 10,000 Children



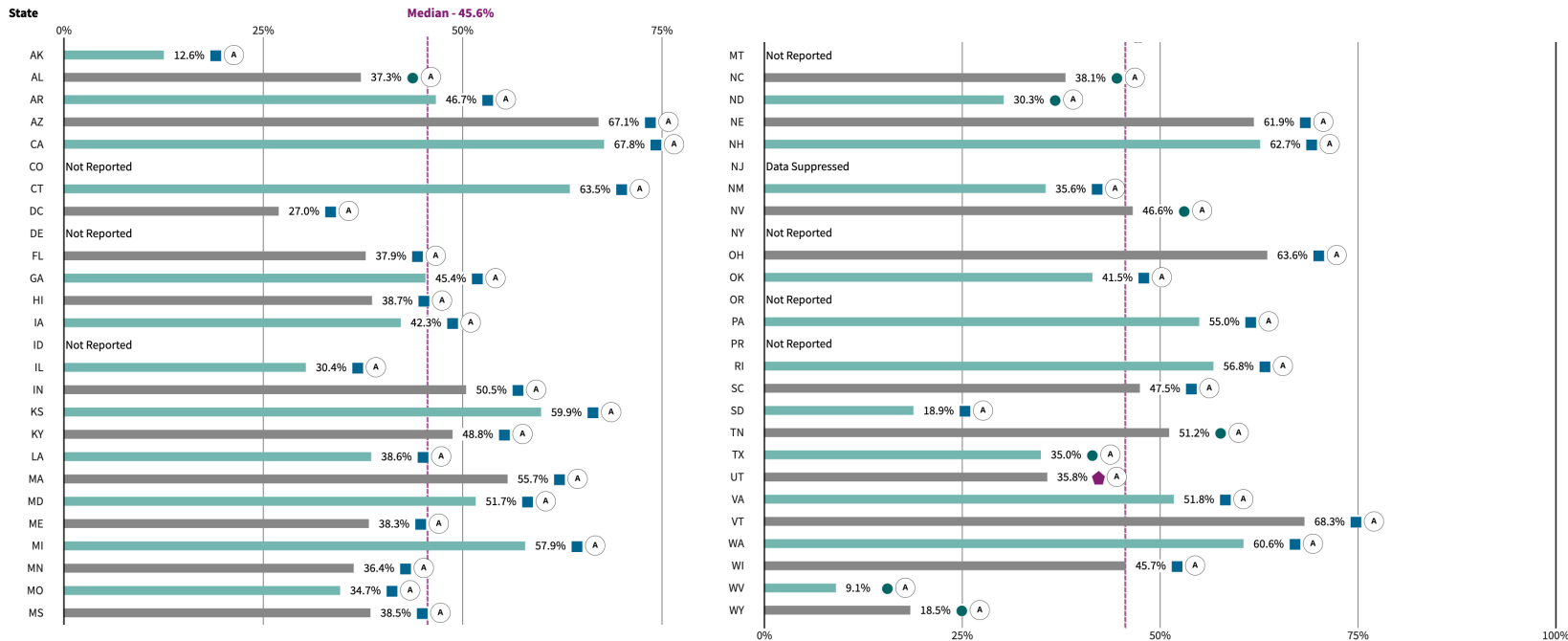
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Follow up in 7 days after inpatient psychiatric discharge



Population

- CHIP only
- Medicaid & CHIP
- Medicaid only

Methodology

State reported using:

- Administrative

Higher rates are better for this measure



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Follow up after inpatient psychiatric admission

- Suicide rate amongst patients recently discharged from psychiatric inpatient facilities is high
- Patients should not be discharged until safety assessment is reassuring
- Discontinuity of treatment is linked to increased risk of suicide



Follow up after inpatient psychiatric admission

- 30-50% of individuals fail to attend aftercare appoint
- Significantly reduced if inpatient team speaks with outpatient provider prior to discharge
 - Does not consistently occur
- Most important for patients without previously established mental health team

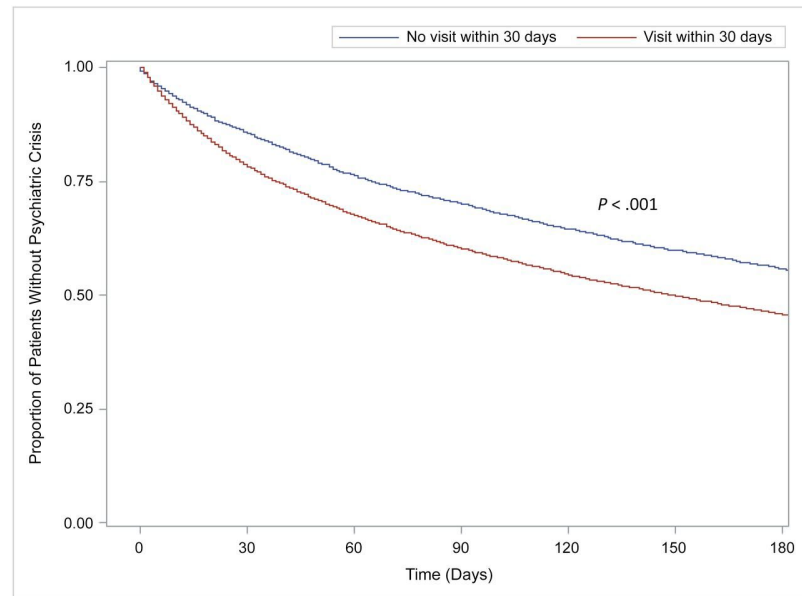
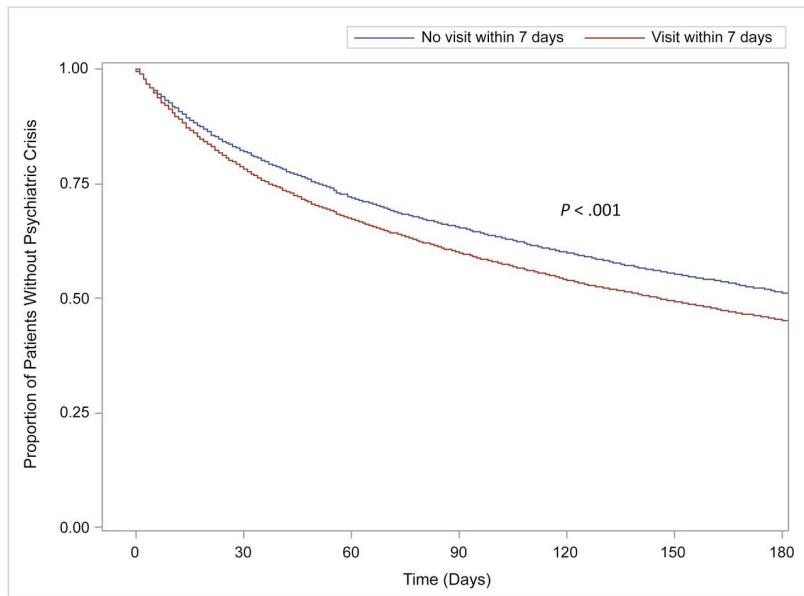


Pediatric psychiatric hospitalization follow up

- 62% had follow up in 7 days, 82.3% in 30 days
- Patients with 7 day follow up had more overall visits in 6 months
- Patients often have psychiatric crisis after discharge
- 22.4% within 1 month and 54.8% in 6 months
- 63% had ED visit and 37% were re-admitted



Pediatric psychiatric hospitalization follow up



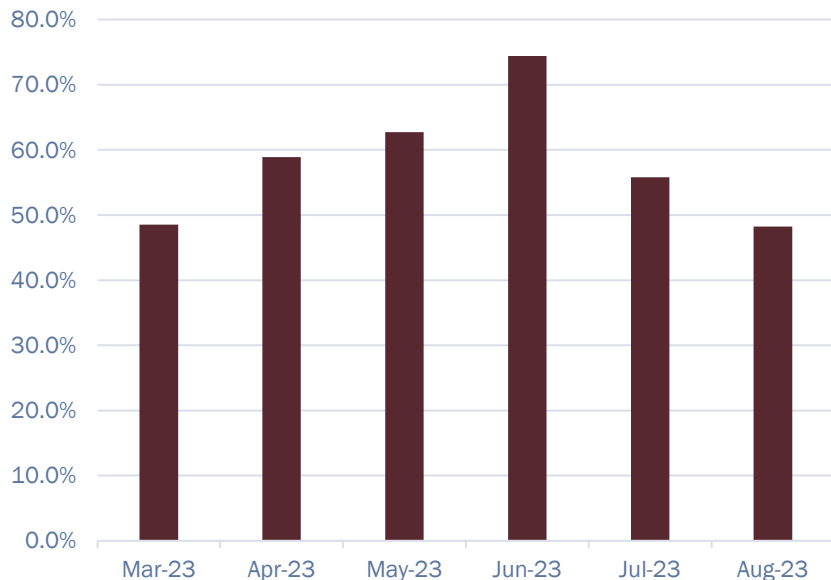
Mental health

- Madigan Army Medical Center (MAMC) network has no Child and Adolescent Psychiatry
- AYAMS is managing adolescents with
 - Treatment resistant depression
 - Bipolar disorder
 - Severe behavioral dysregulation
- Dedicated Emergency Department clinic



Behavioral Health (BH) appointments at MAMC

Percentage of BH appointments



Virtual health with another MTF...

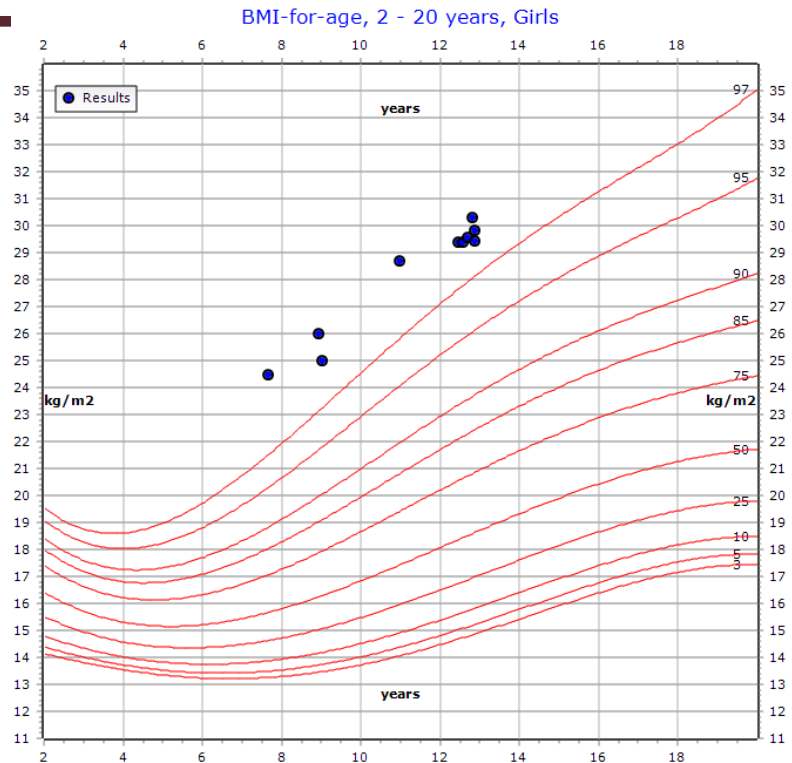
- Adult (under 24) Pediatric (age 12 and up) Active Duty (under 24)

| Diagnosis | SPEC VTC Initial Visit | Follow Up VTC | Special Request for VTC |
|---|---|--|---|
| List any diagnosis you are willing to see virtually | Are you willing to see them on an initial visit? (Yes or No) | Are you willing to see them for follow-up visits (Yes or No) | Vital signs, weight, labs, etc (this helps the nurse presenter prepare for the visit) |
| Mental health (depression, anxiety) | Yes – confirm patient is safe and mentally stable without active SI prior to referral | Yes | Height, weight, vitals PHQ-9 GAD-7 (age 18+) SCARED (age <18) |



Case #4

- 12 year old female presents to primary care for annual physical, no acute concerns today from patient or family.

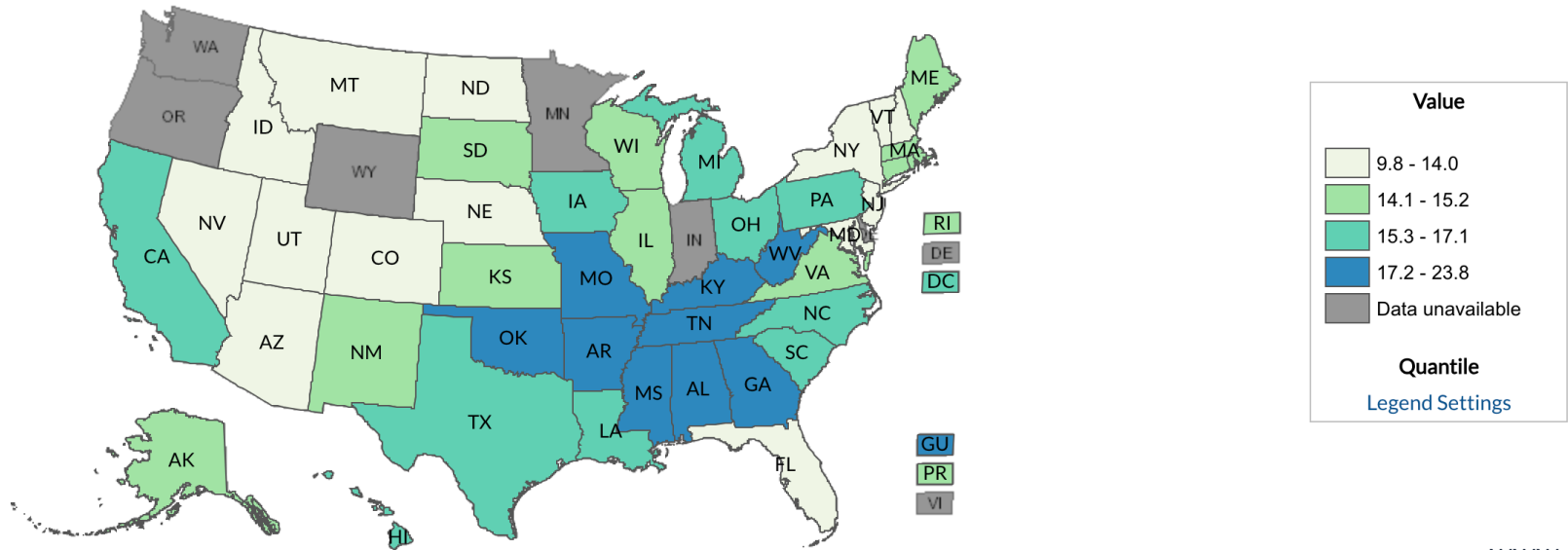


Obesity

2019

Percent of students in grades 9-12 who have obesity †

View by: Total



www.cdc.gov



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Pediatric obesity management clinical guidelines

CLINICAL PRACTICE GUIDELINE Guidance for the Clinician in Rendering Pediatric Care

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity



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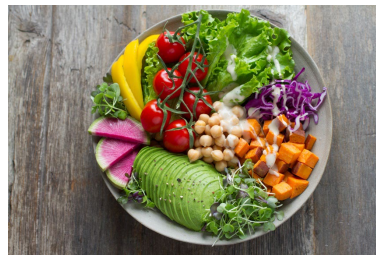
Pediatric obesity management clinical guidelines

- Avoiding weight stigmatization
 - Ask permission to discuss the patient's weight
 - Use person-first language
 - Use neutral words



Pediatric obesity management clinical guidelines

- Assessing dietary intake
 - Eating outside the home
 - Sweet drink consumption
 - Portion size
 - Skipping meals
 - Snack habits
 - Fruit and vegetable consumption
- Assessing physical activity
 - Sedentary time (screen time)
 - Moderate activity (conversational)
 - Vigorous activity



Pediatric obesity management clinical guidelines

| Condition | Obesigenic Medication | Alternative |
|-----------------------------|--|--|
| Allergic rhinitis Asthma | Antihistamines Oral steroids | Nasal steroids Inhaled steroids |
| Depression | Tricyclic antidepressants Sertraline | Wellbutrin Celexa Effexor Lexapro Prozac |
| Migraines | Tricyclic antidepressants Beta blockers Gabapentin | Lamictal Keppra Topomax |



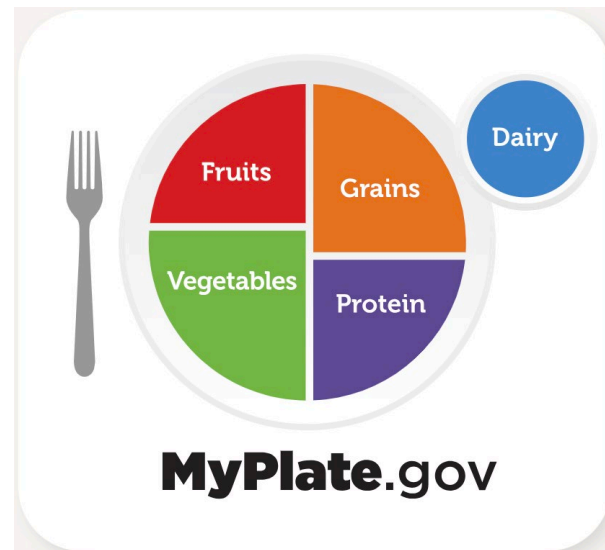
Pediatric obesity management clinical guidelines

- Treatment of pediatric and adolescent overweight and obesity
 - Obesity is a chronic disease
 - Reduce risk for disordered eating
 - Motivational interviewing
 - Intensive health and behavior lifestyle treatment









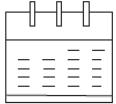





Pediatric obesity management clinical guidelines

- Intensive health and behavior lifestyle treatment
 - Registered Dietitian Nutritionists (RDNs), behavior specialist, exercise professionals
 - Embedded within medical home
 - Be familiar with centers nearby that offer pharmacotherapy and surgery as well



Pediatric obesity management clinical guidelines

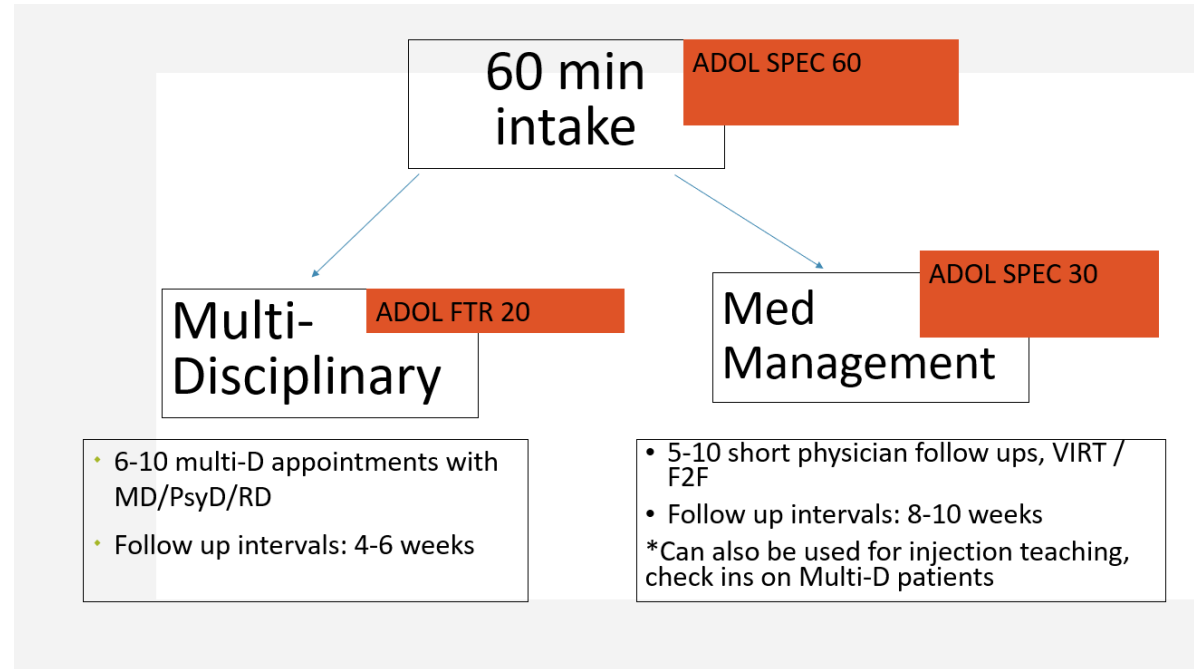
Intensive Health Behavior and Lifestyle Treatment (IHBLT)

| WHO: | WHEN: | WHAT: | WHERE: | DOSAGE: | FORMAT: | CHANNEL: |
|---|--|---|---|--|---|--|
|  <p>Patient and family in partnership with a multidisciplinary treatment team*</p> |  <p>Promptly for child or adolescent with overweight or obesity</p> |  <p>Health education and skill building on multiple topics</p>  <p>Behavior modification and counseling</p> |  <p>Healthcare setting</p>  <p>Community-based setting with linkage to medical home</p> |  <p>Longitudinal treatment across 3-12 months with ideally ≥ 26 contact hours</p> |  <p>Group,</p>  <p>Individual, or</p>  <p>Both</p> |  <p>Face-to-face (strongest evidence)</p>  <p>Virtual (growing evidence)</p> |

* PCPs and/or PHCPs with training in obesity as well as other professionals trained in behavior and lifestyle fields such as dietitians, exercise specialists and behavioral health practitioners

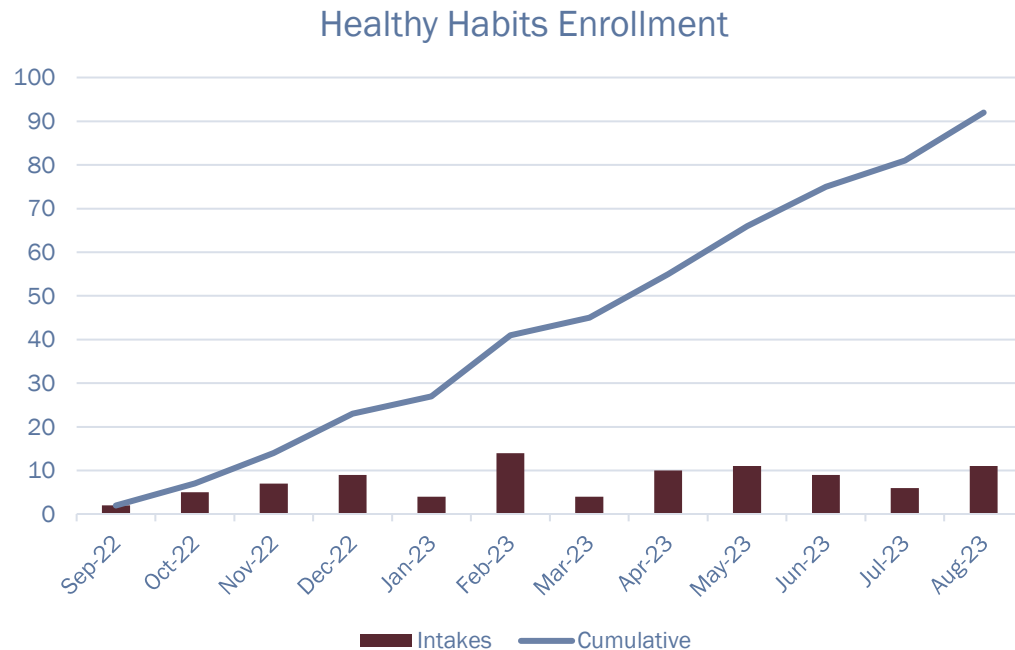
Multidiscipline care team

- Healthy Habits Clinic at BAMC
 - Multi-D approach with American Board of Obesity Medicine (ABOM) physician, dietician, and child psychologist
 - Monthly visits either with physician only or with team



Healthy habits at BAMC

- Open since Sept 1 2022
- Total intakes: ~100
- Current enrollment: ~60
- Est loss of 1,027 pounds
- Anti-obesity medication coverage: \$448,800
- Emphasis on treatment of neurodiverse patients



Telemedicine referrals

Adolescent and Young Adult Medicine Virtual Health Referral Guidelines

The following chart is provided as a guideline for the types of consults that are appropriate for Adolescent Medicine Virtual Health Clinic.

Adult (under 24) **Pediatric (age 12 and up)** **Active Duty (under 24)**

| Diagnosis | SPEC VTC Initial Visit | Follow Up VTC | Special Request for VTC |
|---|--|--|---|
| List any diagnosis you are willing to see virtually | Are you willing to see them on an initial visit? (Yes or No) | Are you willing to see them for follow-up visits (Yes or No) | Vital signs, weight, labs, etc (this helps the nurse presenter prepare for the visit) |

- Menstrual irregularities
- Contraception
- Mental health
- Transgender care
- Acne including Accutane
- PrEP
- Eating disorders
- Headaches
- Concussion



Key Takeaways

- Obesity is a complex and persistent chronic disease that is best managed with an intensive, long-term, and multidisciplinary treatment plan.
- Medical treatment for gender dysphoria is beneficial to patients and supported by major medical societies. Despite limits on accessibility of these treatments, gender diverse youth can be supported with a nonjudgmental, gender-affirming clinical environment, including supporting patient-asserted name and pronouns.
- Long-acting reversible contraceptives are highly effective. Use of LARCs can be increased with programs that emphasize their effectiveness and allow for same day, non-delayed, walk-in contraception



Adolescent Medicine questions

- MHS Genesis – Adolescent Medicine Consult
- Pre-consult questions – Pager 210-266-5928
- Available in Global– Sarah Ditch
sarah.m.ditch2.mil@health.mil
- Questions?



Questions?



Improving Health and Building Readiness. Anytime, Anywhere — Always



References

Bardach NS, Doupnik SK, Rodean J, Zima BT, Gay JC, Nash C, Tanguturi Y, Coker TR. (2020). ED Visits and Readmissions After Follow-up for Mental Health Hospitalization. *Pediatrics*. 2020 Jun;145(6):e20192872. <https://doi.org/10.1542/peds.2019-2872>

Heitmann RJ. (2020). Contraception and Unintended Pregnancy in the Military Healthcare System. *Semin Reprod Med*. 2019 Sep;37(5-06):211-214. <https://doi.org/10.1055/s-0039-3400461>

Hembree, Wylie C. et al. (2017). Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*, Volume 102, Issue 11, Pages 3869–3903, <https://doi.org/10.1210/jc.2017-01658>

Lotridge JA, Stahlman SL, Patel DM, Chauhan AV, Mcquistan AA, Wells N. (2021). Long-acting reversible contraceptive use, active component service women, U.S. Armed Forces, 2016-2020. *MSMR*. 2021 Jul 1;28(7):2-10.

Madsen T, Egilsdottir E, Damgaard C, Erlangsen A, Nordentoft M. (2021). Assessment of Suicide Risks During the First Week Immediately After Discharge From Psychiatric Inpatient Facility. *Front Psychiatry*. 2021 Apr 20;12:643303. <https://doi.org/10.3389/fpsy.2021.643303>



References

Rafferty JR, Donaldson AA, Forcier M. (2020). Primary Care Considerations for Transgender and Gender-Diverse Youth. *Pediatr Rev.* 2020

Sep;41(9):437-454. <https://doi.org/10.1542/pir.2018-0194>

Roberts TA, Smalley JM, Baker LL, Weir LF, Adelman WP.(2020). Influence of military contraceptive policy changes on contraception use and childbirth

rates among new recruits. *Am J Obstet Gynecol.* 2020 Aug;223(2):223.e1-223.e10 <https://doi.org/10.1016/j.ajog.2020.01.060>

Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. (2022). Mental Health Outcomes in Transgender and Nonbinary Youths

Receiving Gender-Affirming Care. *JAMA Netw Open.* 2022 Feb 1;5(2):e220978.

Tyler, E., et al. (2017, March). Behavioral Health Integration in Pediatric Primary Care. <https://www.milbank.org/wp>

[content/uploads/2017/03/MMF_BHI_REPORT_FINAL.pdf](https://www.milbank.org/wp-content/uploads/2017/03/MMF_BHI_REPORT_FINAL.pdf)

United Nations- Department of Economic and Social Affairs. (2022). World population prospects 2022: Summary of results | population division.

United Nations. <https://www.un.org/development/desa/pd/content/World-Population-Prospects-2022>



How to Obtain CE/CME Credits

To receive CE/CME credit, you must register by 0800 ET on 15 September 2023 to qualify for the receipt of CE/CME credit or certificate of attendance. You must complete the program posttest and evaluation before collecting your certificate. The posttest and evaluation will be available through 28 September 2023 at 2359 ET. Please complete the following steps to obtain CE/CME credit:

1. Go to URL: <https://www.dhaj7-cepo.com/content/sep-2023-ccss>
2. Search for your course using the Catalog, Calendar, or Find a course search tool.
3. Click on the REGISTER/TAKE COURSE tab.
 - a. If you have previously used the CEPO CMS, click login.
 - b. If you have not previously used the CEPO CMS click register to create a new account.
4. Follow the onscreen prompts to complete the post-activity assessments:
 - a. Read the Accreditation Statement
 - b. Complete the Evaluation
 - c. Take the Posttest
5. After completing the posttest at 80% or above, your certificate will be available for print or download.
6. You can return to the site at any time in the future to print your certificate and transcripts at: <https://www.dhaj7-cepo.com/>
7. If you require further support, please contact us at: dha.ncr.j7.mbx.cepo-cms-support@health.mil

