Liver Disease in the Adolescent



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KEYWORDS

• Adolescent • Liver disease • Nonalcoholic fatty liver disease • Hepatitis

KEY POINTS

- There are challenges that must be addressed to effectively care for, not only liver disease in the adolescent but also the patient as a whole.
- Evaluation of an adolescent with new-onset liver enzyme abnormalities should be individualized based on the patient's history and physical exam, but there are a few diseases that need to be ruled out for any adolescent with elevated liver enzymes.
- Due to the development changes occurring in adolescence, monitoring for adherence, risk-taking behaviors, and signs of psychological diseases, such as anxiety and depression, is imperative when caring for an adolescent with liver disease.
- Transition of care to adult-centered care is a continuous process throughout adolescence and should incorporate interventions to promote self-management skills and adherence.

CARING FOR ADOLESCENTS WITH LIVER DISEASE

Adolescence is a unique and sometimes challenging time in a young person's life. This time marks the transition from childhood into adulthood and is exemplified by cognitive, psychosocial, and emotional development, as well as physical and pubertal growth. Furthermore, adolescents are trying to gain independence and create a secure identity during this critical time. However, unparalleled growth of physical, cognitive, and psychosocial development may limit the adolescent's ability to perceive or judge risk appropriately. Fig. 1 depicts the interdependence between the developmental achievements in adolescence.

Cognitive development during adolescence not only includes the development of more advanced reasoning skills and the ability to think abstractly but also the capacity to think about how others perceive them. As a result of this formal operational thought

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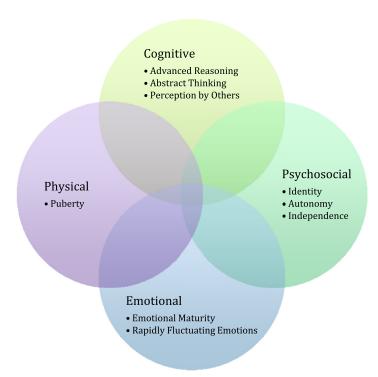


Fig. 1. Adolescent developmental achievements.

process combined with rapid emotional and physical changes during puberty, many youth start to think that everyone is thinking about them, so as to develop an imaginary audience. This thinking can be harmful to an adolescent with a chronic illness or new-onset illness, especially liver disease. A young person may try to deny or hide their illness because they fear the imaginary audience (peers) may find out about their illness, or the adolescent may try to prove the condition does not exist.² Because the audience is very real to the adolescent, the clinician must be sympathetic and find solutions to not only address the health care needs of the patient, but also the social needs.

The psychosocial development that occurs during adolescence includes establishing an identity and developing autonomy. As an adolescent explores their identity they may experiment with a variety of behaviors, activities, and peer groups, including risk-taking and dangerous behaviors.³ For a patient with liver disease, some of these risk-taking behaviors may involve an increased risk because of the underlying disease. It is also during this period that patients may start presenting signs and symptoms of psychological diseases, such as anxiety and depression. Adolescents put such an emphasis on relating to and fitting in a peer group, that having a chronic liver disease and being different may cause symptoms of anxiety or depression. Therefore, it is essential for every adolescent with liver disease to have an established medical home that not only provides anticipatory guidance and health advice to the parents and patient, but also interventions as needed and an open dialogue with the adolescent.⁴

The development of independence is a gradual process for a young person and a time when the peer group influence grows stronger and they are less interested in

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