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OPTIMISTIC BIAS IN ADOLESCENTS WITH HEMOPHILIA Jeff Kamler, Charles E. Irwin, Jr., George Stone, Susan G. Millstein, University of California, San Francisco, Departments Pediatrics and Psychiatry, San Francisco

A general view of adolescents holds that they perceive themselves as invulnerable to harm, being at less risk than peers for a negative outcome from a designated behavior. This study investigated factors which may be associated with this bias in an adolescent hemophiliac population. It was hypothesized that adolescents would demonstrate an optimistic bias, which would vary depending upon the comparative reference group and the relevance of the health risk items to their disease. Subjects were 56 adolescent hemophiliacs from 10-19 yrs. ($\bar{X}=13.75$ yrs, $S.D.=2.17$) who were at camp. The protocol asked them to make comparative risk judgments (i.e., the likelihood of a negative outcome) on a list of health related items using 2 different reference groups (other boys in same grade [A], other boys with hemophilia [B]). Items were either DISEASE-RELEVANT (REL=car accident, fistfight, hiking, sports, bike/skateboard, ankle/knee, swimming) or GENERIC (GEN=marijuana, alcohol, flu, caries). Results demonstrate a bias. The optimistic bias differed depending upon the comparative reference group (bias [B], $p<.0001$; bias [A], nonsignificant) and varied with respect to the relevance of items to hemophilia (GEN [A]&[B], $p's<.001$; REL [B], $p<.001$; REL [A], nonsignificant). These adolescent hemophiliacs acknowledged that their risk for negative outcomes was greater when comparing themselves to others [A] on only 3 of the REL items, yet when they compared themselves to other hemophiliacs [B] they were optimistically biased on 8 of 11 items (i.e., "it won't happen to me"). The concept of the invulnerable adolescent may be disease and reference group specific.

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DYSURIA: WHO NEEDS A PELVIC EXAMINATION? J. Meegan, A. Joffe, M. BenDebba (Spon. by C. DeAngelis), Johns Hopkins and U. of Maryland Depts. of Peds., Baltimore.

Studies in populations where infections of the genital tract (GTI) are more prevalent than those of the urinary tract (UTI) suggest that pelvic examinations must be included in the evaluation of all women presenting with dysuria. In these populations, symptom information and general physical findings alone do not adequately distinguish between the two sites of infection. However, in populations where UTI are more prevalent, practitioners frequently omit pelvic exams and make management decisions on the basis of clinical findings. Empirical evidence to support this practice is lacking. Our study was designed to determine whether clinical findings can discriminate between UTI and GTI in a population with a high prevalence of UTI. We evaluated 118 women presenting to a College Health Service with dysuria. For each patient, data on GU symptoms, medical, and sexual history were obtained; a physical and pelvic exam, and standard laboratory evaluation were performed. Based on microbiological results, a diagnosis was established for 72.5% of cases: 33.7% pure UTI, 18.4% pure GTI and 20.4% mixed UTI-GTI. Clinical data for the three groups were compared using standard univariate statistics. Significant differences ($p<.05$) between pure UTI and pure GTI were obtained for vaginal discharge, itching, hematuria, and pyuria. No differences were found between pure UTI and mixed UTI-GTI. These data suggest that traditional clinical data alone cannot adequately discriminate between pure UTI and other GU infections. Even in populations with a high prevalence of UTI, pelvic exams may be important in evaluating dysuria.

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ETHNIC DIFFERENCES IN PATIENT-PROVIDER INTERACTIONS IN PRENATAL CARE. Fernando S. Mendoza, Iris F. Litt, Nancy Moss, Elizabeth Brown, Helena C. Kraemer, Abe DeAnda. Stanford University, Department of Pediatrics, Stanford, California.

Prenatal care has been shown to be effective in improving the outcome of pregnancy among adolescents. However, little is known about the interactive process between the prenatal care provider and the adolescent, as well as how the process may be influenced by ethnicity. This study examined 191 patient-provider interactions among 110 pregnant adolescents (32 Anglo, 42 Mexican-American, 36 Mexican), ages 14-17 years, at their second and/or third trimester prenatal visit. Patient-provider encounters were audiotaped, and coded by a modified Roter Interaction Analysis including content and duration. Factor analysis was used to obtain summary measures, and non-parametric analyses were used for comparisons. It was found that the average total time of provider contact was 8.7 min. with the provider speaking 3.9 min. and the patient 1.4 min., with the only significant ethnic difference being in patient speaking time. Of these interactions, 43% addressed medical issues only, 32% included health education, and social issues were included in 25%. There were no ethnic differences in content. Analysis of the interaction process showed that Mexican adolescents received less provider conversation ($P<.0001$) and gave less patient conversation ($P<.01$) than Anglo or Mexican-Americans. Anglo adolescents had more interactive conversation than either Mexican-Americans or Mexicans ($P<.0001$). These findings support the hypothesis that the process of prenatal care is affected by the patient's ethnicity.

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LOW GROWTH HORMONE (GH) DUE TO DEFECTIVE ADRENERGIC RESPONSIVENESS IN ANOREXIA NERVOSA (AN), AN EARLY HYPOTHALAMIC DEFECT. M. Nussbaum, I.R. Shenker, S. Blethen, F. Chasalow, J. Feldman, State University of New York at Stony Brook and the Schneider Children's Hospital of Long Island Jewish Medical Center, Department of Pediatrics, New Hyde Park, New York.

We studied GH levels in 18 adolescents with AN (12-20 yrs). Our patient population differs from others studied in that our patients are younger and at an earlier stage of the disease (12 with symptoms of 1 year or less). Mean weight was 77.8 ± 11.4 lbs. and mean height was 61.8 ± 3.3 in. All had amenorrhea (4 primary and 11 secondary). Cerebral atrophy was present in 15 of 18. The mean basal level of GH (2.3 ng/ml) was comparable to that in 10 adolescent female controls (4.1 ng/ml). A low basal GH level in AN patients contrasts to other studies which report abnormally high basal GH levels in some patients. A blunted GH response (<10 ng/ml) to clonidine stimulation was noted in 15 of 18 (83%) patients. The mean maximum GH response to clonidine was 6.0 ng/ml. There was an inverse correlation ($r=-.42$) between GH response and weight loss ($p<.05$). These low GH responses could account for our previous findings that a disproportionate number of patients with AN are short. In view of other studies which report an elevated response of GH to GRF, our results suggest that the abnormalities in GH secretion result from an abnormal hypothalamic response to adrenergic stimuli. Low GH responses to stimuli and cerebral atrophy both correlate best with acute weight loss and are therefore findings expected in the early phase in the disease. Other reports of high GH levels may reflect changes as AN becomes chronic.

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STRUCTURE OF PROBLEM BEHAVIORS IN YOUNG ADOLESCENTS. Donald P. Orr, Catherine J. Brack, Steven P. Rauch, Indiana University Medical Center, Indianapolis, IN

The syndrome of problem behaviors (problem drinking, illicit drug use, delinquent-type behavior and precocious sexual intercourse) has been demonstrated among older adolescents and college students. To determine if this complex of behaviors is present in early adolescence, 709 junior high students were surveyed. 50% were male; the mean age was 13.5 yrs. 77% were white. All Hollingshead socioeconomic groups (SES) were represented. The prevalence of health damaging behaviors increased with age ($p<.001$), e.g. 23% of 12 yr olds and 71% of 15 yr olds reported intercourse. Principal axis factor analysis with varimax rotation confirmed the presence of 2 behavioral clusters: (1) problem behaviors (PROB) and (2) psychological symptoms (PSYCH). Both factors were independent of race and SES. PSYCH were more common among girls ($p<.001$) and PROB were more common among boys ($p<.001$). Self-esteem and PSYCH ($r=-.412$; $p<.001$) but not PROB were significantly correlated. This data confirm that the syndrome of problem behaviors is a stable construct among young adolescents and suggest that lowered self-esteem is not etiologically involved in the origin of health damaging behaviors.

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KNOWLEDGE AND CONCERNS ABOUT AIDS AMONG ADOLESCENT PATIENTS WITH HEMOPHILIA. Kim J. Overby, Iris F. Litt Stanford Univ., Dept. of Ped., Stanford, CA; Bernard Lo, UCSF, Dept. of Int. Med., San Francisco, CA.

Little research has focused on the psychosocial issues faced by children at risk for AIDS. We describe the knowledge and concerns about AIDS and their relationship to certain behaviors among adolescents with hemophilia. Twenty-six patients, age 13-19, participated in this study. Information was obtained through the use of a confidential self-administered questionnaire and semi-structured interview. The Beck Depression and Spielberger State/Trait Anxiety Inventories were also administered. All subjects demonstrated a high level of factual knowledge about AIDS. We found no correlation (Spearman Rank) between the degree of expressed concern about AIDS and the subject's age or hemophilia severity. Participants frequently verbalized feelings of fatalism or invulnerability with regard to their own risk of acquiring AIDS. Fifteen percent of subjects used less clotting factor and 31% abstained from or decreased their sexual activity because of their concerns about AIDS. Among the 35% who were currently sexually active, all were aware of the importance of using condoms, yet only 11% were consistently doing so. The data from this study suggest that adolescents with hemophilia are dealing with a variety of AIDS-related concerns, and that educational programs should focus not only on factual information, but also on the social and situational pressures confronting these teenagers, which may be more immediate determinants of their behavior and well-being.