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TEEN SUICIDE**S. Radfar¹, M. Radfar²**

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When a Teen suicide commits suicide, everyone is affected. Family members, friends, teammates, neighbors, and sometimes even those who didn't know the teen well might experience feelings of grief, confusion, guilt — and the sense that if only they had done something differently, the Teen suicide could have been prevented. The reasons behind a teen's suicide or attempted suicide are often complex.

Teen suicide is the third-leading cause of death for 15- to 24-year-olds, according to the Centers for Disease Control and Prevention (CDC), surpassed only by accidents and homicide.

It's important to understand how Teen suicide rates are different for boys and girls. Girls think about and attempt suicide about twice as often as boys, and girls tend to attempt suicide by overdosing on drugs or cutting themselves. Boys die by suicide about four times as much as girls, perhaps because they tend to use more lethal methods, such as firearms, hanging, or jumping from heights.

A Teen suicide with an adequate support network of friends, family, religious affiliations, peer groups, or extracurricular activities may have an outlet to deal with everyday frustrations. But many teens don't believe they have that, and feel disconnected and isolated from family and friends. These teens are at increased risk for Teen suicide.

Suicide among teens often occurs following a stressful life event, such as a perceived failure at school, a breakup with a boyfriend or girlfriend, the death of a loved one, a divorce, or a major family conflict.

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A SYSTEMATIC REVIEW OF INTERVENTIONS TO IMPROVE ADHERENCE TO MEDICINES IN ADOLESCENT PATIENTS**N.M. Salema¹, R.A. Elliott¹, C. Glazebrook²**

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Background and aims: Although adolescents have been identified as the most non-adherent patient group, the effectiveness of efforts employed to combat non-adherence to medicines, the key contributor to treatment failure, have not been systematically assessed. Extrapolating results from previous reviews spanning various patient ages is difficult due to this groups distinct developmental challenges. This review was undertaken to explore the effectiveness of adherence enhancing interventions (AEIs) aimed at improving medication adherence in adolescents on long term treatment.

Methods: Seven databases were searched to identify concurrent controlled and RCTs of AEIs studies published between 1984-2009, specifically targeted at adolescents. Data extracted were analysed and presented qualitatively.

Results: Twenty studies were identified from the original 22,784 citations. Fifteen were US based and eleven targeted diabetic patients. Consideration of the developmental stages differentiating groups of adolescents was not always evident. Interventions employed were complex and utilised various adherence definitions and measures. Methods to improve adherence included increasing the acceptability of the drug formulation; improving access to care; engaging the support of family and system at large; and by empowering patients through teaching problem-solving skills. The effects of the interventions were mixed with a few studies failing to improve treatment adherence or health care outcome.

Conclusions: To some extent interventions to improve medicine adherence in adolescents have achieved their purpose. However owing to the dissimilarity of interventions no one intervention can be considered superior. Future attempts to improve adherence to medicines need to be developed against the backdrop of the developmental pressures facing adolescents.