Far from acceptable: youth-reported risk behaviour screening by primary care physicians

# Details

## DOI

10.1093/fampra/cmaa068

## Issued

2020

## Language

English

## Volume

37

## Issue

6

## Start Page

## End Page

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## Type

Journal article

## Journal

Family Practice

## Publisher

Oxford University Press (OUP)

## Sample

1970 youths aged 17–26 in Switzerland

## Implications For Policy Makers About

Stepping up awareness and empowerment

## Implications For Stakeholders About

Healthcare

# Abstract

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Background
Adolescence and early adulthood are periods of experimentation during which health detrimental behaviours might be acquired.
Objective
This study’s purpose is to evaluate physicians’ likelihood of addressing health risk behaviours with youths depending on the youths’ wishes, risk behaviours and personal characteristics.
Methods
Data were drawn from the third wave (2017–18) of the GenerationFRee longitudinal study carried out on a sample of 1970 youths aged 17–26 in Switzerland. Analysed risk behaviours were: eating disorders, substance use, emotional wellbeing, problematic Internet use and gambling. Bivariate and multivariate analyses were performed, results are presented as adjusted odds ratios (aORs).
Results
Physicians discussed most risk behaviours with less than half of the youths. The odds of addressing risk behaviours were seldom raised when the risk behaviour was present, or when the youth wished to discuss it. Emotional wellbeing was addressed with half as many males as females (aOR 0.47), and drugs were found to be addressed more frequently with youths reporting a low family socio-economic status (aOR 6.18). When a risk behaviour is addressed it is mostly alongside an extended screening.
Conclusions
This study confirmed the low levels of health risk behaviours screening, regardless of the youths’ wish to discuss the topic with their physician. Despite the low levels, physicians do tend to screen systematically, especially when discussing substance use. There is a need to improve physicians training in risk behaviour screening and counselling in order to increase this practice.

# Outcome

Adolescents' wish to discuss problematic internet use with their physician doesn't rise the probability of them addressing it.