Title  Demography of adolescent Health care delivery and training in Europe

Team  Oya Ercan (Turkey)
      Mujgan Alikasifoglu (Turkey)
      Ethem Erginoz (Turkey)
      Jan Janda (Czech Republic)
      Pavel Kabicek (Czech Republic)
      Armido Rubino (Italy)
      Andreas Konstantopoulos (Greece)
      Ozdemir Iltet (Turkey)
      Mehmet Vural (Turkey)

Objective
We aimed to determine the status of and factors associated with adolescent health care delivery and training in Europe on behalf of the European Paediatric Association—UNEPSA.

Description

Materials and methods
A questionnaire was mailed to the presidents of 48 national paediatric societies in Europe. For statistical analyses, non-parametric tests were used as appropriate.

Results
Six of the countries had a paediatric (PSPCA), 14 had a combined and nine had a general practitioner/family doctor system for the primary care of adolescents (GP/FDSA). Paediatricians served children 17 years of age or older in 15 and 17, up to 16 years of age in three and six, and up to 14 years of age in six and six countries in outpatient and inpatient settings, respectively. Fifteen and 18 of the countries had some kind of special inpatient wards and outpatient clinics for adolescents, respectively. Twenty-eight of the countries had some kind of national/governmental screening or and preventive health programmes for adolescents. In countries with a PSPCA, the gross national income (GNI) per capita was significantly lower than in those with a GP/FDSA, and the mean upper age limit of adolescents was significantly higher than in those with the other systems. In the eastern part of Europe, the mortality rate of 10–14 year olds was significantly higher than that in the western part (p=0.008). Training in adolescent medicine was offered in pre-graduate education in 14 countries in the paediatric curriculum and in the context of paediatric residency and GP/family physician residency programmes in 18 and nine countries, respectively. Adolescent medicine was reported as a recognised subspecialty in 15 countries and as a certified subspecialty of paediatrics in one country. In countries with a PSPCA, paediatric residents were more likely to be educated in adolescent medicine than paediatric residents in countries with a GP/FDSA.

Conclusion
The results of the present study show that there is a need for the reconstruction and standardisation of adolescent health care delivery and training in European countries. The European Paediatric Association—UNEPSA could play a key role in the implementation of the proposals suggested in this paper.

Publication
For a full review of the project please refer to the article published in the European Journal of Pediatrics, 2008, July (Epub ahead of print)
Link:  http://www.springerlink.com/content/j871416r32v6h742/