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Children are Different, Adolescents More So

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Why would a person drive hours or fly even further distances to see a pediatric gastroenterologist, bypassing the offices of the equivalents adult specialists along the way? Are these people insane? No, they are parents with their children and adolescents in tow. Many have actually been referred by those adult gastroenterologists who realize the importance of the physicians who have been specially trained in, and are specifically devoted to the care and treatment of children or adolescents and their families.

The underlying reason is that children (and adolescents) are different. While the intestinal findings of Crohn's Disease and colitis are similar for adults and children, the complications, and treatment may not be. Two issues predominate: growth and development. And these are specific areas that pediatric gastroenterologists focus on as part of comprehensive care for Crohn's and colitis patients, care that must extend beyond the intestine. This begins a series of articles that will explore the distinctions and the special needs of the young IBD patient.

Growth and Physical Development:

Children are not miniature adults. The major difference is most apparent in the myriad of ways in which our youth grow and develop. At issue for every one of the children and adolescents with Crohn's disease is the interruption of that process, since we know that as many as thirty percent of these young patients can have growth impairment. Children with Crohn's and other chronic illnesses are often delayed in the onset of their sexual characteristics. Getting through adolescence is difficult enough when events occur in the usual sequence, but when this is protracted and interrupted, the emotional consequences understandably have the children and their families worried and upset.

As a result, the pediatric gastroenterologist and his/her office staff are routinely monitoring various growth indices and sexual development. Height and weight are the most obvious parameters, which then have to be compared to a child's growth potential and the family's growth pattern. Often, a more significant calibration is the rate at which a child or adolescent is growing—particularly the adolescent with Crohn's disease or colitis. Therapies are then selected in order to least impede growth, with considerable attention devoted to the appropriate selection of medication and nutritional options. This



then allows the physician to reassure the patient and parents, when possible, that optimum growth and development will occur.

Emotional Development:

A child matures emotionally along with, and in part, because of his or her physical changes. Gradually every child becomes more self aware, realizing and reacting to his or her relationships with other family members, peers, and the opposite sex. School becomes an important place for the child to expand a burgeoning self image as well as his or her knowledge about the world.

Over time, the child with Crohn's or colitis will face enormous numbers of complex emotional issues. The pediatric gastroenterologist must be able to assist his or her patient in coping with these struggles. A simple question "How's school?" may be framed to catch nuances about whether a child has been too sick to attend, able to function once there, and accepted by the other children—with a direct discussion following that lead.

The pediatric gastroenterologist has his or her patient in mind with every mind in every aspect of clinical practice. The office is designed to appeal to children, adolescents, and their families. The office staff is usually one that cares deeply, supports and participates with their young clients as well as their families. Parents' questions often mask unspoken anxiety concerning their child's illness, and they have to be answered with sensitivity and purpose.

Too, an inpatient or outpatient hospital experience is understandably more threatening to a child or adolescent than it is to an adult. Blood drawing, x-rays, and endoscopies may be of concern to an adult, but monumental to some younger patients—physically and emotionally. Children and adolescents often require more sedation for their body size than adults do, when having procedures, and they may have longer recovery times afterwards. Their stay in the hospital can be devastating and further interfere with their schooling and self esteem.

These issues of growth and development are important and unique to childhood, though for the Crohn's and colitis patients, they may extend into their early adulthood, when growth and maturation are complete. Thirty percent of all new cases of Inflammatory Bowel Disease are children, with now an estimated 200,000 patients under eighteen years of age suffering from Crohn's disease and colitis. They need and deserve special attention, often by a pediatric gastroenterologist.