

mortality of young adults (aged 15 to 25 years of ages) with a mean follow-up period of 5 years [6]. This research found a three-fold increase in mortality over what would have been expected for such young persons; this rise in death was not from ketoacidosis or hypoglycemia per se but from psychosocial/mental health factors: drug overdose and substance abuse. The fact that they lived years after their diabetes mellitus diagnosis suggests they were taught how much insulin to take and what kind of food to consume. What then happened to them? What role should primary care and subspecialty physicians have in this regard?

Caring for Youth with Chronic Illness in the 21st Century: The Clinician's Duty

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Editorial

Adolescence is a complex period of life that bridges childhood and young adulthood. It can be a frustrating experience for parents as they watch their child develop into a growing human being who can be struggling with normal drives of emancipation and self-directed thinking. The combination of chronic illness and depression in adolescents can be deadly, not only during adolescence, but also later in life. In addition, the combination of chronic illness, acute/chronic depression, and experimentation/abuse of illegal drugs can complicate this picture even more leading to higher death rates in these individuals. One way to break this cycle is to help adolescents understand that self-concept can be a challenge for some youth making it critical that medical teams be available to identify such problems and provide targeted interventions. The era of adolescence, chronic illness, and low self-esteem is a deadline one, especially if significant symptoms of depression develop.

Adding to the complexity of caring for youth is that teenagers can develop opinions that may be deleterious to their health. It is not, however, prudent to abandon them when these experimenting patients need our help the most! For example, studies note that one-third of youth have chronic illness (i.e., epilepsy, asthma, cancer, diabetes mellitus, others) [2] and some can be life-threatening if modern principles of medicine are not followed. Clinicians caring for youth: what are the principles of caring for these youth? If a

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What we are learning in the 21st century is that depression in adolescents can carry over into adulthood with devastating results if the depressed teenager does not commit suicide during the teenage years. A recent study by New Zealand physicians and associates gives us more insight into this potential chronicity of depression [7]. Data from the United States National Institutes of Mental Health published data from 2014 which concluded that 2.8 million adolescents aged 12 to 17 years of age had at least one major depressive episode. The data also indicated that while 10 to 15% had some depression symptoms at any one time, 5% had major depression at any one time, 83% had depression for at least one year of a time, and 2% of youth had a milder form of depression called dysthymia [8].

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conducted on a regular basis. Whose responsibility is this? The entire medical team including all clinicians involved in their care: both primary care and subspecialists! Some clinicians will say they have no