Case Report

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Common Illness with an Uncommon Course- In Adolescents use HEADSS

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ABSTRACT

Adolescence is a period of emotional instability, during which high risk behavior including experimentation with drugs is common. Clinical manifestations of substance abuse and its withdrawal may mimic common illnesses. We report an adolescent who presented with acute dysentery with an unusual course. HEADSS screening revealed psychosocial stressors leading to cannabis addiction. The child was diagnosed to have cannabis withdrawal. He was treated symptomatically and referred to the de-addiction clinic. HEADSS is a useful tool to identify risk factors and protective factors in adolescents. HEADSS screening during each interaction and early intervention when needed is an essential component of adolescent health care.

Keywords: addiction; adolescence; cannabis; HEADSS.

INTRODUCTION

Adolescence is a period of maturation of both the psyche and body during which they are vulnerable to develop high risk behavior like experimentation with drugs.[1,2] Clinical manifestations of substance abuse and its withdrawal may mimic common illnesses. The diagnosis may be missed unless a high index of suspicion is maintained. The challenge lies in early identification. We report an adolescent boy in whom the unusual clinical course of a common illness lead to a diagnosis of cannabis withdrawal. We wish to emphasize the importance of HEADSS screening in the assessment of every adolescent.

CASE REPORT

A 17 year old boy was hospitalized with fever and loose stools with blood of two days duration. On examination, he was lethargic and dehydrated. His systemic examination was normal. A clinical diagnosis of acute dysentery with some dehydration was made and, as his oral intake was poor he was started on intravenous rehydration and antibiotics. He also complained of headache and sleep difficulties which were initially attributed to his physical illness. By day 5 of hospitalization, his dysentery and fever had subsided but he remained lethargic and anxious with poor appetite. The HEADSS interview was done confidentially and it revealed the following:

Home - Nuclear family, Alcoholic father, Suicide in Elder sibling

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Education and employment- Failed in 10th Standard, appearing for the exam again

Exercise and eating - Poor appetite, No regular exercise

Activities - Hanging out with peer groups

Drugs-regular use of nicotine and cannabis for two years

Sexuality – Heterosexual interests, not sexually active

Screening for mental illnesses- Short temper with frequent shouting at mother

Safety - Unaware of surroundings during cannabis usage

The boy revealed regular use of cannabis (Ganja) 2-4 joints per day for over two years which he has stopped when he fell ill. He was referred to the Psychiatry department and Cannabis withdrawal syndrome was diagnosed. He was managed symptomatically and registered in de-addiction clinic. He is on regular follow up and doing well.

DISCUSSION

Cannabis (marijuana) is a psychotropic substance with widespread recreational use worldwide, next only to nicotine and alcohol. Cannabis is typically smoked in a hand rolled cigarette or joint and the prevalence of cannabis use among Indian adolescents is increasing.[3] Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines cannabis addiction, also called cannabis use disorder (CUD), as the continued use of cannabis despite clinically significant impairment. Tetrahydrocannabinol (THC) has sedating and anxiolytic properties which makes it popular in adolescents with mood and anxiety disorders.

Cannabis withdrawal syndrome can mimic organic illness.[4] The symptoms are most intense in the first week of abstinence but may persist longer. Typical cannabis withdrawal symptoms include shaking, sweating, headaches, muscle cramps, anxiety, vomiting, diarrhea, sweating and watery eyes as the body works to remove THC from its system.[5,6]

For adolescents, clinical and psychosocial history is as important as the physical examination. This essential can be obtained using the HEADSS method of interviewing adolescents which focuses on assessment of the **H**ome environment, **E**ducation and employment, **E**xercise and eating, peer-related **A**ctivities, **D**rugs, **S**exuality, **S**uicide/depression, and **S**afety from injury and violence.[7] The parents should not be present during the HEADSS interview because it may limit the sensitive information the patient may otherwise provide. HEADSS is a useful tool to identify risk factors and protective factors in adolescents. Risk factors increase the likelihood of engaging in high risk behaviors. Protective factors help adolescents cope with stressful life situations. It is important for health professionals to create a sympathetic, confidential, respectful environment where adolescents can access adequate health care.[8]

Identifying an adolescent's risk and protective factors during each interaction and early intervention when needed is an essential component of adolescent health care.

CONCLUSIONS

Substance abuse is prevalent among Indian adolescents. Whenever the physical symptoms cannot be explained by a single organic illness in an adolescent the possibility of substance abuse should be considered. HEADSS is an interview for eliciting psychosocial history that should be used routinely by health professionals. Adolescents need a sympathetic, confidential and respectful environment to open up. Early

diagnosis an appropriate management will help in preventing continued substance abuse.

Conflicts of interest: None declared

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