

## Bad Health Habits that Spell Early Death Start Young

**By Michael Smith, MedPage Today Staff Writer**

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CHAPEL HILL, N.C., Jan. 12 - Bad health habits that can shorten lives start young, researchers here reported.

"As adolescents become young adults, they are more likely to eat fast food, get no exercise, be obese, and smoke cigarettes," according to Kathleen Harris, Ph.D., of the University of North Carolina.

Those behaviors are related to three leading causes of death - tobacco use, poor diet and physical inactivity, and alcohol consumption - Dr. Harris and colleagues reported in the January issue of *Archives of Pediatric & Adolescent Medicine*.

"These trends are quite stunning," Dr. Harris added. "Whether the trends will continue as they age, we don't know. But it doesn't bode well for their future health."

The findings come from an analysis of data from the National Longitudinal Study of Adolescent Health, which has followed a nationally representative sample of more than 14,000 adolescents from the middle school years into young adulthood.

The study, based on repeated interviews with participants, tracked 20 health indicators, including diet, inactivity, obesity, tobacco use, substance use, binge drinking, violence, sexually transmitted diseases, mental health, and health care access.

For 15 of the 20 indicators, Dr. Harris and colleagues found, things got worse as the participants got older. On the other hand, perceived health, mental health, and exposure to violence improved with age.

The researchers found racial and ethnic disparities, as well as differences between the sexes, in most categories. Overall, Asians and whites were at lowest risk while blacks and Native Americans were at highest risk.

However, relative rankings changed over time, so that no single group was consistently worse off on all counts than others.

But for most groups, diet, activity level, obesity, health care access, tobacco, alcohol and illicit drug use, and likelihood of acquiring a sexually transmitted disease tended to worsen with age.

The changes with age included:

6% of white teenage girls reported no weekly exercise, but 46% of them were inactive as young women.

5% of Hispanic boys reported daily cigarette smoking, but as young men 56% were smoking daily.

6% of Native American girls reported they needed but couldn't afford medical care, which increased to 28% in young adulthood.

35% of blacks as boys reported being a victim of violence, but only 16% reported the same thing as young adults. Young black women saw a similar improvement -- from 17% to 6%.

Most of the young people reported a decline in health care coverage -- the result of young adults leaving their parents' health insurance or Medicaid coverage as they reached adulthood.

Whites were healthier during adolescence than other groups, but had the largest declines later. By adulthood, for instance, whites had the highest rates of smoking - 31% for men and 28% for women. Also, 67% of white men reported binge drinking.

By contrast, black adults were least likely to smoke (13% for men and 8% for women), to binge drink (33% for men and 15% for women), or to use hard drugs (5% for men and 2% for women).

Feelings of depression and suicidal ideation decreased over time (particularly for blacks,  $p < .01$ ), and differences among the race/ethnic groups declined.

As adults, 18% of blacks and 16% of Native Americans developed asthma, higher than other groups.

The variability along sex and race/ethnicity lines means that no single intervention will work across the

board, Dr. Harris said. Instead, she and her colleagues concluded, "policies to reduce race/ethnic disparities in health require completely different actions for each health indicator."

### **Action Points**

Advise young patients becoming adults of the dire consequences of smoking, heavy drinking and obesity.

Primary source: Archives of Pediatrics & Adolescent Medicine

Source reference:

Harris KM et al. Longitudinal Trends in Race/Ethnic Disparities in Leading Health Indicators From Adolescence to Young Adulthood. Arch Pediatr Adolesc Med. 2006;160:74-81