



Care of the Young Adult: 19 yrs - 40 yrs

Erikson characterizes young adulthood as a time for establishing intimacy or risking isolation. The young adult focuses on resolving adolescent issues. Later, the young adult develops adult roles at home, work, and within the community. With success, lasting relationships with members of the opposite gender and same gender are developed during this stage.

There have been dramatic gains in average life expectancy in the past century. For example, an American baby born in 1900 had a life expectancy of less than 50 years. By 1997, life expectancy reached 76.5 years, the most dramatic increase in human life expectancy in over 5,000 years. This increase is due to the life improvements made during the 20th century:

- Improved nutrition
- Medical advances
- Sanitation
- Declines in fetal mortality
- Safety improvements in the workplace and daily life (seatbelts, helmets, OSHA requirements, etc.)

VITAL SIGNS

<u>Temperature:</u>	97.6°F- 98.6°F (oral/tympanic) 99.6°F (rectal)
<u>Heart Rate:</u>	60-100
<u>Respirations:</u>	12-20
<u>Blood Pressure:</u>	100-120/80-95



HEAD-TO-TOE ASSESSMENT

Young adults are usually at the peak of their physical performance and health during this period of development. Though aging begins during this time, signs of aging are not readily apparent, with the exception of gray hair that develops early in some young adults, but generally begins after 35 years of age.

Muscle strength and agility are at their peak. Sex drive peaks for men, and nears its peak for women.

Assess the young adult for history of tobacco use, drug use, alcohol use, and family history of cardiovascular and other potentially hereditary diseases. A sexual history may give helpful information. Current sexual activity, use of birth control, and safe sex practices can give vital health information. Signs and symptoms of HIV and hepatitis C may not appear for long periods of time. Symptoms of gonorrhea and syphilis occur sooner. Identifying the patient's risk level may lead to early diagnosis and treatment of these diseases.

Another aspect of the patient's history should include recent travel to rule out diseases such as tuberculosis, malaria, coccidiomycosis, and gastrointestinal illnesses. The young adult is usually on the *fast track* and may be at risk for stress-related illnesses such as ulcers and hypertension. Health education about nutrition, adequate sleep, exercise, etc. may

help in reducing the risk of these stress-related health problems.

MOTOR/SENSORY GROWTH & DEVELOPMENT

Vision declines during adulthood, especially the ability to focus on close objects. After age 30, sensitivity to sound declines at the higher frequencies, but gradually extends to all frequencies. Change is more rapid in men than in women.



Athletic skill peaks between 20 and 30, and then declines. As long as the individual practices the physical skill, performance only drops about 2% per decade.

COGNITIVE GROWTH & DEVELOPMENT

The young adult may continue formal education during this time, or decide to postpone it until a later stage of life (generally after child-rearing). S/he continues to learn the aspects of adult roles, work roles, and societal roles. Values, attitudes, and interests related to his/her role continue to develop.

PAIN ASSESSMENT AND MANAGEMENT

As in all other stages of development, the assessment and management of pain should be the 5th vital sign. Anticipate pain management before it is out of control.

For the adult population, PCA (patient-controlled analgesia) technology is improving all the time and is used more often to give the patient control over pain levels.

Explain the 0-10 pain scale as you would for an adult. “0” means no pain and “10” means the worst pain one could ever have. Provide analgesics as ordered, and carefully monitor the patient’s pain relief and response to the medication.

In the initial assessment, document the level that the patient describes as a fraction. For example, if the post-op patient describes his or her incisional pain as a “9” on the 0-10 scale,

document: “Post-op pain level = 9/10.” After the medication has been administered, reassess the patient’s vital signs (T,P,R, & BP) along with his or her pain level (the 5th vital sign). If the patient states the pain is now a “2” on the 0-10 scale, document: “Post-op pain level = 2/10.”

By using fractions to document the patient’s subjective pain level, other healthcare providers can easily interpret if the pain medication intervention was successful or not. Describing relief as “somewhat better” or “slightly improved” does not have the impact and clarity as stating that the pain dropped from a 9/10 to a 2/10 after medication.

PSYCHOSOCIAL DEVELOPMENT

Erickson described this 6th stage of development as young adulthood which generally lasts from 19 – 40 years of age. The work of the young adult is to develop intimacy vs. isolation.

When the developmental goals are successfully met, the young adult develops intimate relationships with others. When the goals are not met, the young adult engages in activities that demonstrate a fear of committed relationships. Promiscuity (easy intimacy without depth and commitment) may arise. The young adult may also experience *exclusion*, a sense of isolation from love, friendship, & community.

The most important event in this stage of development is the establishment of love relationships (spouse/significant other). Significant relations include partners, children, friends and co-workers.

Positive Outcome (Intimacy)

Intimacy is the ability to be close to others, such as a lover, friend, colleagues, neighbors, and others within society.

Rural communities are more likely than urban communities to have people who have long marriages, long-lasting friendships, and a sense of community spirit.

Negative Outcomes (Isolation)

Fear of commitment in this stage of development is a sign of immaturity. Some adults place certain milestones in their way before establishing intimacy and beginning a family, such as completion of school, obtaining a certain income level, owning a home, etc. Emphasis on careers and the isolation of urban living also contribute to isolation in this stage of development.

Promiscuity is a maladaptive behavior in which the young adult is too freely intimate, without a sense of commitment. Such behavior occurs with lovers, friends, and members of the community as a whole.

Exclusion is another maladaptive behavior in which the young adult is isolated from love, friendship, and sense of community. The inability of the young adult to successfully accomplish the goal of intimacy may cause this person to become lonely, isolated, bitter, angry, resentful of others, and hateful. Of course, such behavior drives others away from such a person, furthering the individual's sense of isolation.

FEARS & STRESSORS OF THE YOUNG ADULT

The young adult is faced with anxiety-producing decisions during this stage of development.

- Choosing an occupation or profession
- Loss or separation from meaningful work
- Loss or separation from family or social relationships
- Establishing a home
- Establishing a family
- Balancing the responsibilities of family, home, and career

Young adults are also faced with tremendous pressures to balance all aspects of their lives:

- Time with spouse/significant other (especially when both work)

- Time with children (play, help with homework assignments, school activities, sports activities)
- Time for work projects, sometimes involving travel away from family and home

Helping the Young Adult Cope

Child-rearing efforts are usually concentrated in this period of adult life. Young adults may need assistance to cope with the stresses that this period of development brings. Community or church programs may be helpful. Often, support groups or friends can provide help with sharing babysitting duties, sharing carpool duties when the young adult parent has a work conflict, or just providing a sympathetic ear.

SAFETY CONCERNS

- Accidents
- Sexually transmitted diseases (STDs)
- Substance abuse
- Hypertension (stress-related or genetic)
- Depression (suicide gestures and attempts)
- Spousal abuse

According to the U.S. Bureau of the Census (1999), the following are the leading causes of death for this age group, listed from highest to lowest incidents:



1. Unintentional injuries (accidents)
2. Cancer
3. Heart Disease
4. Suicide
5. AIDS
6. Homicide

Patient/Family Education

The majority of patient teaching for this age group is focused on health and safety education. Educational materials should focus on the effects of:

- Drugs and drug abuse
- Alcohol
- Tobacco
- Sexual practices
- Healthy nutrition, weight control and exercise

The young adult may be too embarrassed to ask for educational materials, so they should be provided appropriately without request. Young adults are able to make life choices and decisions that can change their lives. Healthcare providers are in an excellent role to help influence the health, and ultimately the lives, of their young patients through education.