Young people seek medical advice for common physical problems including headaches, abdominal pain, skin disorders and acne, muscular skeletal disorders, coughs and respiratory infections.

One in seven young people (15%) aged 11-15 report having been diagnosed with a long-term medical illness or disability such as asthma, diabetes, epilepsy, cancer, or physical or mental impairment.

One in four young women (25%) and one in seven young men (14%) took at least one prescribed medicine in the previous week.

Approximately 800,000 teenagers in the UK suffer from asthma.

Diabetes affects approximately 35,000 under-19s.

Approximately 63,000 young people under 19 have epilepsy.

More than 2,500 young people under 17 develop arthritis every year.

2,200 young people aged 15-24 are diagnosed with cancer every year.

Learning disability affects around three per cent of young people.

One fifth of pupils going into secondary schools have special educational needs.
CHAPTER 7: Physical health, longterm conditions and disability

Physical health, longterm conditions and disability

Although the years 10-24 tend to be a time of good physical health, young people do experience a range of short term physical health problems. A significant proportion have longterm chronic conditions or some kind of disability.

Common physical health problems

Headaches, abdominal pain, skin disorders and acne, muscular skeletal disorders, coughs and respiratory infections are some of the common physical health problems for which young people seek medical advice. Young people are more frequent users of primary care services than is often thought. However there are no up to date robust prevalence data on the regular short term health problems of this age group. The topic has not been covered in the Health Survey for England since 2002, and there have been no large scale studies of why young people in particular present at general practice since Churchill et al (2000). Projects on individual topics such as headaches (Abu-Arafeh et al, 2010) and skin conditions (Scholfield et al, 2009; Scholfield et al, 2011) suggest these may be very common in this age group. For example, it has been estimated that over half of children and adolescents have suffered headaches (Abu-Arafeh et al, 2010). (Abu-Arafeh et al, 2010). More data on routine health concerns (other than longterm conditions such as diabetes) are urgently required for planning services and training GPs and other primary care professionals.

The most recent Health Survey for England (HSE) did cover the use of prescribed medicines and revealed that in the 16-24 age group, 14% of young men and 25% of young women had taken at least one prescribed medicine in the previous week. These were largely medicines for respiratory conditions, or antidepressants, antibacterials, analgesics and or non-steroidal anti-inflammatory drugs. (HSCIC, 2013).

Longerterm conditions – where more data are available – include asthma, diabetes, allergies, epilepsy, cancer and physical and mental impairment. Overall, results for England from the Health Behaviour in School Aged Children study (HBSC) in 2014 found that 23% of young people aged 11-15 reported that they had a longterm medical illness or disability. Asthma accounted for over half the cases. Of those with a disability, 59% said they were taking medication (Brooks et al, 2015).
Asthma is a chronic inflammatory disorder of the airways affecting many young people. It is a complex and episodic disorder. The Quality and Outcomes Framework estimates that approximately six per cent of the English population has asthma overall, a total of 3.2 million people (HSCIC, 2009). The charity Asthma UK puts the figure for the UK at 5.4 million, with one in 11 children having asthma – the most common long term medical condition (Asthma UK, 2015). It has been estimated over 800,000 teenagers in the UK suffer from asthma, and noted that under diagnosis and poor treatment are common. More boys than girls are told by a doctor that they have asthma. Drawing on data from the 2010 Health Survey for England (which focused on respiratory disease), Chart 7.1 shows how the prevalence of lifetime asthma increases with gender and age, with four times as many young people aged 13-15 with the condition compared to those aged 0-3. This may be partly due to differences in diagnosing very young children, as asthma cannot be formally diagnosed in under 5’s.

Chart 7.1
Prevalence of lifetime doctor-diagnosed asthma in England, by age and gender, 2010

There has been much debate about whether rates of asthma have increased in recent years, but HSE data suggest that they did not rise for children – at least across the decade from 2001 to 2010. Rates for all boys aged 0-15 fell from 23% to 17% over this period and for girls from 18% to 12% (HSCIC, 2011). These trends are clearly to be welcomed. It is worth noting that a smoking ban in public places was introduced in Scotland in 2006 and in England and Wales in 2007. In addition, as we saw in Chapter 3, smoking by young people has fallen over recent decades, which may have played a role. However, absolute levels of asthma are still very high and hospital admissions remain at around the same level as shown in Chart 7.2.

Chart 7.2
Hospital admissions of 10-19 year olds for asthma, 2006/7 to 2013/14

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/7</td>
<td>120</td>
</tr>
<tr>
<td>2007/8</td>
<td>120</td>
</tr>
<tr>
<td>2008/9</td>
<td>120</td>
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<tr>
<td>2009/10</td>
<td>120</td>
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<td>2010/11</td>
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<tr>
<td>2011/12</td>
<td>120</td>
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<tr>
<td>2012/13</td>
<td>120</td>
</tr>
<tr>
<td>2013/14</td>
<td>120</td>
</tr>
</tbody>
</table>

Source: Health and Social Care Information Centre, Hospital Episode Statistics » Download data

Diabetes is also a key concern for this age group. Reducing recorded diabetes is an outcome indicator in the Public Health Outcomes Framework, with the latest measurements reflecting a rise in recent years (PHE, 2015). Drawing on surveys from England, Wales and Scotland, the charity Diabetes in the UK has estimated that there are approximately 35,000 children and young people under the age of 19 with the condition. Of these, the great majority have Type 1 diabetes (96%), with approximately 700 (2%) known to have Type 2. The remaining two per cent have other rare forms (Diabetes UK, 2014). On this basis, Diabetes UK estimates that local authorities can expect between 100-150 young people under 18 to be living with diabetes in their area.

Approximately 35,000 children and young people under 19 have diabetes

Source: Diabetes UK 2014
The peak age for diagnosis of Type 1 diabetes is between 10 and 14 years of age. Type 2 diabetes is nine times more common in children of South Asian origin than white children, and six times more likely in African Caribbean children. Slightly more diagnoses are made in boys (52%) than girls (48%) (Diabetes UK, 2014).

In absolute numbers, diabetes hospital admissions in England among 10-19 year olds increased by one third from 5,800 in 2002/3 to over 7,500 by the end of the decade in 2009/10 (Hagell et al, 2013). However, looking at hospital admissions from 2006/7 to 2013/14 (Chart 7.3) suggests that the trend remains reasonably level across this period. Type 1 diabetes is not related to obesity, but a rise in obesity among young people may result in more Type 2 diagnoses in the longterm.

Epilepsy is another important longterm condition that affects more teenagers than diabetes, although it results in fewer hospital admissions. Epilepsy is a tendency to have recurrent seizures and represents a group of over 40 types of the condition. The Joint Epilepsy Council of the UK and Ireland estimates 600,000 people in the UK have epilepsy – around one per cent of the population. Children and teenagers account for around ten per cent of this total, affecting around 63,400 young people under 19. This equates to 1 in 220. If the age range is extended up to age 24, the total is approximately 112,700 (Joint Epilepsy Council 2011).
Chart 7.4 shows that the rate of hospital admissions for epilepsy has remained fairly level since 2006/7.

There is evidence that epilepsy levels are higher in urban areas, areas of social deprivation and areas without specialist services (Thomas et al, 2012), suggesting that social determinants of health play a part in its development.

Arthritis, an inflammatory joint disease, is rare in young people. It covers several related conditions occurring before the age of 16, including juvenile rheumatoid arthritis and juvenile idiopathic arthritis. Despite being rare, it is estimated that juvenile idiopathic arthritis affects 15,000 children in the UK with more than 2,500 developing the condition every year (Arthritis Research UK, 2014). There are no UK prevalence data and this is an obvious gap.

Cancer

Cancer is also relatively rare in young people, but is one of the leading causes of death for those in their teens and early 20s. Cancer Research UK estimates around 2,200 young people aged 15-24 years are diagnosed with cancer every year in the UK and approximately 310 of this age group die from cancer each year (Cancer Research UK, 2015).

Chart 7.5 shows the incidence of cancer diagnoses in young people aged 15-24 are similar between the four countries. Although there are variations, these are not statistically significant (Cancer Research UK, 2015).

The most common cancers for this age group are lymphomas, including cancer of the lymph system, Hodgkin Disease and non-Hodgkin Lymphoma. Chart 7.6 shows lymphomas account for 21% of new cancer cases each year, followed by carcinomas.
Cancers show different distributions by gender; there are more lymphomas, germ cell tumours (in cells producing sperm and eggs) and leukaemias (cancer of the white blood cells) among young men and more carcinomas and malignant melanoma among young women (Cancer Research UK, 2015). Overall it is estimated that the male:female ratio for cancer in this age group is 11:10.

The cancer registry data compiled by Cancer Research UK suggests an increase of one fifth in cancer diagnoses among 15-24 year olds in the UK since the 1990s. Mortality, however, has almost halved since the 1970s (Cancer Research UK, 2015). Overall, over 80% of those diagnosed survive five years or longer.
Disability

Nine per cent of children aged 11-15 and eight per cent of young adults aged 16-24 in Great Britain were classified as disabled (Office for Disability Issues, 2011). The UK Equality Act 2010 defines disability as a physical or mental impairment that has substantial and longterm (usually one year) negative effects on a person’s ability to do normal daily activities. This might include some of the conditions covered above such as arthritis and cancer, or other conditions including HIV infection, chromosomal and gene problems (for example, Downs Syndrome, cystic fibrosis, haemophilia and spina bifida), or loss of physiological and psychological functions such as mobility, sight, hearing and learning capacity. Disability can result in social, economic or environmental barriers restricting full and equal participation in society.

Estimates vary in different surveys depending on the definition of disability used. The HBSC made a slightly higher estimate, although this was a broader construct including longterm illness and disability. In the 2010 General Lifestyle Survey, rates for children aged 5-15 were 16% for boys and 10% for girls using the definition of longstanding illness and disability (ONS, 2012). Most surveys show that proportionately more boys than girls are classified as disabled.

Chart 7.7 shows longterm pain and chronic health conditions are most common in older adolescents and young adults, affecting six per cent and four per cent of them respectively. Chronic health conditions included asthma, severe allergies, heart disease, diabetes, cancer, epilepsy, cerebral palsy, spina bifida, cystic fibrosis, arthritis and other conditions. Learning difficulties and mental health conditions both affected three per cent of the age group and all other impairments affected around one per cent. Despite a significant proportion of young people suffering from chronic pain, there is a real gap in terms of the treatment evidence base and the provision of specialised services.

The Department for Education (DfE) has estimated that in the first year of secondary school, at age 11-12, special education needs (SEN) pupils constituted nearly one fifth (18.5%) of the total. By the end of secondary school, at age 18, that proportion had fallen to one in ten (9.1%). SEN covers children who have learning difficulties or disabilities that make it harder for them to learn than their peer group. These data are presented in Chart 7.8, for children with SEN but not ‘stated’. Those with formal statements form about 10% of the total of those with SEN.
**Chart 7.7**
Prevalence of impairment types for young people and adults aged 16-34 in Great Britain, 2009/10

- **Sight**
- **Hearing**
- **Speaking**
- **Mobility**
- **Dexterity**
- **Breathing**
- **Intellectual**
- **Behavioural**
- **Memory**
- **Other**
- **Learning**
- **Mental health conditions**
- **Chronic health conditions**
- **Longterm pain**

**Source:** Life Opportunities Survey, Wave one results, 2009/10 » Download data

**NB** Prevalence of impairment types for young people and adults aged 16-34 in Great Britain, 2009/10

**Chart 7.8**
Proportion of pupils with special educational needs (without statements) in English state funded secondary schools, 2014

**Source:** Department of Education » Download data
The Life Opportunities Survey compares parental reports of the participation levels of children aged 11-15 with and without impairments, across some key dimensions of life including education, personal relationships and transport. Chart 7.9 demonstrates the high levels of restrictions experienced by these young adolescents with impairments compared to others in their age group. In core areas like education, well over one quarter of young people with an impairment experience restrictions in access and opportunity compared to only a very small percentage of children without impairments.

Source: Life Opportunities Survey, Wave one results, 2009/11 » Download data
Moreover, for children with impairments, Chart 7.10 shows that parents identified the attitudes of others as one of the most significant barriers encountered by their children, along with other factors including poor services.

Professor Sir Ian Kennedy found disabled young people faced major barriers in the NHS in accessing quality health services. He noted they are given lower priority, face a lack of coordination between services and have to navigate the sheer complexity of the services they need (Kennedy, 2010).

Other research has revealed the significant barriers restricting disabled young people’s participation in society. They face a greater risk of targeted violence and younger disabled people are least likely to be satisfied with their lives.
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