

Instruct regarding proper use of corrective devices (e.g., glasses, contact lenses, hearing aids).

Encourage and foster judicious application of safety principles and prevention.

Dietary Habits, Eating Disorders, and Obesity

Puberty marks the beginning of accelerated physical growth, which can double some adolescents' nutritional requirements. At the same time, growing independence, the need for peer acceptance, concern with physical appearance, and an active lifestyle may affect eating habits, food choices, nutrient intake, and nutritional status.

Pressure for time and commitments to activities adversely affect teenagers' eating habits. Omitting breakfast or eating a breakfast that is nutritionally poor in quality is frequently a problem. Snacks, usually selected on the basis of accessibility rather than nutritional merit, become increasingly a part of the habitual eating pattern during adolescence (Fig. 15-7). Excess intake of calories, sugar, fat, cholesterol, and sodium is common among adolescents and is found in all income and racial or ethnic groups and both genders. Inadequate intake of certain vitamins (folic acid, vitamin B₆, vitamin A) and minerals (iron, calcium, zinc) is also evident, particularly among girls and teenagers of low socioeconomic status. In combination with other factors, these dietary patterns could result in increased risk for obesity and chronic diseases, such as heart disease, osteoporosis, and some types of cancer later in life. Maximum bone mass is also acquired during adolescence; therefore the calcium deposited during these years determines the risk of osteoporosis. Milk is usually passed over in favor of soft drinks.