

Care of the College Student

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There are approximately 20 million students in U.S. colleges and universities. Although this population is characterized as having good health, 600,000 students report some form of disability or some type of medical problem, including attention-deficit/hyperactivity disorder, learning disabilities, psychiatric disorders, and chronic illnesses, among others. Physicians can enhance youth transition to an adult model of health care; the use of self-care skills checklists is one recommended method to assist with the transition. Stimulant medications are effective for treating adults with attention-deficit/hyperactivity disorder, but physicians should use caution when prescribing stimulants to college students because of the high rates of medication diversion in this population. Depression, anxiety, posttraumatic stress disorder, sleep problems, and eating disorders are common in college students and can significantly impact performance. Emphasis on immunization of students for influenza, meningococcus, and pertussis is necessary because of the low rates of compliance. Screening and interventions for obesity, tobacco use, and substance abuse are important because of the high prevalence of these problems in college students. Screening for alcohol abuse facilitates identification of students with problem drinking behaviors. Students who are war veterans should be monitored for suicidal ideation and posttraumatic stress disorder. Lesbian, gay, bisexual, transgender, and questioning students are at risk of harassment and discrimination. Caution should be exercised when prescribing medications to college athletes to avoid violation of National Collegiate Athletic Association eligibility rules. (*Am Fam Physician*. 2013;88(9):596-604. Copyright © 2013 American Academy of Family Physicians.)



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There are approximately 20 million full- and part-time students enrolled in American colleges and universities. Of these, 12 million are younger than 24 years, 56% are women, and 35% are minorities. Although this population is characterized as having good health, approximately 600,000 students report some form of disability or some type of medical problem, including attention-deficit/hyperactivity disorder (ADHD), learning disabilities, psychiatric disorders, and chronic illnesses, among others.¹ Meeting the needs of the college student involves management of not only common illnesses and chronic conditions, but of behaviors and stressors that are unique to students. Common medical conditions in college students, which are treated in the same manner as in the general population, are addressed in *Table 1*.²

Preparing for the Transition to College HEALTH CARE INDEPENDENCE

College students often are assuming primary responsibility for their education and health for the first time. Promoting health care independence involves more than the provision

of the medical record and immunization history. A structured, coordinated health care transition plan from the child to the adult health care model will optimize the care of college students.³ *Figure 1* is a health care transition planning algorithm developed by the American Academy of Family Physicians (AAFP), American Academy of Pediatrics, and American College of Physicians.³

The “sending” medical practice should ensure that the departing student has a transition plan, and that the family and student are ready for the transition. A transition checklist for clinicians is provided in *Table 2*. A health care skills checklist (*eFigure A*) is one recommended method to assess the needs of the patient and to develop goals for the transition to a health care model that expects assumption of adult responsibilities. Group visits to complete the clinical and educational activities for transitioning students could be considered to enhance counseling efficiency. “Receiving” practices should assess the developmental readiness of the student and respond accordingly, orienting the student to the clinical practice and adult health care model. Ideally, some students would benefit

from direct coordination of care with the college or university student health service.

Health care independence is also fostered by availability of medical self-help books and online resources, such as FamilyDoctor.org (<http://familydoctor.org>), and by basic medical supplies to handle common medical problems and injuries. The Centers for Disease Control and Prevention provides useful health resources for college students and their families at <http://www.cdc.gov/family/college>.

HEALTH CARE COVERAGE

Most college students (64%) have health insurance through their parents' plan, and another 13% are covered by college/university-sponsored plans. Approximately 9% are uninsured.⁴ Although student health insurance coverage requirements under the Affordable Care Act provide certain protections to the college student, there is still diversity among available plans. It is incumbent on students to have a working knowledge of their insurance plan, coverage, and claims process. Coverage of vaccinations and contraceptives varies by plan.⁵ A health care insurance toolkit for young adults is available at <http://www.gettingcovered.org/Toolkit>.

Common Learning and Mental Health Concerns

LEARNING ISSUES

Attention-Deficit/Hyperactivity Disorder. The prevalence of ADHD among college students is estimated to be 2% to 8%^{6,7}; 50% of students receiving accommodative services in college demonstrate ADHD.⁸ Students with symptoms of ADHD are at increased risk of psychosocial and substance use problems.⁹

Adolescents and young adults who have ADHD demonstrate less hyperactivity, but report more mental restlessness, anxiety, irritability, and academic, social, mood, and sleep problems compared with children who have ADHD.^{10,11} Higher demands on executive function and less direct social support from family contribute to struggling and the need for pharmacologic and nonpharmacologic interventions in students who were previously undiagnosed.

Pharmacotherapy, including amphetamines, methylphenidate (Ritalin), bupropion (Wellbutrin), and atomoxetine (Strattera), is effective in adults.¹²⁻¹⁵ Stimulant

medications are more effective than nonstimulant medications for treating adult ADHD.¹⁶ Few studies have examined the effectiveness of these medications specifically in college students.

Cognitive behavior therapy for ADHD focuses on teaching patients ways to adapt their thinking and behaviors to increase daily functioning. When used in conjunction with medication, cognitive behavior therapy improves functioning and ADHD symptoms in adults¹⁷; it is unknown whether these findings can be generalized to college students.

In treating ADHD, an additional concern specific to college students is stimulant misuse; 5% to 35% of

Table 1. Common Self-Reported Medical Conditions in College Students

Condition	Frequency (%)	Comment
Acute or chronic conditions		
Allergies	22	Usual care generally applies to these conditions
Sinus infection	17	
Back pain	12	Independent management of these conditions or self-care may be a new experience for students
Strep throat	11	
Asthma	9	
Urinary tract infection	9	
Broken bone/fracture/sprain	8	
Ear infection	7.5	
Migraine	7	
Bronchitis	6	
Disabling conditions		
Attention-deficit/hyperactivity disorder	6	May manifest as academic problems, mood changes, sleep disruption, or substance abuse May require educational accommodations
Learning disability	4	May manifest as depression, sleep disruption, attention-deficit/hyperactivity disorder, metabolic (thyroid) problems, or substance abuse
Psychiatric condition	4	Depression and anxiety are common among students; a minority of students seek care Suicidal ideation is common
Chronic illness (e.g., cancer, diabetes mellitus, autoimmune disorders)	3.5	Knowledge and self-care abilities/strategies should be assessed
Deaf/hard of hearing	1.5	
Partially sighted/blind	1.5	
Mobility/dexterity disability	1	
Speech or language disorder	1	
Other disability	2	

NOTE: 94% of male students and 91% of female students describe their health as good, very good, or excellent.

Information from reference 2.

Health Care Transition Planning for Youth and Young Adults

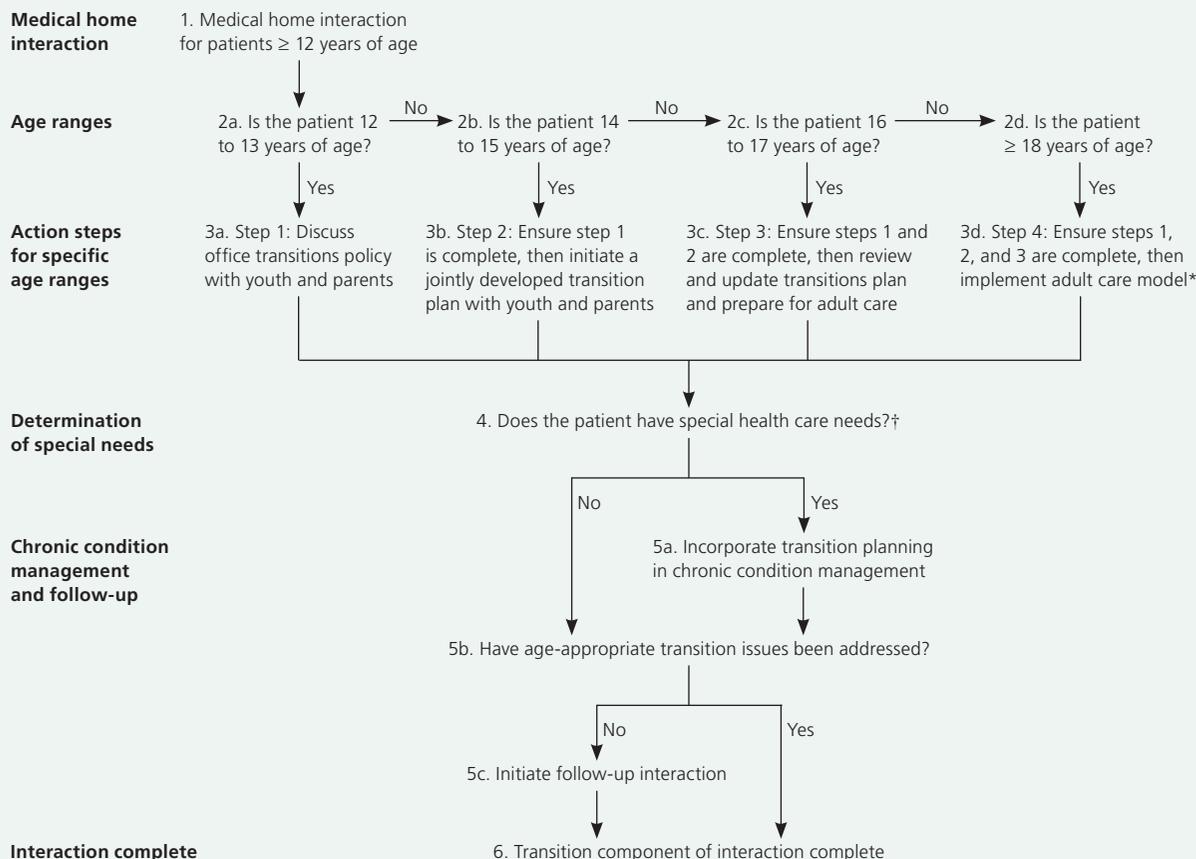


Figure 1. Health care transition planning algorithm for all youth and young adults within a medical home interaction.

Adapted from Cooley WC, Sagerman PJ; American Academy of Pediatrics; American Academy of Family Physicians; American College of Physicians; Transitions Clinical Report Authoring Group. Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics*. 2011;128(1):185-186. Copyright © 2011 by the AAP.

college students misuse or divert their ADHD medications.¹⁸ Those with a history of substance abuse or conduct disorder may be more likely to misuse or divert their medications.¹⁸ Educating recipients of prescribed stimulants and remaining vigilant for misuse among high-risk students may be helpful.⁶

Learning Disabilities. About 3% of college students surveyed report having a learning disability.⁷ Physicians may discover learning disabilities when evaluating students for other conditions, such as depression, sleep disorders, ADHD, and thyroid disease. There is no consensus regarding how to assess learning disabilities in college students,¹⁹ and the lack of agreement on the definition of a learning disability has resulted in few evidence-based treatment strategies. Given the difficulties associated with treatment of learning disabilities, educational accommodations are important to consider.

Allowing students with ADHD or learning disabilities more time on classroom tests and examinations is commonly encouraged, and physicians may be approached to write medical statements requesting this accommodation on behalf of the patient.¹⁹ However, there are limited data suggesting that such accommodations significantly improve performance. Students with learning disabilities typically have their condition comanaged by their physician, psychologists, and educators.

SELECTED MENTAL HEALTH AND BEHAVIORAL PROBLEMS

Physicians should be alert for depression, anxiety, suicidal ideation, posttraumatic stress disorder (PTSD), and sleep and eating disorders, because they are highly prevalent in college students. Detailed information about treatment is widely available and does not differ from that for the general population.

1. Initiate first step in the health care transition planning process at 12 years of age.

2a, 2b, 2c, 2d. By 12 years of age, conduct surveillance to assess any special health care needs. Start actual transition planning by 14 years of age. By 16 to 17 years of age, transition planning should be well established. At 18 years of age, initiate an adult model of care for most youth, even if there is no transfer of care. If transition does not occur on the schedule described by the algorithm, a concentrated effort is required (e.g., special visits) to complete the process successfully.

3a. Every practice should have a written transition policy that is prominently displayed and discussed with youth and families. The policy should explicitly state the practice's expectations and care process for the health care transition of their adolescent patients to an adult model of care.

3b. The practice should use a standard transition plan that can be adapted based on each patient's needs. This tool should include components to obtain an accurate assessment of the patient's ability to transition successfully. Health care professionals should interview youth and family members to identify needs and assess the intentions and motivations for youth independence.

3c. Transition plans must be reviewed regularly and updated as necessary. The health care professional must also perform surveillance for changes in the youth's medical status, and address youth and family concerns that may warrant changes in transition goals. Failure to achieve transition readiness goals warrants reevaluation of the existing plan and increased frequency of medical home interventions/visits. A "pretransfer" visit to the adult medical home could be conducted during the year before the transfer.

3d. Transition to an adult model of care occurs as appropriate for the youth's developmental level, which is followed as appropriate by transfer to an adult medical home. Complete medical records should be delivered to the adult health care professional, with a portable summary, which is also provided to the patient or guardian. For children and youth with

special health care needs, direct communication between child and adult health care professionals is essential, because adult medical personnel may be unfamiliar with certain childhood conditions.

4. Transition planning for children and youth with special health care needs should include specific chronic condition management activities such as use of registries, care plans, care coordination, chronic care management office visits, and comanagement with medical subspecialists. Transition goals must be individualized to account for variations in the complexity of a youth's condition and in the youth's intellectual ability and guardianship status.

5a. Youth with special health care needs require an expanded transition planning process. Transition planning in chronic condition management includes addressing the exchange of complex health information; competencies for self-care; transfers of specialty care; and issues related to insurance, entitlements, guardianship, and eligibility for adult services. In a medical home, such youth may have a written care plan as part of the medical record. At 14 years of age, this plan should include a section titled "transition plan" which should be expanded and developed as the youth approaches 18 years of age and beyond.

5b. Use of transition planning tools and readiness checklists facilitates the health care professional's ability to ensure that all age-appropriate transition issues have been addressed. Each action step must be completed in order, even if it means the health care professional has to schedule specific visits to initiate and complete steps missed earlier in the process to catch up before the next visit.

5c. Focused tasks involving little detail or complexity can be addressed by the medical home care coordinator, medical professional, or other appropriate staff through telephone or electronic media. More complex issues may necessitate face-to-face office visits.

6. The health care professional is finished with the transition tasks for the specific interaction or visit; transition planning is an ongoing activity that occurs at every interaction.

*—For pediatric practices, transfer to an adult health professional.

†—The Maternal Child Health Bureau defines children with special health care needs as those who have or are at increased risk of a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Anxiety and Depression. Anxiety and depression, which can have a significant impact on academic performance, are the most common mental health problems reported by college students.⁷ Within the previous 12 months, 30.7% felt so depressed that it was difficult to function and 48.4% experienced overwhelming anxiety. Less than one-half of students experiencing depressive and anxiety symptoms seek care.²⁰

Suicidal Ideation. Recent data suggest that suicide is the most common cause of death in college students.²¹ Suicidal ideation is reported in nearly 7% of students; about 2% report having a plan, and 0.5% report making an attempt in the previous year.²² Of those with suicidal ideation, approximately 50% seek help. Depression, low social support, parent-student conflict, affective dysregulation, and alcohol use disorders are risk factors for suicidal ideation.²³ Systematic reviews conclude that there is insufficient evidence regarding psychosocial and pharmacologic treatments for suicide-related behaviors.²⁴ Family physicians should be particularly

vigilant for suicidal thoughts and behaviors in college students, and should direct students to outpatient care if there is no immediate risk. Information and resources about suicide are available at <http://www.sprc.org/collegesanduniversities>.

Posttraumatic Stress Disorder. Most students report experiencing a traumatic event in their lifetime.²⁵ Probable PTSD is most commonly associated with sexual assault.^{25,26} Although it has not been tested in college settings, the Primary Care PTSD Screen, a four-item screening tool, may be useful for identifying students experiencing PTSD symptoms.²⁷⁻²⁹

Sleep Disorders. Studies suggest that as many as 60% of college students report poor sleep quality,³⁰ and sleep difficulties impact academic performance in 20% of college students.⁷ Sleep deprivation is associated with impaired cognitive functioning, mood problems, somatic symptoms, and decreased life satisfaction, and is a risk factor for illicit substance and alcohol use and motor vehicle crashes.³¹ Inadequate sleep hygiene, delayed sleep phase

College Student

disorder, and insomnia are the most common sleep disorders in college students.³¹

Eating Disorders. About 1% of surveyed college students report that an eating disorder affected their performance.⁷ Self-help programs, cognitive behavior therapy, and interpersonal therapy have good evidence for treating bulimia nervosa and binge eating disorder. Antidepressants may be a primary treatment for bulimia nervosa, and anorexia nervosa should be treated in a tertiary care setting.³²

Preventive Measures

IMMUNIZATIONS

College entrance physical examinations and routine visits provide opportunities for updating and administering immunizations. The 2010 National College Health Assessment indicated that only 40% of college students report receiving influenza vaccinations, and only 55% report receiving meningococcal vaccinations.⁴ Adequate pertussis immunization has also received national emphasis.

Current immunization schedules for adolescents and adults are provided by the AAFP (<http://www.aafp.org/patient-care/immunizations/schedules.html>) and the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip/recs/index.html>).³³

EVIDENCE-BASED PREVENTIVE RECOMMENDATIONS

The AAFP and the U.S. Preventive Services Task Force have general recommendations that are applicable to college students. The focus of these recommendations is on counseling to reduce the risk-taking behaviors more common in young adults. Additionally, U.S. Preventive Services Task Force guidelines focus on lifestyle choices related to diet, exercise, and healthy relationships that are amenable to counseling and modification when intervention occurs before obesity, inactivity, and unhealthy relationships become habits.

Obesity is an epidemic on college campuses.³ During the first year of college, students gain an average of 3.9 lb (1.8 kg).³⁴ Systematic approaches to target obesity on college campuses are fragmented and have not been reviewed. Physicians should refer students to student health centers offering weight control services.³⁵

Tobacco use is also common in this population.⁴ Evidence-based recommendations for targeting tobacco use among adolescents, including tobacco use screening and cessation interventions, apply to college students.³⁶

Alcohol use and abuse are common in college students.⁴ Among those who consumed alcohol, 51% reported that within the previous 12 months they experienced

Table 2. Clinician Checklist for Transitioning College Students

Meet privately with the patient for part of the visit
Encourage assumption of increased responsibility for his/her health care management:
Ensure that the patient understands his/her health conditions and medications
Send copies of reports, letters, and tests to the patient and his/her family
Provide anticipatory guidance:
Nutrition and fitness
Sexuality and relationships
Substance abuse and smoking
Specific health condition(s): _____
Health insurance
Sports/athletics
Functional independence
College/work plans
Functional independence and community inclusion (for patients with disabilities)
Medical decision making/privacy at age of majority (state specific)
Legal matters (e.g., advance medical directive, power of attorney)
Voting/selective service
Assess patient and family readiness for transfer to a new physician:
Initiate discussion about transfer to adult health care model
Identify possible physician
Initiate communication with the physician selected
Implement the transfer to the new practice:
Transfer medical records
Discuss nuances of care with the selected physician or clinic
Follow-up after the transfer
Assess the patient's ability to make independent decisions regarding health care, finances, and other adult concerns to determine whether there is a need for guardianship or conservatorship
Provide a pocket card of conditions and medications

some negative consequence associated with their alcohol consumption.⁴ Two primary subsets of college students are at greatest risk of problem drinking. The first subset consists of white, male, sensation-seeking students engaged in a social environment with a high drinking norm (e.g., Greek organizations). The second subset consists of female students who were more likely to experience negative affect and respond to distress by drinking.³⁷

Screening for alcohol abuse facilitates identification of students with problem drinking behaviors. The first three consumption items of the Alcohol Use Disorders Identification Test (AUDIT-C; *Table 3*) are recommended for identifying at-risk drinking among college students, using a cutoff score of 7 for males and 5 for females.³⁸ Effective intervention programs increase motivation to change drinking habits, change expectations about the

Table 3. AUDIT-C for At-Risk Drinking

Questions	Points				
	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 or 3 times a week	4 or more times a week
How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

NOTE: A score ≥ 7 in male college students and ≥ 5 in female college students indicates at-risk drinking.

AUDIT-C = Alcohol Use Disorders Identification Test–Consumption items.

Information from reference 38.

Table 4. Illicit Substances Commonly Used on College Campuses

Drug name	Street name	Form	Psychoactive effect	Adverse effects
Cocaine	Blow, snow, king's habit, coke	Snorted, injected, smoked	Stimulant	Hypertension, tachycardia, anosmia, rhinorrhea, bloody nose, paranoia, stroke, seizures
Flunitrazepam (Rohypnol)	Roofies, rophies, roche, Mexican valium, forget-me pill	Pill (taken orally or ground up and snorted)	Central nervous system depressant	Sedation, amnesia
Gamma-hydroxybutyrate (GHB)	Liquid X, liquid ecstasy, soap, easy lay, Georgia home boy, grievous bodily harm, G, goop	Liquid or powder (often mixed with alcohol and other beverages)	Central nervous system depressant	Sedation, euphoria, loss of consciousness, hallucinations, amnesia
Ketamine	Special K, vitamin K, cat valium	Snorted, intramuscular injection	Dissociative anesthetic	Hallucinations, psychosis, nausea, vomiting, hypertension, tachycardia
Marijuana (delta-9-tetrahydrocannabinol [THC])	Pot, ganja, weed, grass, reefer, Mary Jane (MJ)	Smoked (joints, water pipes, bong, blunts), swallowed	Cannabinoid	Euphoria, palpitations, impaired cognition, sedation, increased appetite
Methamphetamine	Speed, meth, ice, chalk, crystal, glass, crank, fire	Powder (orally, snorted, injected), crystals (heated and smoked)	Stimulant	Palpitations, tachycardia, restlessness, insomnia, anorexia, gastrointestinal upset, seizures, headaches
Methylenedioxy-methamphetamine (MDMA)	Ecstasy, E, XTC, X Adam, hug, beans, clarity, lover's speed, love drug	Pill, tablet, or capsule, often of different colors and with cartoon-like images	Multiple	Stimulant, hallucinogen, depression, anxiety, sleep problems

Information from reference 42.

effects of alcohol, provide face-to-face or computer-based feedback on student-based norms of drinking behavior, emphasize cognitive behavior skills training, and offer a plan for reducing alcohol use.^{39,40} Ineffective programs include efforts to increase basic awareness and provide education.^{39,40} Mailed feedback, social marketing, and group feedback are also not effective.⁴¹ The website College Drinking—Changing the Culture (<http://www.collegedrinkingprevention.gov>) provides updated, evidence-based information about the prevention, assessment, and treatment of alcohol abuse in college settings.

Use of illicit substances can complicate the diagnosis and treatment of academic or behavioral health conditions. Marijuana is the most commonly used illicit substance on college campuses.³ Other common illicit substances are listed in *Table 4*.⁴² Guidelines for providing drug education and administering drug testing are published by the American College Health Association (<http://www.acha.org/Topics/atod.cfm>).

Table 5 lists common educational and behavioral health issues for college students, and primary care assessment tools that can be used for examination.^{4,6,7,20,23,25,26,29-31,38,43-48}

Table 5. Selected Educational and Behavioral Health Issues in College Students

Issue	Prevalence	Assessment tools	Comments
ADHD	2% to 8% ^{6,7}	Adult ASRS (ADHD Self-Report Scale) Symptom Checklist version 1.1 Available at http://www.hcp.med.harvard.edu/ncs/asrs.php	Educational accommodations (e.g., more time on classroom tests and examinations)
Alcohol use and abuse	Approximately 65% ⁴	AUDIT-C (Alcohol Use Disorders Identification Test—Consumption items) ³⁸	One-half of students who drink alcohol binge drink Binge drinking is associated with sexual assault
Anxiety	19% ⁷	GAD-7 (seven-item Generalized Anxiety Disorder) scale Available at http://www.phqscreeners.com	Less than one-half of students with anxiety seek care ²⁰
Depression	12% ⁷	PHQ-9 (nine-item Patient Health Questionnaire) Available at http://www.phqscreeners.com	Less than one-half of students with depression seek care ²⁰
Drug abuse	Approximately 21% (of any illicit drug) ⁴	Direct questioning	Includes illicit drug use, inappropriate prescription drug use, and diversion of prescription drugs
Eating disorder	Less than 1% ⁷	SCOFF* Questionnaire ⁴⁴	Only 43% of patients with both bulimia nervosa and anorexia nervosa seek treatment for their conditions ⁴³
Learning disability	Approximately 3% ⁷	Multidisciplinary assessment	Educational accommodations (e.g., more time on classroom tests and examinations)
Obesity	Approximately 35% ⁴	Routine measures	Persons with obesity often develop chronic diseases
PTSD	8% to 12% ^{25,26}	PC-PTSD (Primary Care PTSD Screen) ²⁹	Approximately 50% of persons with PTSD receive treatment ⁴⁵
Sleep disorder	20% to 60% ^{7,30}	Insomnia Severity Index ⁴⁶	Common sleep disorders include inadequate sleep hygiene and delayed sleep phase disorder ³¹
Suicidal ideation	6% have thoughts; 1% have made an attempt ⁷	Suicidal Behaviors Questionnaire	Risk factors for suicidal ideation include depression, low social support, parent-student conflict, affective dysregulation, and alcohol use disorders ²³
Tobacco use	16% (overall)	Routine measures	Long-term health risks associated with tobacco use include lung and heart disease and cancer
Violence	4% (overall) 15% to 20% of females and 5% to 15% of males have been raped; 25% are injured, but only 60% were treated ⁴⁸	Partner Violence Screen ⁴⁷	Nonstrangers commit approximately 75% of sexual assaults ⁴⁸

ADHD = attention-deficit/hyperactivity disorder; PTSD = posttraumatic stress disorder.

*—SCOFF (Do you make yourself sick when you feel uncomfortably full?; Do you worry you lost control over how much you eat?; Have you recently lost more than 14 lb within three months [one stone's worth of weight]?; Do you believe you are fat when others say you are too thin? Would you say that food dominates your life?).

Information from references 4, 6, 7, 20, 23, 25, 26, 29 through 31, 38, and 43 through 48.

Special Populations

On college campuses, approximately 8% of students describe their sexual orientation as lesbian, gay, bisexual, transgender, or “unsure.”⁷ These students report more harassment and discrimination, and have more negative perceptions of campus climates compared with heterosexual men and women.⁴⁹ The Gay and Lesbian Medical Association published guidelines for caring for lesbian, gay, bisexual, transgender, and questioning patients, which can be found at <http://www.glma.org/index>.

www.aafp.org/afp/cfm?fuseaction=Page.viewPage&pageId=1037&parentID=568&nodeID=1.

Students who are war veterans demonstrate high levels of suicidal ideation (46%), and many report having a plan (20%) and think that they are likely or very likely to commit suicide (approximately 4%).⁵⁰ Student veterans with PTSD were more likely to report being in a physical fight during the previous 12 months, and were more likely to participate in high-risk drinking.⁵¹ Student veterans should be monitored for suicidal ideation

SORT: KEY RECOMMENDATIONS FOR PRACTICE

<i>Clinical recommendation</i>	<i>Evidence rating</i>	<i>References</i>
A structured, coordinated health care transition from the child health care model to the adult health care model will optimize the care of college students.	C	3
Pharmacologic and cognitive behavior therapy demonstrate effectiveness in the treatment of attention-deficit/hyperactivity disorder in adults.	A	12-16, 18
Additional time on classroom tests and examinations is commonly encouraged for persons with attention-deficit/hyperactivity disorder or learning disabilities.	C	19
Tobacco use screening and cessation interventions are recommended for college students.	B	36
Alcohol use and misuse counseling is recommended for college students.	B	39-41

A = consistent, good-quality patient-oriented evidence; B = inconsistent or limited-quality patient-oriented evidence; C = consensus, disease-oriented evidence, usual practice, expert opinion, or case series. For information about the SORT evidence rating system, go to <http://www.aafp.org/afpsort>.

and PTSD. The Primary Care PTSD Screen is available at <http://www.ptsd.va.gov/professional/pages/assessments/pc-ptsd.asp>.²⁹ Organizations such as the Student Veterans of America (<http://www.studentveterans.org>) may help student veterans connect with resources and students with similar backgrounds. *eTable A* lists resources for student veterans.

Student athletes are not only at higher risk of sports-related injuries, but also of loss of eligibility because of inadvertent violation of National Collegiate Athletic Association (NCAA) rules related to the use of supplements, over-the-counter medications, and prescription drugs. Current rules and standards are available at <http://www.ncaa.org/wps/wcm/connect/public/ncaa/ssi/policy/drug+testing+landing+page>. *eTable B* lists banned drugs, restricted drugs, and drugs that can be used after a formal medical exception is processed with the NCAA. Athletes should be counseled to clear the use of all dietary supplements and over-the-counter medications with their team medical staff or a physician so as not to inadvertently violate NCAA rules.

Data Sources: Specific, evidence-based research on college students is relatively limited. We used PubMed as the primary literature search engine. Key words: college student and university student, plus the selected content (e.g., alcohol, tobacco). Key sources of data: American College Health Association, Essential Evidence, review articles in *American Family Physician*, federal reports on selected content, Cochrane reviews. Search dates: April 2011 through March 2012, and August 2012 through October 2012.

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The opinions and assertions contained herein are the private views of the authors and are not to be construed as official or as reflecting the views of the U.S. Army, Navy, or Air Force Medical Departments or the U.S. Army, Navy, Air Force, or Public Health Service.

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Health Care Skills and Supplies: A Checklist for the College Student

<i>Skills and supplies</i>	Yes	No	<i>Skills and supplies</i>	Yes	No
Chronic condition	<input type="checkbox"/>	<input type="checkbox"/>	Physicians		
What is the name of your condition? _____			How would you find a new physician? _____		
What are your symptoms? _____			_____		
How might this condition impact your future?			How would you transfer your medical records?		
_____			_____		
Medications	<input type="checkbox"/>	<input type="checkbox"/>	Supplies		
Can you name the medication you are taking? _____	<input type="checkbox"/>	<input type="checkbox"/>	Self-help materials (e.g., http://familydoctor.org ;		
What is the dose and how often do you take it? _____			http://www.cdc.gov/family/college/)		
_____			For injuries:		
Can you tell me what your medications do? _____	<input type="checkbox"/>	<input type="checkbox"/>	Antibiotic ointment	<input type="checkbox"/>	<input type="checkbox"/>
_____			Bandages	<input type="checkbox"/>	<input type="checkbox"/>
Do you take your medications without being reminded? _____	<input type="checkbox"/>	<input type="checkbox"/>	Elastic wraps for sprains and strains	<input type="checkbox"/>	<input type="checkbox"/>
In a typical week, do you often forget your medications? (If so, why?) _____	<input type="checkbox"/>	<input type="checkbox"/>	Ice/heat packs	<input type="checkbox"/>	<input type="checkbox"/>
_____			Sport-specific items	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a pocket card listing your medications? _____	<input type="checkbox"/>	<input type="checkbox"/>	Sterile gauze dressings	<input type="checkbox"/>	<input type="checkbox"/>
Do you need a special diet? (If so, can you describe it?) _____	<input type="checkbox"/>	<input type="checkbox"/>	Tape	<input type="checkbox"/>	<input type="checkbox"/>
_____			For illnesses:		
Self-management skills			Acetaminophen or ibuprofen for pain/fever	<input type="checkbox"/>	<input type="checkbox"/>
Do you make/keep appointments for yourself? _____	<input type="checkbox"/>	<input type="checkbox"/>	Antacids	<input type="checkbox"/>	<input type="checkbox"/>
Do you call in/pick up your refills yourself? _____	<input type="checkbox"/>	<input type="checkbox"/>	Antidiarrheal medications	<input type="checkbox"/>	<input type="checkbox"/>
Do you monitor your _____	<input type="checkbox"/>	<input type="checkbox"/>	Antifungal cream	<input type="checkbox"/>	<input type="checkbox"/>
(e.g., pulmonary function/blood glucose)?			Antihistamines for allergies	<input type="checkbox"/>	<input type="checkbox"/>
Have you used a thermometer? _____	<input type="checkbox"/>	<input type="checkbox"/>	Cough/cold agent(s) of choice	<input type="checkbox"/>	<input type="checkbox"/>
Do you use condoms/contraception? _____	<input type="checkbox"/>	<input type="checkbox"/>	Hydrocortisone cream	<input type="checkbox"/>	<input type="checkbox"/>
(Females) Do you manage your periods? _____	<input type="checkbox"/>	<input type="checkbox"/>	Thermometer	<input type="checkbox"/>	<input type="checkbox"/>
Insurance			Condition-specific materials (e.g., peak flow meter, glucose monitor)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have health insurance? _____	<input type="checkbox"/>	<input type="checkbox"/>	Insurance card	<input type="checkbox"/>	<input type="checkbox"/>
Can you name the insurance provider? _____	<input type="checkbox"/>	<input type="checkbox"/>	Pocket card of conditions and medications	<input type="checkbox"/>	<input type="checkbox"/>
How can you find a health insurance provider? _____					

Figure A. A health care skills checklist is one recommended method to assess the needs of the patient and to develop goals for the transition to a health care model that expects assumption of adult responsibilities.

eTable A. Resources for College Students Who Are War Veterans

<i>Resource</i>	<i>Description</i>	<i>Website</i>
American Council on Education	Information on academic credit for military experience	http://www.acenet.edu/higher-education/topics/Pages/College-Credit-for-Military-Service.aspx
eBenefits	Benefits and services available to veterans	https://www.ebenefits.va.gov/ebenefits-portal/
Iraq and Afghanistan Veterans of America	Provides health, employment, education, and community resources	http://iava.org/
Post 9/11 GI Bill	Educational benefits provided by the VA	http://www.gibill.va.gov/
Posttraumatic stress disorder treatment program locator	Provides a list of specialized programs available in each state	http://www2.va.gov/directory/guide/ptsd_flash.asp
Servicemembers Opportunity Colleges	Educational opportunities available to service members	http://www.soc.aascu.org/
Student Veterans of America	Resources and support for student veterans to thrive in postsecondary education and beyond	http://www.studentveterans.org/
Toolkit for Veteran Friendly Institutions	Information to help institutions of higher education build effective programs for veteran students	https://vetfriendlytoolkit.acenet.edu/Pages/default.aspx
ULifeline	Resource center with information on emotional health	http://www.ulifeline.org/
Vet centers*	Information on helping veterans and their families with readjustment counseling and outreach services	http://www.vetcenter.va.gov/
Veterans Crisis Line	Connects veterans in crisis and their family/friends with qualified VA responders through a confidential toll-free hotline (800-273-TALK [8255]), online chat, or text	http://www.veteranscrisisline.net/
Veterans Health Administration†	Information on health benefits, medical centers, social services, long-term care, and more	http://www.va.gov/health/
Veterans of Operations Enduring Freedom, Iraqi Freedom, and New Dawn	Benefits and programs offered by the VA	http://www.oefoif.va.gov/

VA = U.S. Department of Veterans Affairs.

*—Vet centers are available to anyone who served in a combat zone and who received a combat/campaign ribbon.

†—Health care services are available to returning veterans for five years for service-related injuries or illnesses.

eTable B. NCAA Banned and Restricted Drugs

<i>Drug</i>	<i>Status</i>
Anabolic agents	Banned
Antiestrogens (aromatase inhibitors)	Banned Possible medical exception: permitted if required for treatment of specific endocrinopathy
Beta ₂ agonists	Banned Possible medical exception: permitted for inhalation to treat asthma
Beta blockers	Banned for rifle only
Caffeine	Concentrations in urine cannot be greater than 15 mcg per mL
Diuretics	Banned Possible medical exception: if no appropriate alternative available
Glucocorticoids	Prohibited in competition Possible medical exception: permitted for specific short-term indication
Hormones (growth hormone and erythropoietin)	Banned
Stimulants	Banned Possible medical exception: for attention-deficit/hyperactivity disorder treatment (strict enforcement)

NCAA = National Collegiate Athletic Association.

Information from National Collegiate Athletic Association. NCAA banned drug list. <http://www.ncaa.org/wps/wcm/connect/public/ncaa/health+and+safety/drug+testing/resources/ncaa+banned+drugs+list>. Accessed March 20, 2012.