Welcome to the practice of Adolescent Medicine in the new millennium! Those 400 or so of us who are Board-certified and specialize in Adolescent Medicine hope that you will take this opportunity to polish up your clinical skills and help the next generation of American adolescents reach adulthood safely. I can assure you that we are not very “territorial” in our goals; we do not feel the need to see all adolescent patients. Rather, our goal is to teach medical students and residents in a variety of disciplines the important principles involved in treating teenagers and to serve as a resource for referring physicians who have more challenging patients. Our major desire is to see that teenagers are well cared for during their adolescence, a time during which they may appear superficially healthy but during which they may face serious threats from violence, drugs, early sexual activity, eating disorders, as well as a wide variety of common medical disorders.

It is not easy being a teenager in the new millennium, but then it has never been easy being a teenager. From the earliest recorded history, from Hesiod and Aristotle to Shakespeare and George Bernard Shaw (“youth is wasted on the young”), people have complained about teenagers. Western civilization does not make the transition from childhood to adulthood an easy one for many teens, yet research shows that 80% or more of adolescents go through the second decade of life with little, if any, difficulty. The “rebel without a cause” may be a myth that needs to be debunked.

In this slim volume is contained the wisdom of many of my colleagues and peers who have spent their careers studying and treating adolescent patients. I hope that you will learn from their advice (as I have) and put at least some of it to good use. Teenagers make wonderful patients: they are intelligent, challenging, and interested in their own healthcare. Moreover, a successful intervention with a 14 year-old may pay rich, life-long dividends.

I hope that you will find this volume practical and useful, and I would like to thank all of the authors for their contributions to it.
This issue is dedicated to my colleagues in Adolescent Medicine. I know that some of you suffer, at times, from the Rodney Dangerfield Syndrome. But I also know that the teenagers you treat are receiving superb care. I am proud to be counted as one of you.

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