

Letters to the Editor

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This series is coordinated by Kenny Lin, MD, MPH, Associate Deputy Editor for *AFP* Online.

Physicians Should Counsel Adolescents on Harms of Sexting

TO THE EDITOR: A recent study on teen sexting and sexual behavior¹ should remind family physicians to expand the psychosocial evaluation and anticipatory guidance of adolescents to reflect contemporary issues. Sexting may be a gateway behavior to early sexual activity. The study found an association between sending nude photos and higher odds of being sexually active one year later.¹ This confirms a previous adolescent study.² In addition to initiation of sexual activity, sexting may correlate with impulsivity and substance use.³ Physicians should recognize sexting as a potential indicator of these changes in health behavior, and tailor their recommendations appropriately for their younger patients. In addition to health effects, sexting can lead to ostracism from the local community, internet posts that could haunt teens later in life, or trouble with law enforcement.

It is difficult to know the true prevalence of sexting, but the proportion of adolescents who carry cell phones and use social media is growing. The popularity of Instagram and Snapchat allow for potential wide circulation. Adolescents may not consider the risk of embarrassment if recipients share the photos with others. In some cases, pictures made public led to adolescents committing suicide. The involvement of law enforcement may exacerbate the situation even further; 36% of youth-produced sexual images resulted in arrest.⁴ It may seem prudent for states to update their laws to reflect the complexities of sexting. The risk of incarceration for minors will likely remain, however, as most politicians will not update legislation for fear of appearing “soft” on child pornography.

The American Academy of Pediatrics has developed guidelines to help physicians

and parents talk to adolescents about social media and sexting. Physicians should coach parents on becoming better educated about the technologies children are using, discussing online topics and healthy behavior with their children, and supervising online activity through active participation and communication.⁵ As primary care physicians, we should be available to guide adolescents through this tricky time.

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REFERENCES

1. Temple JR, Choi H. Longitudinal association between teen sexting and sexual behavior. *Pediatrics*. 2014;134(5):e1287-1292.
2. Rice E, Rhoades H, Winetrobe H, et al. Sexually explicit cell phone messaging associated with sexual risk among adolescents. *Pediatrics*. 2012;130(4):667-673.
3. Temple JR, Le VD, van den Berg P, Ling Y, Paul JA, Temple BW. Brief report: teen sexting and psychosocial health. *J Adolesc*. 2014;37(1):33-36.
4. Wolak J, Finkelhor D, Mitchell KJ. How often are teens arrested for sexting? Data from a national sample of police cases. *Pediatrics*. 2012;129(1):4-12.
5. O'Keeffe GS, Clark-Pearson K; Council on Communications and Media. The impact of social media on children, adolescents, and families. *Pediatrics*. 2011;127(4):800-804.

Correction

Incorrect pregnancy risk category. The article “Over-the-Counter Medications in Pregnancy” (October 15, 2014, p. 548) contained an error in the third row of Table 4 (p. 552) regarding the pregnancy risk category for naproxen. The U.S. Food and Drug Administration risk category for naproxen during the first and second trimesters is C, not B as listed in the table. The online version of the article has been corrected. ■