

The Transition of the Gastrointestinal Patient from Pediatric to Adult Care



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KEYWORDS

• Transition • Transfer • Gastrointestinal • Adolescents

KEY POINTS

- Transition is the long process of developing independent self-management skills whereas transfer is the actual move from pediatric to adult-centered provider.
- Structured anticipated transition works best with timelines of tasks to master and discussion of the stylistic differences between pediatric and adult practices.
- Disease-specific issues need to be addressed, such as earlier timelines for diet-based therapies, parental support for critical illnesses, and differences in therapeutic strategies.

INTRODUCTION

Transition vs Transfer

Transition has increasingly been recognized as an important concept. As adolescents with chronic gastrointestinal (GI) illnesses mature to adulthood, it is crucial that their clinical care remains uninterrupted. The goal of transition is to ensure that adolescents and young adults receive optimal health care management as they transition from pediatric to adult-centered health care. Transition is a patient-centered process that seeks to maximize lifelong functioning and potential through the provision of high-quality, developmentally appropriate health care services that continue uninterrupted as an individual moves from adolescence to adulthood.¹

Unlike transfer, which refers to the actual move from a pediatric to an adult health care provider, transition is a lengthy process of preparing adolescents for a life as an adult and receiving care from adult health care providers. As with other specialties, the ongoing support of the pediatric provider and the active participation of the parent remain integral factors that help ensure that the transitioning patient develops

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the skills and confidence needed to deal with a chronic illness in adulthood. In addition, the adult health care provider and affiliated health care team need to take into account various physical, medical, developmental, social, and emotional needs of these patients and their families, in a manner that is different than for established adult patients.

Although transition used to predominantly be a pediatric concern, now more and more adult gastroenterologists acknowledge the importance of a seamless transition^{2,3} and are aware that the transition process may be a lengthy one.^{4,5} The age of transition in GI disease continues to vary according to geography and culture, ranging from as young as 16 in the United Kingdom and Australia to mid-20s in the United States.

Timing of Transition Preparation

It is recommended that discussion about transition start when an adolescent is 12 years to 13 years old and a transition plan developed when the child is 14 years to 15 years old, with the actual transfer taking place at 18 years of age or older.^{6,7} One study of young patients with inflammatory bowel disease (IBD) and their caregivers,⁸ however, found many survey respondents endorsed 16 years to 17 years as the best ages to initiate discussions about transition and 18 years or older as the best ages to transfer care. Patients need to know whether the transfer is based on age; milestones, such as marriage or graduation; or other parameters. The authors believe that reminders at every visit for the 3 to 5 visits preceding transfer help break through denial and gently establish reality.

Preparation for Differing Practice Style

An aspect of transfer that is often overlooked is the difference in style between those who provide care to children and those who care for adults. If not well prepared, a transitioning patient may be taken aback by the shift in culture across environments. The adult-style practice emphasizes autonomy and respect, centered on the individual, whereas pediatric-style practice favors nurturance, with possible paternalism, and centers on the family. There is also a different medical focus between pediatric and adult gastroenterologists, with pediatric care focused on growth and development and adult care directed toward cancer surveillance, sexual function, fertility, and pregnancy.^{9,10} Misinterpretation of the differences between adult care and pediatric care can sometimes lead to unhappiness by patients, families, and providers. Adult providers may think that patients are unprepared and clingy, whereas pediatric patients may view adult providers as cold or less involved.¹¹ Discussion of the underlying principles can help support understanding across the transition gap (**Table 1**).

Practice Change	Pediatric Provider View	Adult Provider View
Shorter visits	Rushed	Respecting patients time
Sees patient alone	Ignoring family	Respecting privacy
More patient choice regarding treatment	Not spending enough time to have patient make "correct choice"	Allowing autonomy Empowering patient
Infrequent visits	Not checking in enough	Trusting patient to follow through

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