

## Introduction

Transition from paediatric services to adult is a significant milestone.

More children are surviving into adulthood with chronic conditions <sup>(1)</sup>.

As an adult stoma nurse am I aware of the challenges that this group brings?

Are the adolescents prepared to make the move from paediatric services to adult care? This is a review of the literature published.

## Methods

Discussion with paediatric stoma care nurse.

Literature search – Athens, BMI, CINHAL, Google, RCN, DoH.

## Results

Knowledge of local practice. 4 articles found, 1 more from reference list, DoH documents and RCN guide for working documents reviewed.

# TRANSITION. AN AGE OR A STAGE?

## Discussion

### What is an Adolescent?

The transitional period between puberty and adulthood in human development, extending mainly over the teen years and terminating legally when the age of majority is reached. <sup>(2)</sup>

### Main Concerns Raised by Adolescents

Feeling dumped, abandoned, thrown out, cut off, tossed out. Lack of confidence.

Two thirds gastroenterology services have no transition <sup>(4)</sup>

### Reasons for Transition

Adult service accepting more transition patients <sup>(3)</sup>

Significantly less contact with services complaints

Prepare for reduction in services

Distinct development stage <sup>(3)</sup>

Self management <sup>(3)</sup>

Health and lifestyle <sup>(4)</sup>

Open discussions without parents <sup>(4)</sup>

Confidence of adolescent <sup>(3)</sup>

### When to Transfer Services?

No one established time

Should not be based on age <sup>(3)</sup>

When fulltime education has stopped <sup>(3)</sup>

When disease in remission <sup>(3)</sup>

Depends on individual maturity, stability of disease <sup>(4)</sup>

## Different Methods of Transition

Handover clinic direct transfer from paediatric to adult services.

Parallel clinic - adult and paediatric running at the same time but independently.

Transition clinic - Adolescent patients seen by both teams so that all involved develop familiarity and transfer of expertise. <sup>(4)</sup>

80% adolescents not ready for transition when handover/direct transfer used.

Parents happier with transition clinic.

Adolescents more likely to report problems when confident in transition clinic. <sup>(3)</sup>

## Conclusion

Predominant focus of transition clinics to give patients opportunity to develop disease awareness, self management and decision making in the healthcare setting <sup>(5)</sup>.

Services need to be focused on needs of patient not service <sup>(8)</sup>.

**Transition clinics are an important part of an adolescents development and aid with a smooth transition to adult services.**

## References

1. Lost in Transition: Moving young people between child and adult health services people. RCN (2007).
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