

PRINCIPLES AND OUTCOMES OF TRANSITION TO ADOLESCENCE

Christopher Woodhouse

University College London, United Kingdom

Introduction: Since the 1950s, children with a wide range of congenital and acquired anomalies have survived into adulthood. The challenge has been to provide targeted care for such cohorts to get them through adolescence and into main stream adult life.

Childhood preparation: Parents and children are apprehensive about leaving the holistic world of paediatric medicine. This can be a barrier to establishment of long term care. However, preparation for such a move must begin at this time, both to reassure the family that plans are being made and to establish the needs that the child will have. A medical unit that can take over care must be identified – an 'adolescent unit'.

Late childhood: Joint care should be started between the paediatric and adolescent teams. The child can start taking over responsibility for decisions and the family educated to support rather than to direct care. Close attention must be paid to sexual development, disability is not a bar to sexuality and fertility is likely to be developed before a move to adolescent care is made.

Adolescence: The move to full adolescent care should be tailored to the development of the child. Clinicians must adapt to the needs of the patient, including use of appropriate communication systems such as email and whatsapp. It is most important to encourage 'normality' and discourage 'victimhood'. This also means supporting education, social and sexual development and careers. Usually other specialists with appropriate experience, such as gynaecologists, psychologists, orthopaedic surgeons etc will be required.

Later life: Adolescent care is not an end in itself. If there is an adult equivalent of the original problem (eg asthma, diabetes) the patient can be passed on after adolescence. If there is no such equivalent (eg urologic or cardiac congenital anomalies) lifelong specialised care is needed

c.terrington@btinternet.com