

Transition from paediatric to adult care: “Challenging but rewarding”

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The transition from paediatric to adult care can be challenging for children with a chronic disease, but also for parents and other family members. Many studies have been performed showing both facilitators and barriers with regard to this process in various diseases. The most important conclusions of relevant studies in patients with a haematological disease will be summarized, while highlighting different factors that should be taken into account.

Recommendations include that transition is introduced at the beginning of puberty and is presented as part of a natural process, with responsibilities slowly increasing as the patient becomes adolescent. And also that patient, caretakers, and the families are all actively involved in the process, which involves close communication between paediatric and adult caretakers before, during and after transition.

Different tools have been developed to monitor patient's readiness for transition, a number of which will be introduced. As a successful transition can be measured by health care utilization, adherence to therapy, self-efficacy, quality of life, and continuation on a stable disease trajectory, it is essential to design guidelines to ensure this transition to adulthood and adult care in each centre specialized in these diseases. The experiences and guidelines in our own centre will be discussed.