

Transition

Transition is described as ‘the purposeful planned movement of adolescents and young adults with chronic physical and medical conditions from a child centred to adult oriented health system’.

Transitioning from the familiar children’s hospital setting to an adult health service involves a period of preparation and planning. It is important to start planning early in adolescence, with talks beginning with children as young as 13 to prepare them for the move. This allows time to talk about what future care is needed, where that care should be given, and to make sure that the young person feels ready to move on to an adult health service.

It’s also a time for families to familiarise themselves with their changing role, from primary caregiver to advocate, allowing the young person to take on more of the responsibility of managing their own health care needs. The transition process can be difficult for parents too, who have previously been the primary carer for their child.

Generally, the transition happens anytime from 16 years of age. The aim of a successful transition is to ensure the adolescent feels well prepared to successfully manage their own health care in the future and have a good knowledge and understanding of their condition.

There are a number of differences between paediatric and adult health care services. Some of these differences may include:

- Adjusting to a new environment and staff
- Paediatric settings are family focused whereas adult services treat the young person as an independent adult and may not include the family
- Young people in the adult world will be expected to know about their medical conditions and take responsibility for self-care
- There may be added costs to health care in an adult setting, this will vary from state to state

Things to examine in the transition phase:

- General CF knowledge- How much does the young person know about CF? How does CF affect the young person now? And in the future?
- Career goals: What risks will some careers pose for those with CF? Some careers will increase the risk of infection, some may increase exposure to chemical irritants or may have extreme physical demands.
- Discuss drugs, alcohol and smoking and the effects on CF.

- Discuss sexuality/genetics/fertility: Sometimes knowledge of genetics and inheritance is assumed, and young people may actually need more knowledge on these topics.
- Transplant: Often young adults worry about transplant. Having relevant information is reassuring.
- Medications: Explore current medications and the routine. Does it fit with their life, late nights, sleeping in? etc.
- Action Plan: What will the young person do when they're unwell? Who to call/turn to? Encourage self-management. Have a plan so they are confident with care required when unwell.
- Complications: Talk about complications such as haemoptysis and DIOS/constipation/gut blockage, so they have information to deal with the situation and are not overwhelmed.
- Lung Function: Do they know their FEV₁? If not, they may not understand the importance of the tests.

The **transition process** should evolve over time and usually involves a handover from the paediatric team to the adult team, and includes a tour of the new hospital and meeting some of the care team.

Your local CF organisation will also be available for support during this period.

Useful Resources

<http://files.aussiehome.com/cmsFiles/651/TRANSITION%20BOOKLET.pdf>

<http://www.gottransition.org/youthfamilies/index.cfm>

<https://www.youtube.com/watch?v=05JtjfRVGV8>

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