

Ease Path for Chronically Ill to Adult Providers

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MIAMI — Pediatricians are essential to ensure the successful transition of a chronically ill pediatric patient to adult care providers, according to Dr. Daniel V. Schidlow.

Prepare and encourage the patient and family, establish a "mirror image" adult

care team and work in tandem with them, and recognize when the time is right for the patient to leave your care, he said.

Although Dr. Schidlow is a pediatric pulmonologist, many of the themes for transitioning are universal to all chronic conditions, especially those with a genetic basis, he said. For example, there is no prescribed moment to transition, such as graduation from high school or

college. The timing should be tailored to the individual patient.

"The transition should be smooth, change should occur as part of the process, and it should not be imposed," said Dr. Schidlow of St. Christopher's Hospital for Children, Philadelphia. "The transition happens when the patient, family, and everyone else are ready."

The numbers of adults with chronic diseases are increasing steadily, he said.

"Cystic fibrosis is one of my specialties." In 1984, there were no adult programs for cystic fibrosis. Today, only centers with an adult component are accredited by the Cystic Fibrosis Foundation.

"Adults with chronic diseases that started in childhood, especially those with genetic diseases, need a different environment for care," said Dr. Schidlow, who is also professor and chair of the department of pediatrics at Drexel University, Philadelphia.

Pediatricians tend to communicate more with parents than children, have a developmental focus, and address school performance, sports, and other social aspects of childhood, he said. In contrast, adult health care is more patient driven and patient focused. The social issues also shift toward work, relationships, sexuality, and reproduction, among others.

Pediatrician support for the transition is crucial to its success. Speak with the family and advise them "the time is quickly coming for them to start think-

During the transition process, pediatric and adult care teams see the patient together. 'By the time the patients leave us and go to the adult center, they already feel very comfortable.'

ing about going to an adult caregiver," Dr. Schidlow said at the meeting.

The transition process typically occurs over the course of a year, during which time the pediatric and adult care teams see the patient together. "By the time the patients leave us and go to the adult center, they already feel very comfortable," he said.

Also important to a smooth transition are recognition that independence and self-sufficiency are desirable goals for adolescents with "pediatric diseases," that patients have the ability to adapt to new health care systems, and that given the proper conditions, adult caregivers are able to provide the quality of care these individuals need, Dr. Schidlow said.

"Even today, after many years of addressing these issues, there are obstacles that have not been surmounted. One of the obstacles is the relative lack of expertise of adult caregivers in some of the pediatric conditions, particularly some genetic disorders," he said in a video interview following his presentation.

Transitioning of care is not appropriate for everyone. Patients who are medically unstable, nearing death, or awaiting lung transplantation, for example, are not good candidates, he said. ■

Disclosures: Dr. Schidlow said he had no relevant financial disclosures.

For more of the video interview with Dr. Schidlow, including why many of his patients still keep in touch after making a successful transition, visit www.youtube.com/watch?v=-NIdVfxZky.

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