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Transition from adolescent care to young adult care

This thematic issue of the Journal Ciência & Saúde Coletiva features several articles on "young people", a term used by the Brazilian Ministry of Health (MS) to refer to adolescents and young people in the broad 10-24 age range. Many of these articles refer to chronic problems that affect the lives of these people, such as type 1 diabetes, cancer, neurofibromatosis, and autism. Although they are entirely different conditions, they all equally require careful attention from health services so that these young people can reach adulthood in the healthiest way possible.

The Ministry of Health follows the World Health Organization (WHO) convention, under which adolescence lasts from 10 to 19 years, 11 months and 29 days, and young adulthood occurs between 15 and 24 years, which means that the last years of adolescence overlap with the first years of youth.[1] It is precisely during this period that a fundamental process occurs for adolescents with chronic diseases: the transfer from pediatric care to adult care. The gradual process of preparing adolescents and their families for the transfer to another service is called "transition".

The American Academy of Pediatrics recommends that this process begin around age 12 and be completed by age 21 and that an individualized transition policy be developed jointly by professionals, adolescents, and families. Planning for this process should occur for any adolescent, but it is essential for those with chronic conditions, for whom the development of self-care skills is essential.[2]

Adolescence is a period of human development characterized by physical, psychological, emotional, cognitive, and social changes. For those with chronic health conditions, there is also the need for transition of care, which must be performed considering these other aspects, and, therefore, it cannot be rigid. Given that this transition occurs over several years, possible adaptations should be foreseen per the evolution of the health condition, the development of the adolescent's skills, and changes in the family structure and available social resources.

For the transition to occur correctly, health professionals need to be informed about best practices in this regard, and, above all, they need to have a network of services that can accommodate young people. Ideally, there should be an interaction between the pediatric and adult services with family members and adolescents to exchange information about clinical conditions among everyone and, above all, so that new care practices are well understood and agreed upon to ensure and maintain treatment adherence.

However, pediatric care teams often face a lack of specialized services to refer young people to and the insecurity of professionals who care for adults regarding them. Many care lines for chronic diseases in children and adolescents are being developed as part of public health policies. Transition needs to be included in these documents since it is essential to ensure care continuity toward a good quality of life for adults with chronic conditions since childhood.

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