

## Chapter 2

# OUTCOMES OF STRUCTURED TRANSITION PROGRAM FOR ADOLESCENTS / YOUNG ADULTS WITH DIABETES

Evrım KIZILER<sup>1</sup>

### INTRODUCTION

Diabetes mellitus, one of the leading diseases of the childhood, is a chronic disease that affects the youth's and the parents' life qualities due to its complicated and lifelong treatments like diet regimes, exercises and insulin treatments (Sheehan, While & Coyne, 2015; Lotstein & et al. 2013). A smooth transition from pediatric to adult care is necessary since the disease has a lifelong duration and the adolescents reach adulthood with the disease (Chakraborty & et al, 2013; DeBaun & Telfair, 2012; Aldiss & et al., 2015; Cooley & Sagerman, 2011).

The transition is an active process from pediatric to adult care; in which youth with chronic health problems gain purposeful and planned behaviors in order to maintain optimal health and well-being (Cooley & Sagerman, 2011; Cadario & et al., 2009; Alpay, 2009; Prior & et al., 2014). The purpose of transition care is to maintain the control of the disease, maximize the potential and well-being of adolescent in both adolescence and adulthood by providing the uninterrupted quality care interventions that adolescent need (Lotstein & et al. 2013; Betz, 2004; Wood & et al., 2014; Sparud & et al., 2008). Several studies, that investigated the experiences of AYA's with diabetes reported that adolescents with diabetes and health care providers need an effective, smooth and coordinated transition care that appropriate the developmental needs as well as professional diabetes support (Cooley & Sagerman, 2011; Prior & et al., 2014; McDonagh, 2005; Findley & et al., 2015; Wafa & Nakhla, 2015; Holmes & et al, 2007)

Published literature shows that youths with diabetes, receive limited preparation and transfer assistance. As a result, many are at risk for severe complication related to diabetes, morbidity and mortality (Betz, 2004; Sparud & et al., 2008; Sawicki & et al., 2009; McDonagh, 2005; Findley & et al., 2015; Wafa & Nakhla, 2015). When they have transfer from pediatric to adult care without effective, coordinated and planned transition process 46% of adolescent with diabetes have difficulties and disappointment (Pacaud & Yale, 2005) and 11 to 41% of them

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<sup>1</sup> Assistant Professor, Ankara Yıldırım Beyazıt University, ekiziler@ybu.edu.tr

**Table 3. Six Stages of “Six Core Elements” (NCHCT, 2019; Chu & et al., 2015)**

a. Develop a transition policy
b. Transition tracking and monitoring
c. Transition readiness
d. Transition planning
e. Transfer of care
f. Transfer completion

### **Limitations**

This systematic review has several limitations. In most studies the transition process was not described in detail. This made it difficult to associate research results with specific transition processes. Additional research is needed to generate evidenced-based guidelines and to determine which transition intervention are most effective. In the future, it is recommended to conduct studies in which the effectiveness of the proposed algorithm of AAP/ AAFP/ACP and “Six core elements” guide is evaluated.

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