ORAL SECTION

CHILDREN AND ADOLESCENTS

TRANSITION PRACTICES OF HYPERTENSIVE YOUTH FROM PEDIATRIC TO ADULT HEALTH CARE AMONG ESH EXCELLENCE CENTRES

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Objective: Transition refers to the process of changeover from pediatric to adult health care. In the light of the increasing prevalence of arterial hypertension in children and adolescents we aimed to assess transition practices from pediatric to adult health care among Excellence Centres of the European Society of Hypertension (ESH).

Design and method: A 22-question survey was sent out to ESH Excellence Centres in July 2022. Only one answer per excellence center from the center leader was allowed.

Results: Forty-nine ESH Excellence centres responded the survey, almost all (98%) affiliated in hospital settings. Specific transition clinics do not exist in 64% of the settings. The median number of young adults diagnosed with childhood hypertension transferred from pediatric clinics to ESH Excellence Centres is 5 per year (interquartile range 2 - 13). In 66% of the centres, the transition process is limited to written medical history (transfer letter). Only 23% centres reported coordinated visits at pediatric and adult clinics. The main criterion for patient transfer to adult clinics is patient age (87% of the centres) with transfer age being at 18 years in 75% of the centres, while 20% reported transfer ages younger than 18 years. In only 9% of the centres patient self-management skills are assessed to decide readiness for transfer to adult clinics. The ESH 2016 guidelines hypertension staging criteria in children and adolescents (Lurbe et al J Hypertens) are applied in 52% of the centres, the ESC/ESH 2018 adult hypertension guidelines (Williams B et al J Hypertens) are used in 21% and national guidelines are used in the remaining centres. Adherence is considered the main challenge during transition process as reported by 68% of the centres, lifestyle by 66%, patients' lack of understanding of their condition by 50%, and psychosocial issues by 50% of the centres. Fifty-one percent of centres modify treatment after transfer according to adult recommendations, 93% for uncontrolled hypertension and 75% to change in single (combination) pill.

Conclusions: Coordination and communication between pediatric and adult units should be reinforced as they are major factors for effective transition into adult health care.

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