Port J Nephrol Hypert 2018; 32(4): 351-352 • Advance Access publication 13 December 2018

The transition from pediatric to adult services

Marina Vieira[1], Cecília Silva[1], Margarida Abranches[2]

[1] Nephrology Department, Hospital Curry Cabral, Centro Hospitalar Lisboa Central, Lisboa, Portugal
[2] Pediatric Nephrology Unit, Hospital Dona Estefânea, Centro Hospitalar Lisboa Central, Lisboa, Portugal

Received for publication: Sep 5, 2018
Accepted in revised form: Nov 15, 2018

Mr. Editor:

Pediatric nephrology diagnoses have specific characteristics, often not well known in the adult nephrological world. The timing of the transfer from pediatric to adult services is a critical phase with an increased morbidity and mortality, requiring prior preparation, making it necessary to define the optimal transitional phase during which the young patient is progressively empowered with the skills and knowledge needed for a future management of his healthcare in an adult environment.

This transitional and transfer process is made more difficult by the differences between the care provided to the pediatric versus the adult patient[1].

In 2015, the nephrology department of Curry Cabral Hospital and the Pediatric Nephrology Unit of Dona Estefânia Hospital developed a collaborative strategy for nephrological transition and transfer.

The multiple difficulties found in the nephrological transition phase and consequently in the effective transfer of the patient have led International Societies to draw up recommendations to facilitate this process[2,3].

Our implemented strategy comprised a transition phase with joint consultations with both pediatric and adult nephrologist. These took place in the pediatric department. Effective transfer to adult care services took place only when the young patients had sufficient empowerment and knowledge to understand the importance of taking care of their own health in adult services.

Thirty-three patients (22 males and 11 females) were evaluated and transferred from 01/05/2015 to 31/07/2018.

A total of 111 appointments were performed. Of the 33 patients transferred, only one dropped out, representing a compliance of 96.9%.

Unfortunately, one patient diagnosed with lupus nephritis stopped taking medication after the nephrological transfer phase and started hemodialysis. Patients' diagnoses are described in Table I. The group of Congenital Anomalies of Kidney and Urinary Tract (CAKUT) represents 63.6% of the diagnosis. CAKUT causes 30-50% of end stage renal disease[4].

Table I

Patients' diagnoses

Diagnosis	Number of patients
Primary Glomerulopathies	**7/21.3%**
Minimal Change Disease	4/57.%
IgA Nephropathy	2/28.6%
GESF	1/14.2%
Secundary Glomerulopathies	**2/6%**
Lupus Nefropathy	2/100
Tubulo-Interstitial Nephropathies	**2/6%**
Chronic Pyelonephritis	2/100
CAKUT and Hereditary Disease	**22/66.7%**
Posterior urethral valve	5/22.7%
Vesicoureteral reflux	4/18.2%
Renal Agenesis	3/13.7%
Renal Hypoplasia	3/13.7%
Ureteropelvic junction obstruction	3/13.7%
Alport Syndrome	1/ 4.5%
ARPKD	1/ 4.5%
ADPKD	1/ 4.5%
Nephronophtisis	1/ 4.5%
Total	**33/100%**

CAKUT: Congenital Anomalies of the Kidney and Urinary Tract, GESF: Segmental and Focal Glomerulosclerosis, ADPKD: Autosomal dominant polycystic kidney disease, ARPKD: Autosomal recessive polycystic kidney disease

The ideal is to create a nephrology transition program based on international recommendations and

adapted to the reality of each hospital. To ensure a good continuity of care, it is essential that the adult nephrologist is aware of the diseases that most frequently cause renal failure in the pediatric age range.

Disclosure of potential conflicts of interest: None declared.

References

1. Watson AR. Problems and pitfalls of transition from paediatric to adult renal care. Pediatr Nephrol. 2005;20:113-117.
2. Forbes TA, Watson AR, Zurowska A, et al. European Paediatric Dialysis Working Group, Adherence to transition guidelines in European paediatric nephrology units. Pediatri Nephrol. 2014;29:1617-1624.
3. Watson AR, Harden PN, Ferris ME, Kerr PG, Mahan JD, Ramzy MF, Consensus Panel Members. Transition from pediatric to adult renal services: a consensus statement by the International Society of Nephrology (ISN) and the International Pediatric Nephrology Association (IPNA). Kidney Int 2011:80:704-707.
4. Seikaly MG, Ho PL, Emmett L, Fine RN, Tejani A. Chronic renal insufficiency in children: the 2001 Annual Report of the NAPRTCS. Pediatr Nephrol. 2003;18:796-804.

Correspondence to:
Marina Vieira, MD
Nephrology department, Centro Hospitalar Lisboa Central
E-mail: marina.vieira19@gmail.com