

Transition for patients with chronic thyroid diseases

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Introduction

Children and adults with chronic thyroid disorders (TD) need continuous monitoring, as periods of inadequate thyroid hormone substitution can affect metabolism, puberty and fertility. Transition care for young adults with these pathologies remains largely unknown.

Objective and hypotheses

- To analyse the transition care (TC) of patients with chronic TD.
- To create specific transition recommendations aiming to improve patients autonomy.

Methods

All patients followed at our tertiary care center for a chronic TD (as congenital hypothyroidism, thyroiditis, secondary hypothyroidism) were contacted after transition from pediatric to adult care and asked to answer to a structured transition questionnaire, the 26 item WHOQOL-BREF questionnaire, and the 3-item "Adherence Estimator" for medical prescription.

Results

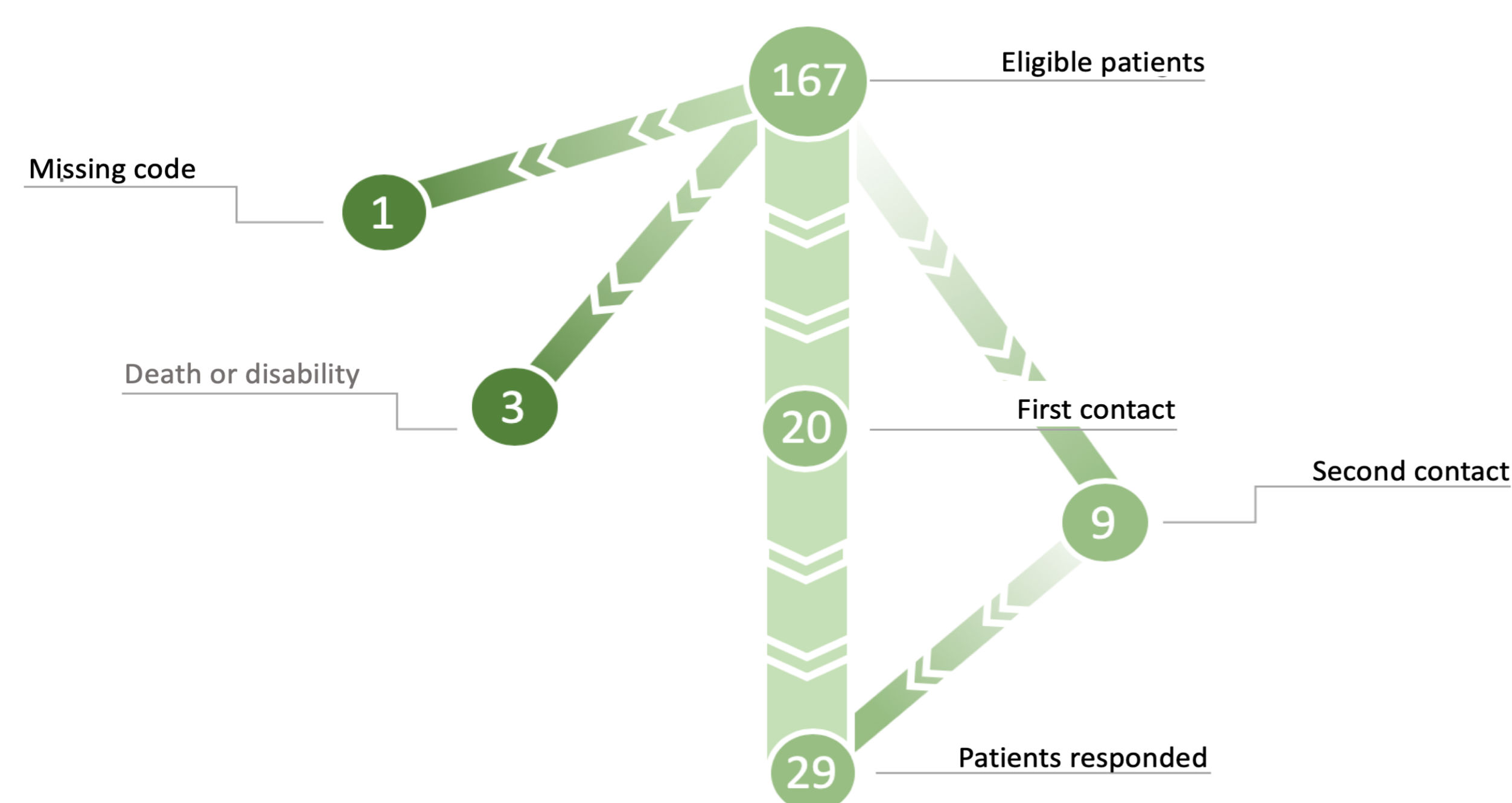


Fig. 1: Among 167 eligible patients (72% females), 29 (17%) patients responded (69% females)

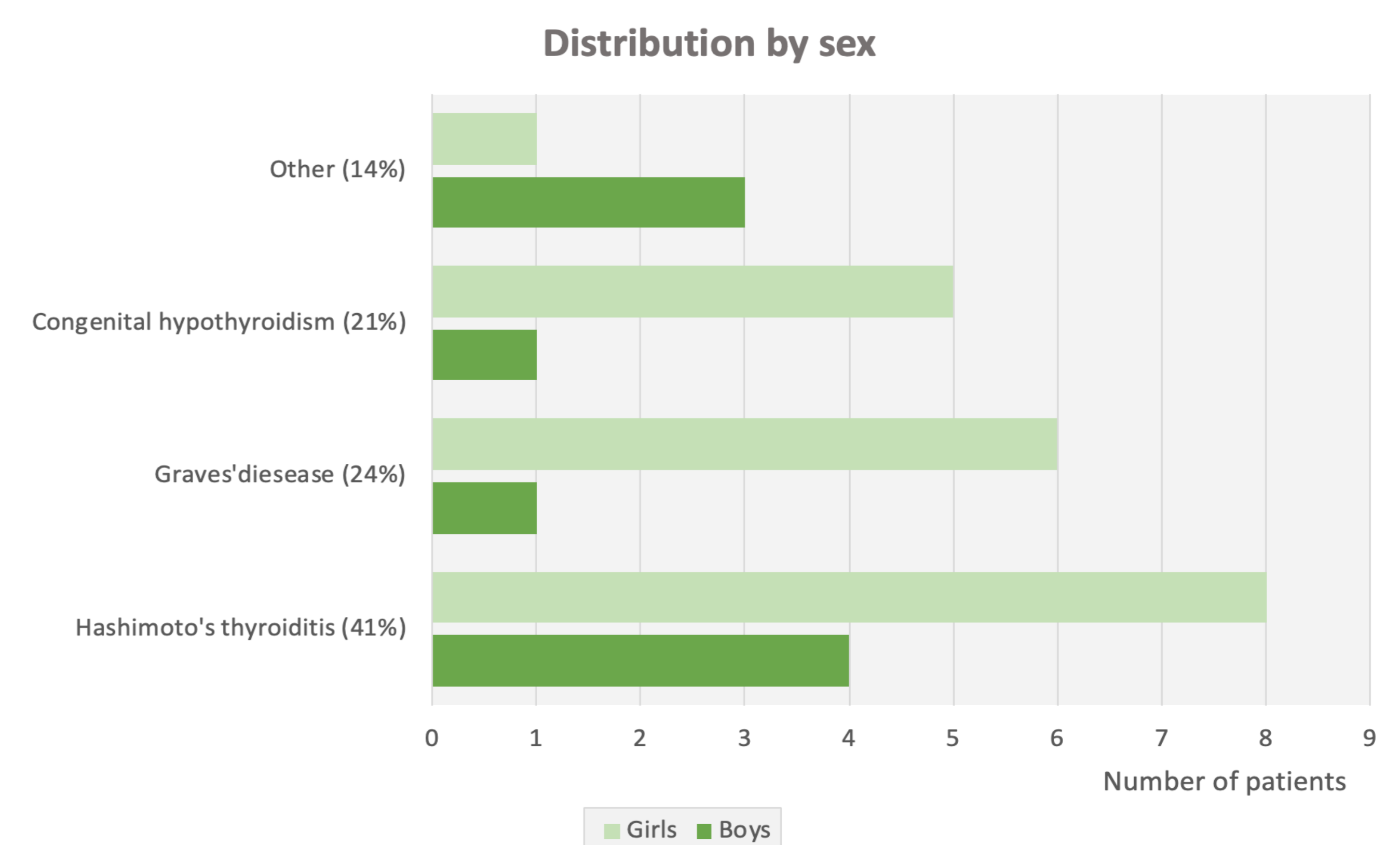


Fig. 2: Distribution of the thyroid pathologies among patients

Transition

- 34% of the patient felt satisfied with transitional care
- 27.6% did not feel well accompanied during transition
- 28% did not feel well supported
- 51.7% felt that a transition program involving the paediatrician and the adult specialist would be adequate
- 17.2% would prefer to see the adult specialist alone

Medication

- 17.1% admitted to forget the medication 1.2 x and
- 17.1% > 3 x / in the last month

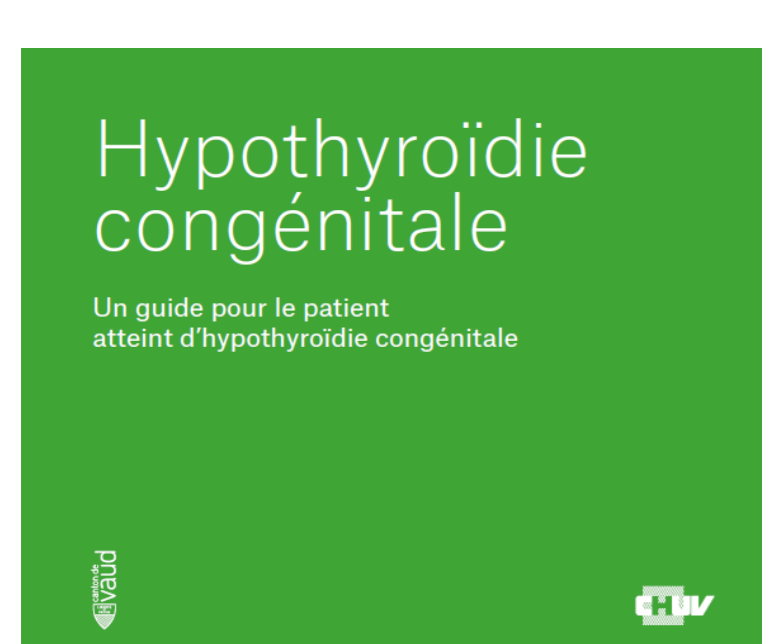
Quality of Life

- Quality of life was good or excellent for 89.8% of the patients

Conclusion

Whilst quality of life was good, only 34% of the patient felt satisfied with transitional care, and medication adherence seemed insufficient, reflecting the special attention needed by young adults with chronic diseases.

In order to ameliorate TC, we developed a structured-transition program, including a structured transition of patients in a dedicated transition center (CEMJA) (Fig 3).



An electronic, interactive transition document specific for patients with thyroid disorders, aiming to enhance autonomy in therapeutic adherence through education and guidance to patient and medical caregivers has been created.

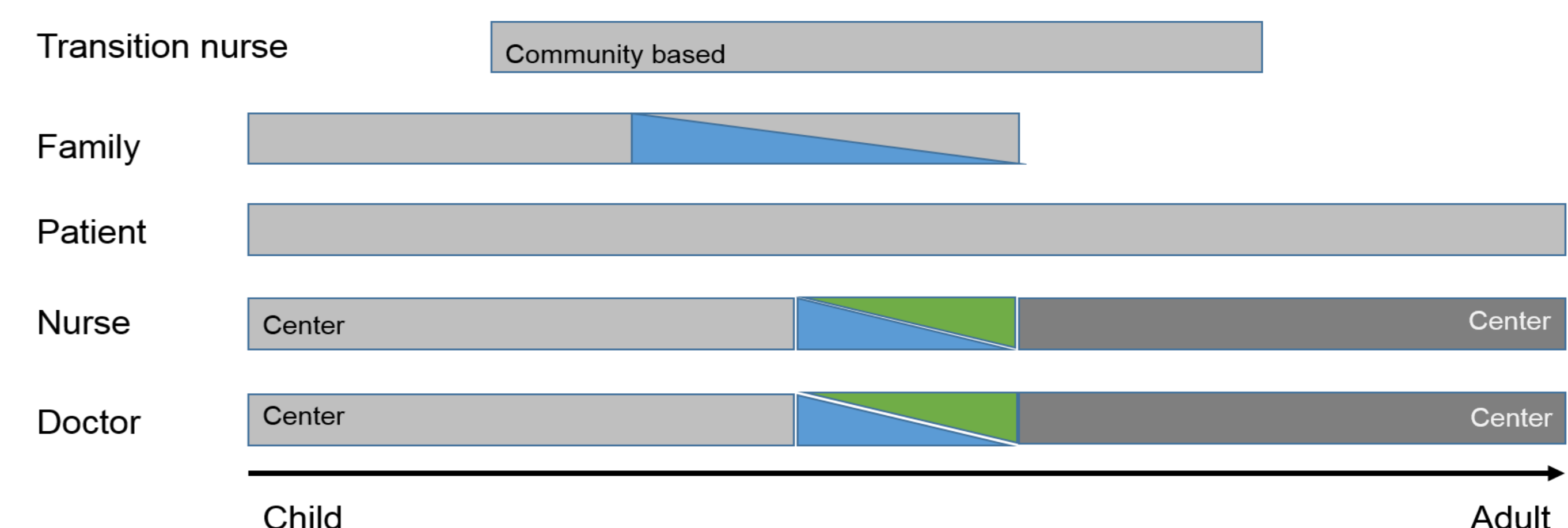


Figure 3: Schematic depicting the structured endocrine transition of the Lausanne model (CEMJA). Involvement of the pediatric team progressively declines as the adult-oriented team assumes increasing control for consultations. Nurses serve as navigators who accompany the patient in the transition to adult oriented care at the academic medical center.