

## Improving the Transition from Paediatric to Adult Care Services for Adolescents with Eating Disorders

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## Disclosure Information

We have no financial relationships to disclose



Health care drop-out

Poor treatment adherence

Increases in illness states and relapses

Increases in ER visits & admissions

Poor overall health outcomes



Frank 1996, Nakhla et al. 2006, Reid et al. 2004, Tomlinson & Sugarman 1995, Whitson et al. 2000

## Transfer vs Transition

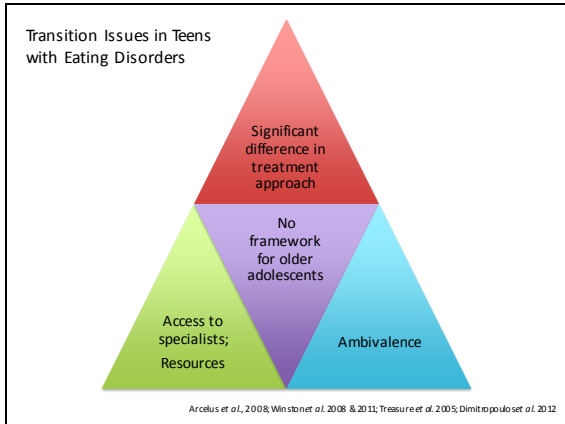
- Transfer is a *one time event*
- Transition is a *process*
  - purposeful
  - planned



Blum, 1993; Rosen, 2006

Approximately 50% of adolescents with eating disorders recover while 50% continue to be affected by either subclinical or a chronic illness course

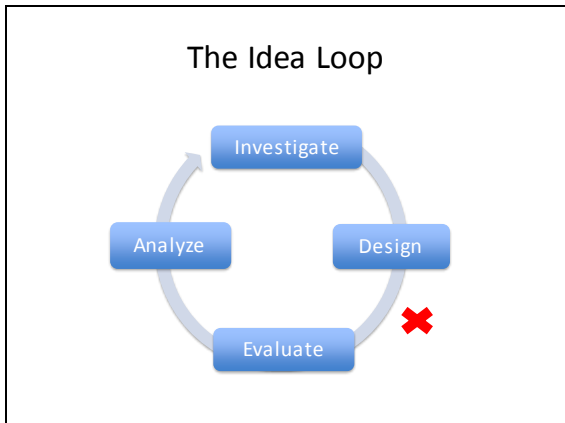
Steinhausen, 2009



## The Problem

- No procedure, protocol, or pathway for transitioning adolescents to adult eating disorder programs
- No research evaluating interventions to facilitate the transition

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## Objectives

1. To identify the gaps in current practice of transitioning adolescents with eating disorders to adult services
2. To develop and evaluate a transition program for adolescents with eating disorders to improve their experiences and possibly health outcomes

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## Identifying the Gaps

- Retrospective chart review
- All adolescent eating disorder patients transitioned from SickKids to adult care (n=30)
- January 2009 to December 2011
- Inter-disciplinary working group assembled

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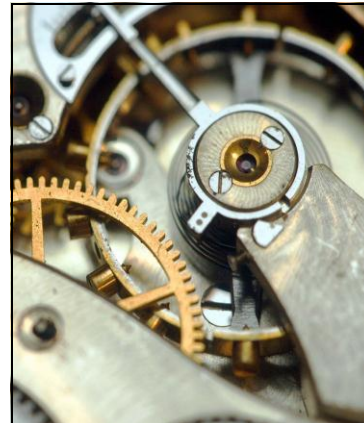
### Patient Summary (n=30)

Median age at ED diagnosis	15.9 yrs (range 11 – 175 yrs)
Median age at entry to SickKids	16.3 yrs (range 14 – 175 yrs)
Diagnosis	Anorexia Nervosa (n=20) ED-NOS (n=5)
Median progress weight at entry	79.7% (range 64 – 100%)
Median # pediatric hospitalizations	1 (range 0-6)
Median duration Rx at SickKids	1.2 yrs (range 0.1 – 3 yrs)

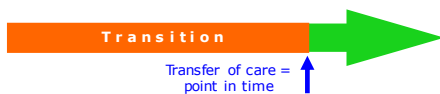


### Patient Summary (n=30)

Median progress weight at transfer	98% (range 76 – 83%)
Median age at transfer	17.9 yrs (range 16.8 – 18.9 yrs)
Median onset of transition related discussions prior to transfer	3.5 wks (range 0 – 27.5 wks)
Median # clinic appointments in year prior to transfer	13 (range 1 – 33)



No consistency  
 1/3 NO dictated transfer letter  
 1/2 patients transferred to family doctor  
 4/30 patients transferred to ED specialist



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## Transition Program: Key Elements

- 1) Emphasis on coordinated and shared care between pediatric and adult care providers
- 2) Promotion of patient autonomy
- 1) Life skills training

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## Transition Program

Cultural differences  
between pediatric  
& adult care

Skill development:  
mental & physical  
health

Nutrition 101

Academic goals

## Evaluation of Intervention

- Patient and parent perception of patient readiness for change and transition to adult care
- Patient adherence to treatment after transfer from paediatric to adult care services

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- Transition is often poorly coordinated
- Stronger partnerships needed
- Inter-disciplinary approach
- Research evaluating interventions is needed

Conclusions

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