



AAP policy helps pediatricians support transition to adult care for HIV-infected youths

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Antiretroviral treatments have improved greatly over the past few years, which means most HIV-infected adolescents are living into adulthood. This increased lifespan sparks a need for plans that move youths from pediatric care to adult care successfully.

A new AAP policy statement gives pediatricians guidelines for making the transition as smooth as possible. *Transitioning HIV-infected Youth into Adult Care*, published in the July issue of *Pediatrics* (2013;132:192-197; <http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2013-1073>), describes the need for a formal, written transition plan that involves the patient, his or her family, the pediatric medical home and the new adult health care team.

The policy stresses the importance of an individualized plan. All parties involved must consider a variety of issues that affect the patient's ability to make a successful transition.

Aside from dealing with the consequences of living with their illness, youths with HIV may face stigmatization from peers, different processes and possibly embarrassing side effects of puberty, financial issues and societal marginalization. All of these factors affect a youth's ability to come to terms with his illness and handle treatment on his own. A youth is not ready for transition until he has a firm grasp on all of these factors. The pediatrician should assess where the youth stands on these issues before creating the transition plan.

The most important factor in a youth's readiness to transition is his ability to accept his illness and be self-sufficient in adhering to antiretroviral treatments, according to the policy. A youth's ability



to self-manage his illness is influenced by the type and timing of his HIV diagnosis. Youths with perinatally acquired HIV are more accepting of their illness and have more experience handling treatment. Those who acquire HIV through sexual contact might be in denial, more susceptible to negative peer comments and less comfortable with treatment.

Regardless of the age at diagnosis, the policy suggests taking the transition process slow and allowing time for the youth to move back and forth between pediatric and adult care before making the switch permanent. Pediatricians should make sure health care coverage and access to medications remain uninterrupted.

To facilitate a successful transition, the policy recommends pediatricians:

- Create a formal, written policy that includes goals and a timeline of the transition. Establish a system to track the youth throughout the process.
- Begin the conversation about transitioning early, perhaps when patients are around 12 years old. They need to be fully aware of their medical condition and its treatment before the transition conversation. During these years, encourage and empower them to take responsibility for their health care.
- Initiate the transition when patients are between 18 and 25 years old and after sending the adult care provider relevant documents, a transfer letter, a medical summary and electronic health records.
- Document the completion of the transition and evaluate the process. Be available for consultations with the adult care provider immediately after the transition.