ABSTRACT NUMBER: 1302

Assessment of the Transition of Care from Pediatric to Adult Rheumatology in a Tertiary Center

Serdal Ugurlu[1], **Ali Yagiz Ayla**[1], Helin Idil Besiroglu[2], Feyza Nur Azman[1], Bugra Egeli[3], Hatice Eren[1], Ibrahim Durucan[2], Arif Alkan[2], Sila Ozturk[1], Sercan Ergun[1], Amra Adrovic Yildiz[4], Kenan Barut[5], Fatih Haslak[1], Sezgin Sahin[1], Mehmet YILDIZ[1], Huri Ozdogan[6] and Ozgur Kasapcopur[7], [1]Istanbul University-Cerrahpaşa, Istanbul, Turkey, [2]Istanbul University-Cerrahpaşa Medical Faculty, Istanbul, Turkey, [3]Children's Hospital of Los Angeles, Los Angeles, CA, [4]School of Medicine, KOC University, Istanbul, Turkey, [5]Istanbul University-Cerrahpasa, Istanbul, Turkey, [6]Istanbul University-Cerrahpaşa Medical Faculty Department of Internal Medicine Division of Rheumatology, Istanbul, Turkey, [7]Istanbul University-Cerrahpaşa, Cerrahpaşa Medical School, Istanbul, Turkey

Meeting: ACR Convergence 2022

Keywords: Access to care, Patient reported outcomes, Pediatric rheumatology, quality of care

SESSION INFORMATION

Date: Sunday, November 13, 2022

Session Type: Poster Session C

Title: Measures and Measurement of Healthcare Quality Poster

Session Time: 1:00PM-3:00PM

Background/Purpose: Taking the responsibility for their own health should be an important goal for the patients in the health care transition process. The Transition Readiness Assessment Questionnaire (TRAQ) is an effective tool to assess the competencies of the patients in five domains, which is usually administered before transitioning to adult care. For the first time, we aimed to measure the self-management skills of the patients with rheumatologic diseases who had already transitioned to adult rheumatology by using the TRAQ.

Methods: 310 patients who had transitioned from pediatric to adult rheumatology between June 2020-June 2021 were interviewed. The TRAQ was administered to the patients by the physicians in our clinic. The patients were divided into groups according to their diagnoses. The patients with two rheumatologic diagnoses in different categories were included in both groups. The data evaluated included sex, age at diagnosis, age at transition to adult care, age at TRAQ administration, and diagnoses of the patients.

Results: There were 184 female (59.4%) and 126 male (40.6%) patients. The mean age at diagnosis, the mean transition age and the mean age when the TRAQ was administered were 10.7 ± 4.29, 21.1 ± 1.69 and 24.0 ± 2.26 years, respectively. The minimum and maximum ages of transition were 16 and 26, respectively (IQR:20-22). 22 patients were in the 16-18 age group, 170 patients were in the 19-21 age group, and 118 patients were in the 22+ age group according to the transition age. The patients consisted of four groups: FMF (n=203), arthritis (JIA and juvenile SpA, n=81), connective tissue disorders (SLE, scleroderma, polymyositis, dermatomyositis and Sjögren's syndrome, n=29) and others (Behçet syndrome, Henoch-Schönlein purpura, polyarteritis nodosa, Raynaud phenomenon, acute rheumatic fever, and cryoglobulinemic vasculitis, n=23). The TRAQ results according to the diseases are given in Table 1. The results according to sex are given in Figure 1. Females had higher scores than males in tracking health issues (2.65±1.02 vs. 2.31±1.11, p=0.005) and overall TRAQ score (4.31±0.326 vs. 4.22±0.360, p=0.02). The TRAQ results according to the transition age and age at TRAQ administration are given in Table 2.

Conclusion: Tracking health issues was the weakest domain in our cohort irrespective of other factors. Females performed better than males in overall TRAQ score. The transition age, the age at TRAQ administration or the diagnosis didn't affect the overall TRAQ score. Thus, initiating the transition period earlier can be recommended due to the fact that a later transition did not necessarily lead to better outcomes in self-management. Assessing the abilities after the transition in addition to pre-transition period can be a good first step to address the needs of the patients with rheumatologic diseases.

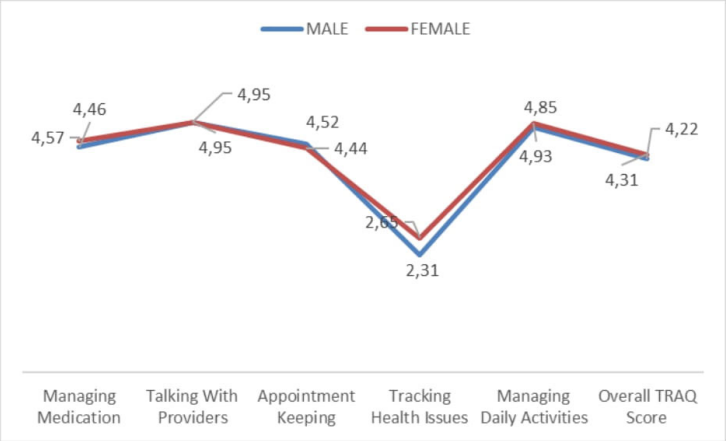

Figure 1. Mean TRAQ Scores According to Sex

	Managing Medications, Mean±SD	Talking with Providers, Mean±SD	Appointment Keeping, Mean±SD	Tracking Health Issues, Mean±SD	Managing Daily Activities, Mean±SD	Overall TRAQ Score, Mean±SD
Age at Transition						
16-18	4.63±0.663	5.00	4.56±0.526	2.69±0.988	4.94±0.284	4.36±0.364
19-21	4.54±0.572	4.94±0.346	4.42±0.601	2.51±1.10	4.88±0.504	4.26±0.361
22+	4.49±0.622	4.97±0.229	4.53±0.545	2.48±1.06	4.93±0.342	4.28±0.311
p-value	0.545	0.456	0.201	0.724	0.582	0.267
Age at TRAQ administration						
18-23	4.58±0.561	4.98±0.187	4.37±0.624	2.58±1.14	4.87±0.505	4.28±0.357
24-29	4.47±0.623	4.93±0.358	4.55±0.521	2.46±1.01	4.93±0.365	4.27±0.331
p-value	0.093	0.157	**0.006**	0.350	0.245	0.850
Overall	4.52±0.597	4.95±0.293	4.47±0.576	2.51±1.07	4.90±0.435	4.27±0.343

Table 2. Mean TRAQ Scores According to Ages

	Managing Medications, Mean±SD	Talking with Providers, Mean±SD	Appointment Keeping, Mean±SD	Tracking Health Issues, Mean±SD	Managing Daily Activities, Mean±SD	Overall TRAQ Score, Mean±SD
Familial Mediterranean fever	4.51±0.610	4.96±0.286	4.51±0.556	2.52±1.03	4.94±0.387	4.29±0.333
Arthritis	4.54±0.516	4.93±0.349	4.44±0.624	2.44±1.10	4.78±0.770	4.23±0.323
Connective Tissue Disorders	4.44±0.677	5.00	4.34±0.542	2.55±1.21	4.06±0.340	4.24±0.381
Others	4.71±0.515	5.00	4.30±0.623	2.35±1.15	4.94±0.278	4.26±0.371
p-value	0.313	0.599	0.217	0.794	0.484	0.621

Table 1. Mean TRAQ Scores According to Disease Categories

Disclosures: S. Ugurlu, None; **A. Ayla**, None; **H. Besiroglu**, None; **F. Azman**, None; **B. Egeli**, None; **H. Eren**, None; **I. Durucan**, None; **A. Alkan**, None; **S. Ozturk**, None; **S. Ergun**, None; **A. Adrovic Yildiz**, None; **K. Barut**, None; **F. Haslak**, None; **S. Sahin**, None; **M. YILDIZ**, None; **H. Ozdogan**, None; **O. Kasapcopur**, None.

To cite this abstract in AMA style:

Ugurlu S, Ayla A, Besiroglu H, Azman F, Egeli B, Eren H, Durucan I, Alkan A, Ozturk S, Ergun S, Adrovic Yildiz A, Barut K, Haslak F, Sahin S, YILDIZ M, Ozdogan H, Kasapcopur O. Assessment of the Transition of Care from Pediatric to Adult Rheumatology in a Tertiary Center [abstract]. *Arthritis Rheumatol.* 2022; 74 (suppl 9). https://acrabstracts.org/abstract/assessment-of-the-transition-of-care-from-pediatric-to-adult-rheumatology-in-a-tertiary-center/. Accessed December 29, 2023.

ACR Meeting Abstracts - https://acrabstracts.org/abstract/assessment-of-the-transition-of-care-from-pediatric-to-adult-rheumatology-in-a-tertiary-center/