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Transfer of Patients with Autoimmune Diseases from the Pediatrician to Adult Health Care Service

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Abstract Autoimmune diseases in children are a big challenge for doctors. These diseases have a long evolution over time and can be associated with other autoimmune disorders. Patient transfer from pediatric to adult health care service should be done with great responsibility in order to offer quality care to patients. Juvenile idiopathic arthritis and celiac disease are two of autoimmune diseases that can have an important impact on child development.

Keywords: *celiac disease, juvenile idiopathic arthritis, patient transfer*

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1. Introduction

Celiac disease (CD) and juvenile idiopathic arthritis (JIA) are diseases with a high prevalence in children. Their beginning is early in childhood, and their evolution is often fluctuating. Population studies estimate a prevalence of 0.5-1% of celiac disease in Western Europe and the US. There is the possibility of an association of celiac disease with other autoimmune disorders, leading to increasing prevalence. [1,2] The association of celiac disease with Type I diabetes is found at a rate of 3% -7.9%. Often the onset and evolution do not follow the classic form of celiac disease. When clinical presentation is in the form of masks of celiac disease diagnosis may be delayed. [3]

JIA is common in children. The prevalence of this disease varies depending on geographical areas. The highest prevalence is found in the Nordic countries (Finland and Norway). [4,5] In Romania the prevalence of JIA is estimated at 10 per 100000 children. JIA manifestations in children have some particular features related to the clinical forms, the existence of other autoimmune associations, and treatment. Clinical forms of JIA in children have a different prevalence, as follows: oligoarticular JIA 30%, polyarticular JIA with negative rheumatoid factor 20%, polyarticular JIA with positive rheumatoid factor 5%, JIA with systemic onset 5%, psoriatic arthritis 5%, enthesitis related arthritis 25%, and undifferentiated arthritis10%. [4,6]

2. When and How It Should Be Done the Transfer of Patients between Health Care Services

Under the laws of Romania pediatric patients are seen to age 18. So the transfer of patients should not be done before age of 18. A team that includes pediatricians, rheumatologists, immunologists, and psychologists should do the evaluation of patients with autoimmune diseases. It is very important for patient transfer from the pediatric service to be done in good clinical condition and no signs of the disease evolutivity. [7,8]

JIA management objectives include: to decrease pain, to prevent joint damage and to prevent loss of function. An important aspect of JIA management is that besides pharmacological treatment should include assessment of psychosocial factors, school performance, nutritional issues, physical therapy and educational therapy. [5] Patient transfer must be made during the period of clinical and biological remission. According to American College of Rheumatology complete remission means: no inflammatory pain point, without synovitis, no morning stiffness, no progression of damage, no elevation of erythrocyte sedimentation rate and C-reactive protein level. [9,10]

In the case of celiac disease should be respected the same condition for pediatric patients transfer: complete remission of the disease. This can be achieved through adherence to a gluten-free diet, involving patients' family and educational factors. [11,12] Knowing the risk of association with other autoimmune disorders, diseases such as diabetes, Hashimoto's thyroiditis and autoimmune hepatitis will be assessed regularly.

3. Conclusions

Pediatrician's work must have as main purpose the right and individualized treatment to stop the disease.

Patient transfer must be made during the period of clinical and biological remission of the disease.

To provide suitable care and treatment of each patient requires teamwork.

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