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Transition of adolescents with renal ailments

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Description

The change from childhood through adolescent to adulthood provides a distinct issue for many types of illnesses, including renal ailments[1]. Adolescents are expected to learn how to manage their own conditions and to negotiate the intricacies of the health care system and their growing health condition throughout this period. Ongoing psychological growth, as well as perhaps needing to traverse new environments and experiences for additional schooling or professions, might exacerbate these challenges. These transition phases can be critical occasions for these individuals in deciding the best prognosis for their illness [2].Poor transitions might result in the need for dialysis or transplantation. Standardised transition procedures and effective cross-communication between paediatric, adolescent, and adult physicians are required to assist patients in navigating this phase [3].

Because there are few standardised transition procedures, the heterogeneity in outcomes for paediatric patients transitioning to adulthood can be influenced by the integration of their local paediatric and adult health care systems. This issue of Advances in Chronic Kidney Disease (ACKD) studies and covers paediatric manifestations of chronic kidney disease that adult nephrologists should be aware of. Furthermore, we discuss the primary symptoms, causes, and comorbidities associated with chronic renal disease that might be aggravated by a poor transition process[4-6].

Similarly, one issue encountered in these populations is inappropriate nutrient delivery, which can result in stunted development and electrolyte imbalances. Emphasises prospective prognosis in paediatric children who are weak in nutrition and their growth through the transition phase. Then collaborate to address the difficulty of moving adolescents with inherited tubular diseases to adult treatment. The paper focuses key themes and insights to keep in mind as these patients transition to adult care. Psychosocial concerns are just as significant as physiological ones. Investigates the crucial significance of family support networks in assisting teenage patients in adjusting to new and unfamiliar surroundings [9-11].

A few goals must be satisfied for a quality transition process. There must be excellent collaboration and coordination between paediatric and adult health care teams that give education beyond their medical condition alone. Education must be adaptive, courteous, and culturally appropriate, promoting communication, assertiveness, decision-making, and self-advocacy abilities. These lessons should enable patients to be self-sufficient enough to manage their treatment plan, as well as provide them the confidence to request support from their provider team when necessary, allowing them

to maximise their lifetime quality of life and potential.

When considering standardised testing, it is necessary to identify the key participants. The patient in issue and their family come first. Both groups must be informed on the process and must be supported at all times. The professionals that make up the patient's health care team are on the opposite side. Individuals such as elementary, secondary, and tertiary providers; education services; social services; and dietitians are included. To provide effective care to this potentially vulnerable population, all of these parties must be on the same page.

The active transition stage occurs between the ages of 18 and 21 years. The active transition stage, which occurs between the ages of 18 and 21, necessitates the involvement of both adult and paediatric professionals in the transition process. Finally, there is the post-transition period, which is completed by the age of 21 years and is followed up on until the age of 26 years. These transition steps must be tailored to each patient, with full support from all parties. These transitions must occur during periods of stability and after the teenagers' educational education is completed. Finally, the approach must examine additional specialisations that must be included, as well as the cost implications of their treatment [12].

Conclusion

Finally, healthy lifestyle choices and active commitment to one's treatment plan must be established. Some techniques that can help with the above process include managing the adolescent's abilities to control their illness and actively including them in decision-making from a young age. Encourage them to ask questions about their illness and treatment plan to give them more control over their health care decisions. Finally, assist them in locating options such as support groups and/or therapeutic camps where they may engage with others who are similar to them.

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