

Terminology for lower urinary tract/pelvic floor dysfunction in Transitional Care

Rationale for the working group:

Transitional medicine is in its inception. The term denotes the transfer of care from the paediatric to adult setting.

Research into effective transition in certain fields (e.g. Renal Medicine¹) demonstrates increased patient involvement, reduced treatment morbidity, increased long term treatment compliance and therefore improved health and quality of life outcomes. We are now aware that there are anatomic, physiological and psychosocial changes in the transitional age group that have implications for their lifelong management². The age that a child undertakes transition will depend on the emotional and social supports in place for the child and not a traditional age cut off^{3,4}. Effective transition promotes improved health outcomes and societal engagement.

The paucity of literature in this field mimics the lack of cohesion in management across the world as well as the complexity of this special group of patients⁵. This document would be an important resource in ensuring clarity of diagnoses and management.

The current terminology around dysfunction of the lower urinary tract/pelvic floor in transition care has not been collated into a single document, leading to uncertainty, confusion and unintended ambiguity. As several disciplines have a role in this field, a cohesive standardised terminology would aid inter-disciplinary communication and understanding.

Scope:

- Definition of transitional medicine
- Describe/define process of transition – including considerations of age, support, multidisciplinary care and identification of the differing needs in this group of patients
- Provide standardised terminology for the symptoms, signs, investigations leading to investigation and diagnoses lower urinary tract in this patient group
- Provide standardised terminology for the symptoms, signs, investigations and diagnoses of pelvic floor dysfunction in this patient group

References:

- 1) Bell et al. Adolescent transition to adult care in solid organ transplantation: a consensus conference report. American journal of transplantation 8(11);Nov 2008:2230-2242.
- 2) Hart LC and Maslow G. The medical transition from pediatric to adult oriented care: considerations for child and adolescent psychiatrists. 27(1);Jan 2018:125-132.
- 3) Gray et al. Barriers to transition from pediatric to adult care: a systematic review. Journal of pediatric psychology 43(5);Jun 2018:488-502.
- 4) Moreland et al. Illness, uncertainty and post-traumatic stress in young adults with congenital heart disease. Journal of cardiovascular nursing 33(4);July 2019:356-362.
- 5) Collier et al. Transition from general pediatric to adult oriented-inpatient care: national survey of US childrens hospitals. Journal of Hospital Medicine 13(1);Jan 2018:13-20.