

# Describing relationships between psychosocial outcomes and readiness for transition in adolescent and young adult patients with Juvenile Idiopathic Arthritis – a pilot study

Howsley P<sup>1</sup>, Dunkley L<sup>2</sup>, Calvert R<sup>1</sup>, Hawley SJ<sup>3</sup>, Hawley DP<sup>1</sup>

<sup>1</sup> Sheffield Children's NHS Foundation Trust, Western Bank, Sheffield, UK

<sup>2</sup> Royal Hallamshire Hospital, Sheffield Teaching Hospitals NHS Foundation Trust, Glossop Road, Sheffield, UK

<sup>3</sup> Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford, UK

## Background

The transition from paediatric to adult care should be a multidimensional and multidisciplinary process that addresses the medical, psychosocial and educational needs of adolescents (McDonagh, 2006). However, there is evidence to suggest that the paediatric-adult transition is not always well-managed, and is often associated with the deterioration of health in adolescents with chronic illnesses (Busse, 2007; Moons, 2009; Reid, 2004; Watson, 2005). Despite this, there is very little work examining the relationships between psychosocial factors (e.g., anxiety, depression, social support) and readiness to transition from paediatric to adult services in adolescent and young adult patients with Juvenile Idiopathic Arthritis (JIA).

## Aims

To examine the relationships between psychosocial outcomes and readiness to transition from paediatric to adult rheumatology services in adolescent and young adult patients aged 10-25 years diagnosed with JIA at a single centre.

## Methods

Participants are invited to complete a questionnaire while waiting for their routine clinic appointments. The questionnaire is comprised of several validated measures that assess patients' psychosocial outcomes (anxiety, depression, behavioural problems, social support, family functioning, quality of life, pain-related thoughts) and readiness to transition from paediatric to adult health services. Patients' disease severity is also measured and recorded during routine clinic appointments. In total, 30 adolescent patients aged 10-16 years, together with a parent/guardian, will be recruited at Sheffield Children's Hospital and 30 young adult patients aged 16-25 years will be recruited at Sheffield Teaching Hospitals. To date, 15 young adult patients (16-25 years,  $M_{age} = 18.93$  years, 9 females) who have their care managed by Sheffield Teaching Hospitals have participated in this study. This study

has received full ethical approval, and all participants gave their written informed consent before taking part.

## **Results**

Pearson correlation coefficients were conducted to examine the relationships between psychosocial outcomes and readiness for transition. The preliminary findings show that feeling less able to independently manage one's JIA was associated with higher levels of generalised anxiety ( $r = -0.77$ ,  $p = 0.001$ ), depression ( $r = -0.66$ ,  $p = 0.007$ ), pain-related anxiety ( $r = -0.52$ ,  $p = 0.048$ ) and pain-related thoughts ( $r = -0.61$ ,  $p = 0.015$ ). Feeling less able to independently manage one's JIA was also associated with a poorer quality of life ( $r = 0.55$ ,  $p = 0.036$ ) and feeling less able to communicate to other people about their arthritis ( $r = 0.58$ ,  $p = 0.036$ ).

## **Conclusions**

- These preliminary findings provide initial evidence to suggest that psychosocial factors are significantly associated with how able young adults feel they can manage their arthritis.
- These findings therefore indicate that young adults with JIA may require additional support to help them manage their arthritis and improve their psychosocial outcomes, even after they have transitioned to adult rheumatology services.