

Key elements identified for transition to adult care for Kawasaki disease

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(HealthDay)—The key elements for successful health care transitions

(HCTs) from pediatric to adult care for Kawasaki disease (KD) are discussed in a scientific statement from the American Heart Association published online Oct. 11 in the *Journal of the American Heart Association*.

Nagib Dahdah, M.D., from CHU Sainte-Justine in Canada, and colleagues reviewed the available literature and expert opinions pertaining to KD and HCT from a pediatric to an adult care setting. HCT should take place when patients reach adulthood, generally between the ages of 18 and 21 years.

The authors note that patients with KD with no history of coronary aneurysms do not seem to be at increased risk for cardiac events in adulthood and generally do not require long-term cardiology follow-up. However, patients with documented and persistent moderate or large aneurysms require life-long annual or biennial assessment. The key element to a successful HCT is having a structured intervention, which incorporates components of planning, transfer, and integration into adult care. This approach includes six core elements: developing, discussing, and sharing a transition and care policy/guide, which should start at age 12 to 14 years; tracking and monitoring the process; assessment of self-care skills to determine readiness; development of HCT plans with medical summary; transfer to adult-centered care at age 18 to 21 years; and confirmation of transfer completion.

"HCT preparation involving all six core elements is a process that evolves over several years and includes working with the adolescent's developmental stages to achieve maturity, education, and self-management," the authors write.

More information: [Abstract/Full Text](#)

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