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Summary

IMPACT OF TWO DIFFERENT TRANSITION PROGRAMS ON TRANSITION READINESS AND QUALITY OF LIFE: A RANDOMISED CONTROLLED TRIAL IN INFLAMMATORY BOWEL DISEASE

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A randomized study of 40 adolescent IBD patients in Padova compared letter-based transition to combined pediatric-adult visits, finding both approaches improved transition readiness but only combined visits significantly improved quality of life.

KEY POINTS

- Both transition models significantly improved transition readiness scores measured by TRAQ questionnaire over one year, with letter-based improving from 72.1 to 82.35 (p=0.002) and combined-visits from 66.52 to 76.0 (p=0.008)
- Quality of life improved significantly only in the combined-visits group (from 82.5 to 89.1, p<0.05), with no significant change in the letter-based group (83.9 to 86.2, p=0.17)
- Clinical disease activity and calprotectin values remained stable in both groups throughout the study, with three azathioprine and four anti-TNF therapies stopped after transition
- The authors conclude that while letter-based transition offers cost and time advantages, combined-visits transition should be preferred when feasible to improve both readiness and quality of life

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