BACKGROUND
The transition from paediatric to adult care should be a multidimensional and multidisciplinary process that addresses the medical, psychological, and educational needs of adolescents (McDonagh & Viner, 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 et al., 2007; Reid et al., 2004). Despite this, there is very little work examining the relationships between psychosocial outcomes (e.g., anxiety, social support) and readiness to transition from paediatric to adult services in adolescents and young adults with Juvenile Idiopathic Arthritis (JIA).

AIM
To examine the relationships between psychosocial outcomes and readiness to transition from paediatric to adult rheumatology services in pre-transfer adolescents and post-transfer young adults aged 10-25 years diagnosed with JIA.

PARTICIPANTS
INCLUSION CRITERIA
Aged 10-25 years
Diagnosis of JIA (excluding subtypes ‘systemic arthritis’ and ‘undifferentiated arthritis’)
Health care managed by Sheffield Children’s Hospital or Sheffield Teaching Hospitals
No diagnosis of uveitis
Fluent in verbal and written English

<table>
<thead>
<tr>
<th>Table 1. Participant characteristics</th>
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<tbody>
<tr>
<td><strong>Pre-Transfer Adolescents</strong> (n = 40)</td>
</tr>
<tr>
<td>Females Males</td>
</tr>
<tr>
<td>20-14</td>
</tr>
<tr>
<td>Age (years)</td>
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<tr>
<td>13.54 (1.05)</td>
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<tr>
<td>Age Range (years)</td>
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<tr>
<td>10-16</td>
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<tr>
<td>Mental Health Condition / Developmental Disorder (%)</td>
</tr>
<tr>
<td>JADAS3*</td>
</tr>
<tr>
<td>3.77 (0.96)</td>
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<tr>
<td>Resty Steady Go / Hello To Adult Services*</td>
</tr>
<tr>
<td>Disease-Related S elfefficacy</td>
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<td>6.95 (2.09)</td>
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PRE-TRANSFER ADOLESCENTS
Participants completed a battery of self-report questionnaires that measured their psychosocial outcomes and transition readiness while waiting for routine rheumatology clinic appointments.

PSYCHOSOCIAL OUTCOMES
Generalised Anxiety * Generalised Anxiety Disorder-7 Scale
Pain-Specific Anxiety Bath University Pain-Specific Anxiety Scale
Pain-Related Thoughts Bath University Cognitive Intrusion Pain Dominance Scale
Depression * Patient Health Questionnaire-9 Scale
Quality of Life - Paediatric Quality of Life Assessment Module Scale. Five scales: problems with pain, daily activities, treatment, worry, communication. Problem and Prosocial Behaviours Strengths and Difficulties Questionnaire. Five scales: emotional problems, hyperactivity, conduct problems, peer problems, prosocial behaviours.
Social Support Bath University Social Support Scale
Family Functioning Bath University Family Functioning Scale

TRANSITION READINESS
Transition Knowledge and Skills * Ready Steady Go / Hello To Adult Services Scale
Disease-Related Selfefficacy Selfefficacy for Managing Chronic Disease Scale

JIA DISEASE ACTIVITY
JIA disease activity was collected in order to examine the relationship between JIA disease activity and transition readiness. JADAS3 (McErlane et al., 2013) was used as an index of JIA disease activity. JADAS3 was computed by summing patient VAS scores (0-10), physician VAS scores (0-10), and number of swollen joints. JADAS3 data was collected on the same day as the questionnaire data.

ETHICAL APPROVAL
This study received all relevant ethical and local approvals. Informed consent was obtained from 18-25 year olds and parent/guardians of 10-15 year olds, and informed assent was obtained from 10-15 year olds.

STASTICAL ANALYSIS
Several scales were non-normally distributed and therefore Spearman’s Rho was used to assess the relationships between psychosocial outcomes and transition readiness. Relationships were assessed separately for pre-transfer adolescents and post-transfer young adults. P values less than 0.05 were deemed statistically significant.

REFERENCES

CONCLUSION
A wide range of psychosocial outcomes were significantly associated with transition knowledge and skills and self-efficacy in pre-transfer adolescents. All psychosocial outcomes were significantly associated with self-efficacy, but not transition knowledge and skills, in post-transfer young adults. JIA disease activity was significantly associated with self-efficacy for post-transfer young adults but not pre-transfer adolescents.

PRE-TRANSFER ADOLESCENTS
Greater transition knowledge and skills were associated with:
• Lower generalised anxiety levels (r = -0.38, p = 0.016)
• Fewer pain-related thoughts (r = -0.50, p = 0.001)
• Fewer problems with treatment (r = 0.44, p = 0.005)
• Fewer problems communicating to others about JIA (r = 0.46, p = 0.002)
• Better family functioning (r = -0.37, p = 0.022)
Greater levels of disease-related self-efficacy were associated with:
• Fewer problems with daily activities (r = 0.35, p = 0.036)
• Fewer problems with treatment (r = 0.44, p = 0.004)
• Fewer problems communicating to others about JIA (r = 0.33, p = 0.047)
• Better social support (r = -0.43, p = 0.009)
• Better family functioning (r = -0.48, p = 0.003)

POST-TRANSFER YOUNG ADULTS
Greater transition knowledge and skills were not significantly associated with any psychosocial outcomes or JIA disease activity for young adults.
Greater levels of disease-related self-efficacy were associated with:
• Lower generalised anxiety levels (r = -0.72, p < 0.001)
• Lower pain-specific anxiety levels (r = 0.46, p = 0.003)
• Fewer pain-related thoughts (r = -0.70, p < 0.001)
• Lower depression levels (r = -0.64, p < 0.001)
• Less pain (r = 0.53, p = 0.005)
• Fewer problems with daily activities (r = 0.53, p = 0.006)
• Fewer problems with treatment (r = 0.42, p = 0.009)
• Fewer worries about JIA and treatment (r = 0.46, p = 0.004)
• Fewer problems communicating to others about JIA (r = 0.50, p = 0.002)
• Better social support (r = -0.51, p = 0.001)
• Better family functioning (r = -0.48, p = 0.002)
• Less JIA disease activity (JADAS3) (r = -0.40, p = 0.015)

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