Transition Clinics in Paediatric Gastroenterology in the United Kingdom: Room for Improvement

To the Editor: The Royal College of Paediatrics and Child Health, United Kingdom, in 2003 had issued guidance on providing good transitional care arrangements for adolescents with chronic illness (1). We undertook a survey of paediatric gastroenterologists in the United Kingdom and Ireland in 2001 to ascertain whether transition arrangements were in place between paediatric and adult gastroenterology services. The results were published in this journal (2) and showed that only 30% of the paediatric gastroenterology units provided transitional arrangements to young people and only 20% of these centres provided joint consultation with both paediatric and adult gastroenterologists. We wished to investigate whether there had been an improvement in these transitional arrangements over the years and in 2006 we sent a questionnaire to paediatric gastroenterologists and heapatologists in the United Kingdom and Ireland to ascertain the current arrangements for transition in their units.

We received replies from 15 units, and 12 units, were running transition clinics. In 6 centres, these clinics were conducted in the paediatric outpatient setting; in 3 centres these took place in the adult outpatient setting, with 3 centres alternating the clinics between the paediatric and adult outpatient departments. The median age of young people attending these clinics was 16 years (range 14–19), and the frequency of these clinics varied from 2/year to 6/year (median 4/year). In 3 centres, there was no paediatric or adult gastroenterology nurse specialist involvement; in 8 centres these clinics were jointly conducted by paediatric and adult gastroenterologist as well as paediatric and adult gastroenterology specialist nurses. The median number of transition clinic visits before transferring to adult services was 3 (range 1–6).

It is gratifying to see that in the years since the previous survey, the transition arrangements for adolescents with chronic gastrointestinal diseases have improved substantially in the United Kingdom and Ireland. Furthermore, following the guidance issued by national charity organisations like the National Association for Crohn's and Colitis and Crohn's in Childhood Research Association (3), it is hoped that the situation will continue to improve and formal transition arrangements will become available in all of the units. It would be interesting to hear about the experiences from other countries in Europe and beyond.

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Case Finding for Celiac Disease: Are We Doing Enough?

To the Editor: The interesting study of Björck et al (1), who screened for celiac disease (CD) in a cohort of genetically susceptible children, implicitly addresses the debated issue of which screening strategy could be more effective in diagnosing undetected CD. Case finding of subjects at high risk for CD has been widely recommended as the best approach to increase the number of diagnoses in the community. Recently, we also carried out a 1-year case-finding study involving primary care pediatricians (covering 10,206 children) in northern Italy who tested for antihuman tissue transglutaminase all children (206 subjects) considered at risk for CD according to a list of signs, symptoms, and associated conditions (2). At the end of the study, the prevalence of CD increased from 0.34% to 0.39%, which represented one of the highest disease prevalences attained by a case-finding approach. Nevertheless, such a strategy proved unable to significantly approximate the expected prevalence (1%) of the disease, with almost 60% of CD patients still remaining undiagnosed. This was true also in Finland, where, following a 20-year endeavor to improve the diagnostics of CD through a case-finding approach, the nationwide prevalence was fixed at 0.55% compared with the 1.5%–2% expected prevalence of CD (3,4). Whether this is an acceptable picture is a matter of strong debate. The work of Björck et al suggests that more aggressive screening programs are needed if we want to investigate the deeper layers of the celiac iceberg.

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