



## Adolescents and Young Adults with Allergy and Asthma: Current Transition Management

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### DESCRIPTION

Asthma and allergies are two of the most prevalent chronic illnesses. Furthermore, among Adolescents and Young Adults (AYA), or people between the ages of 11 and 25, allergy disorders and asthma are becoming increasingly common and severe. According to research, AYA have greater incidence of deadly food allergies and asthma deaths than younger kids, in part because they take more risks and don't follow their treatment plans as closely. Furthermore, compared to AYA with other chronic diseases, AYA with Food Allergies (FA) have a worse Quality of Life (QoL). These results show that in order to fulfil their age- and disease-related demands, AYA with allergy disorders need specialised resources and healthcare programmes.

Young adulthood and adolescence are crucial developmental stages that involve major psychological, biological, and social changes. Teenagers must transition from being dependent on their parents or other caregivers to becoming responsibility for their own health and well-being as adults as they approach maturity. Whether there is a single allergy clinic serving all age groups or separate paediatric and adult clinics, neither affects this. As young people get ready to switch from child- to adult-centered health care, transition is described as "an active and dynamic process that meets the medical, psychosocial, and educational needs of young people." Therefore, it goes beyond simply transferring patient data and disease histories to an adult healthcare context. Importantly, transition also entails giving AYA with chronic allergy illnesses the support they need in order to become self-sufficient adult patients.

According to earlier research, the majority of AYA and their parents are unhappy with how the transition process has gone for them. Only 41% of AYA with special healthcare needs met the transition core outcomes, such as whether the Healthcare Professional (HCP) had discussed transition to adult medical services, health care needs, health insurance, or had encouraged the AYA to self-manage their disease, and only 42% of AYA had discussed transition care with their HCP. Young adults with

sickle cell disease have expressed concern about the care they will receive in adult healthcare services because they are afraid to part with a familiar and reliable pediatric doctor.

An extensive list of fixed and modifiable factors, such as psychological, social/environmental, behavioral, and patient-HCP relationship factors, will affect self-management and, ultimately, health outcomes, according to a recent systematic review on the difficulties AYA with allergy and asthma face. Additionally, a related systematic review evaluated various therapies for enhancing the wellness and self-management of AYA with allergies and asthma; many of these showed promise in patients with asthma, however stronger evidence is needed, particularly for other allergic disorders. We need to develop strategies for HCPs to support the seamless transfer of medical treatment from a paediatric to an adult format and to inform transition guidelines in light of this complexity.

Several transition models and recommendations have been put forth during the past ten years to handle the structuring and transition process. On which transition programme is superior than another, there are no definitive statistics. The recently released European Academy of Paediatrics consensus statement serves as an example of the necessity for a multidisciplinary service model that integrates social support, education, and non-statutory services. Additionally, a variety of disease-specific programmes have been established to treat the transition phase, including those for individuals with coeliac, rheumatic, hepatic, and chronic digestive problems.

We are aware of no standardised rules or procedures for the transfer of AYA with allergy and asthma in the majority of European nations. Furthermore, HCPs working in this area do not currently have access to any recognised international or European norms. To create the finest transition practises for AYA with allergic disorders throughout Europe, it is first vital to comprehend the transition care that is currently provided as well as the challenges and opportunities HCPs encounter in implementing high-quality care. This study presents findings from a pan-European survey to evaluate the difficulties in

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**Received:** 01-Sep-2022, Manuscript No. JAT-22-18294; **Editor assigned:** 05-Sep-2022, Pre QC No. JAT-22-18294 (PQ); **Reviewed:** 19-Sep-2022, QC No. JAT-22-18294; **Revised:** 27-Sep-2022, Manuscript No. JAT-22-18294 (R); **Published:** 05-Oct-2022, DOI: 10.35248/2155-6121.22.13.306.

**Citation:** Sezgin D (2022) Adolescents and Young Adults with Allergy and Asthma: Current Transition Management. J Allergy Ther. 13:306.

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dealing with AYA, current transition practises, and accessibility to particular healthcare services to help transition.