Transgender youth: implementation of a specialized multidisciplinary team care

DIRLEWANGER, Mijam, et al.
Joint Annual Meeting
Swiss Society of Paediatrics, Swiss Society of Paediatric Surgery and Swiss Society of Child and Adolescent Psychiatry and Psychotherapy
Lausanne (Switzerland), May 24/25, 2018
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Impressum
A MULTIDISCIPLINARY APPROACH OF CHRONIC OSTEOARTICULAR PAIN IN CHILDREN AND ADOLESCENTS: THE LAUSANNE EXPERIENCE

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Introduction: Chronic pain disorder is a common and under-recognized problem who is increasing in the pediatric population.

Osteoarticular pain is one of the most common symptoms. This is a significant problem leading to a decrease in quality of life, school absenteeism and social withdrawal. A multidisciplinary approach is essential to evaluate and manage those patients who have an unsatisfactory evolution despite primary medical care. Starting in 2014, a group of 4 medical specialists (pediatric rheumatologist, pediatric orthopedist, child psychiatrist and pediatrician specialist in adolescent) and one physiotherapist started a joint outpatient clinic assessing such children. The aim of this study was to describe and outline some characteristics of all patients seen at this platform up to now.

Methods: A retrospective descriptive study was performed based on medical records of patients seen at our center in Lausanne between November 2014 and January 2018. Epidemiological, clinical, and therapeutic data was collected and analyzed accordingly.

Results: A total of 35 patients were reviewed. The patients were most cases (82%) referred by the pediatric rheumatologist or orthopedic surgeon. The sex ratio F/H was 3.3 (27 girls for 8 boys). The average age at the time of consultation was 12.8 years (9 to 18 years). A triggering event was found in 48% of our patients with the notion of trauma in 35% of these cases. The average duration of symptoms was 3.6 years prior to referral to the platform (1–11 years). Chronic pain affected more than 5 joints in 75% of the cases. School absenteeism was noted in 22% of the children with 2 cases of withdrawal. The platform revealed in 52% a primary pain disorder in 28% an associated orthopedic problem, in 25% a difficult psychosocial situation and in 5% a rheumatologic problem. Therapeutic proposals were mainly personalized physiotherapy or mind body approaches such as hypnoses and depending on the findings, follow-up in orthopedics, rheumatology, child psychiatry or adolescent specialist consultation.

Conclusion: A long delay before children with chronic pain reach the platform was noticed. This could explain the severity of the presentation and the significant impact on school attendance and social life. The integrative clinical approach highlighted the multifactorial aspects of chronic pain and led to the development of an adapted, multidimensional approach to improve the quality of life and reduce the negative impact of chronic pain. We encourage pediatricians to detect and refer such patients early.

Disclosure of Interest: None declared

HEALTH CARE USE OF UNACCOMPANIED MINORS RESETTLED IN THE CANTON OF GENEVA: A ONE-YEAR FOLLOW-UP STUDY

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Introduction: Unaccompanied minors (UM) are considered as the most exposed and vulnerable group among the entire refugee population. The number of UM applying for asylum in Switzerland grew rapidly during the period 2015–2016. All UM between 11 and 18 years who arrived in the canton of Geneva were referred to our university adolescent outpatient clinic for a systematic post-arrival health assessment. Follow-up appointments were offered for both physical and mental health concerns. The aim of this study was to describe health services access and use among UM following their initial 12 months post-arrival period.

Methods: We conducted a retrospective chart review of all UM who were assessed at the Geneva University Adolescent Outpatient Clinic between 01.01.2015 and 30.06.2016. We investigated data concerning visits to the primary care provider, the emergency department and the subspecialty outpatient clinics. We considered a follow-up duration of 12 months for each patient. We also examined hospitalizations during the same follow-up period. We computed descriptive statistics using the IBM SPSS Statistics Program.

Results: We identified 163 UM (males 89%, mean age: 16.4 years). Two thirds of them were from Eritrea (37%) or Afghanistan (35%). The median number of visits to the primary care physician was 3 (visit range: 1–13). Almost one third of the UM returned multiple times (≥3) to their primary care physician after the initial assessment appointment. Ninety percent of the UM had a subspecialty follow-up appointment offered for both physical and mental health concerns. The aim of this study was where they lived and used health services among UM during their initial 12 months post-arrival period.

Disclosure of Interest: None declared