

# Introduction

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**This *Monograph* emphasises the ongoing need for vigilance in adapting healthcare practices to meet the latest progress in respiratory medicine and the shifting dynamics of adolescents' health needs** <https://bit.ly/ERSM104intro>

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Advances in medicine over the past century have led to increased survival of children with chronic diseases. Historically, parent disciplines such as paediatrics or internal medicine have accorded minimal attention to adolescent patients. But with up to one in five adolescents currently requiring special healthcare needs, and one in 10 facing limitations in daily activities due to chronic illnesses or disabilities [1], specialist care that is “adolescent medicine” and “Transition of Care” has become more important than ever. The ever-changing societal landscape and multifaceted psychological aspects of adolescence, young people's quest for independence, exploration, and peer influence, contribute to the complexity of managing any long-term illness. Recognising AYA as a distinct patient population with unique healthcare needs, we felt it appropriate to dedicate a *Monograph* to this area.

The book's first chapter explores the evolution of adolescent health as a unique and emerging subspecialty and emphasises the importance of early intervention and collaborative efforts between pediatric, adolescent and adult services [2]. It reviews the advances in the physical and mental health of adolescents, as well as the cultural and societal changes that impact on them, stressing the ongoing need for vigilance in adapting healthcare practices to the evolving movements of adolescents. The chapter adds a strong voice to the case of adolescent medicine as a dedicated medical specialty.

Health inequality has become a buzzword in policy discussions and the COVID-19 pandemic has catapulted the catastrophic consequences of inequality onto our screens and into our minds. What health inequalities means for AYA is a little less clear but there is little doubt that certain social determinants, such as economic status, education, employment, housing and transport are particularly influential in shaping young people's health. HAGELL and McKEOWN [3] discuss this in more depth in chapter 2: “Health inequalities and the social determinants of adolescent health”.

Inequality is intricately linked with obesity and the last decade has seen an alarming rise in obesity rates in AYA. This increase has led to a surge in the morbidity and health burden of ever-younger people and has, consequently, become a driving force behind the emergence of adolescent medicine. The chapter on obesity by BRANDRETH *et al.* [4] therefore felt essential.

We then turn our attention to the psychology of the adolescent mind in chapter 4 [5], followed by a chapter on adherence to treatments in adolescents [6].

The title of chapter 4 – “I just want to get on with my life” – is a quote from a young adult patient, which perfectly expresses the desire for normality in what are immensely challenging years of cognitive and emotional development and the exploration of an individual’s roles and responsibilities within society. STEWART-KNIGHT and CARROLL [5] summarise key adolescent psychology concepts and literature, with a focus on helping medical professionals in practice with teenage respiratory patients who are transitioning from paediatric to adult services.

We felt it critical, at this point, to cover treatment adherence. Chapter 5 discusses the barriers young adults may face, resulting in non-adherence to treatment and, consequently, poor health outcome [6]. The chapter also reviews behavioural strategies and individualised patient-centric interventions to improve it.

Next we consider individual respiratory diseases, with chapters on sleep and neuromuscular disorders [7–9], pulmonary vascular diseases [10], asthma [11], CF [12] and non-CF bronchiectasis [13].

The transition to adult services can be particularly daunting for AYA with sleep and ventilatory disorders, as they move away from multidisciplinary teams who may have been handling their care for many years to the often seemingly impersonal world of adult medicine. In chapter 7, TAN and SIMONDS [8] discuss the challenges of the management of AYA with neuromuscular and ventilatory disorders, whilst in chapter 6, VERHULST *et al.* [7] examine the changing pathophysiology of sleep disordered breathing in this population. The sleep perspective is further considered, as RIHA *et al.* [9] look at how the care of AYA with narcolepsy and other hypersomnias evolves as they move into adult clinics.

Pulmonary hypertension and congenital heart disease is an important area to highlight. DOUGLAS and MARINO [10] discuss the particular considerations of treating adolescents with pulmonary hypertension and the need for a holistic transition to adult care.

A chapter on transition in CF also felt timely, given the dramatic changes brought about by the advent of transformative CF transmembrane conductance regulator modulator therapies. CONNETT [12] highlights how transition in CF care can be seen as a model for other respiratory conditions and how this is evolving due to the improved health of those with CF.

We felt it important to include a chapter on bronchiectasis that is not due to CF. Chapter 10 comprehensively identifies the needs of patients whose disease can result from a diverse range of pathologies [13].

Asthma is the most prevalent chronic respiratory disease both in children and adults [14]. Chapter 12 by SÁNCHEZ-GARCÍA *et al.* [11] discusses the challenges of adolescent asthma, longitudinal phenotypes, treatments and the opportunities of eHealth and medical artificial intelligence to support AYA during the transition process.

The adolescent voice holds profound importance in shaping policies and interventions that directly impact their lives. Young people’s unique perspectives, experiences and insights are invaluable for understanding their needs and preferences in healthcare, education and society. We conclude with a chapter on the patient perspective of the transition between paediatric and

adult care across the spectrum of respiratory conditions [15]. These narratives were gathered from a range of European countries to represent the variance of experience across the region and highlight patient-centred takeaways on the topic, supported by key findings from the literature and anecdotal narratives from people with a lived experience of transition of care.

We hope that this *Monograph* will offer a useful insight into adolescent health, and we are very grateful to our many distinguished contributors for their help in creating this book.

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