

Transition Care Models in adolescents with Congenital Heart Disease: an overview of literature reviews

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Introduction: The number of adolescents with Congenital Heart Disease (CHD) continues to grow, considering the improving of surgical and medical techniques. Indeed, CHD are the most common congenital anomaly with a worldwide prevalence of 9 per 1000 live births. CHD represents a new challenge for the health care systems, also considering that these patients are relatively a new population with specific peculiarities, such as the need of a specific care planning and a life-time clinical follow-up. The literature shows how transition care models from adolescence to adulthood are strategic to ensure the continuity of the care, and to improve adolescents' knowledge and self-managing skills, even considering the psychological issues related to their condition. However, the literature shows how the number of follow-up is reduces with the increasing of the patients' age, and the literature appears diverse considering the growing of papers related to this topic in the last ten years. Hence, the aim of this overview of systematic reviews is to summarize and critically assess the main results of the included papers to define the state of art of the transition care models, highlighting the current limits.

Methods: The authors performed this overview searching on PubMed, CINAHL, Web of Science, Cochrane, and using keywords, queries, inclusion criteria and critical appraisal to assess the eligible papers. The 'Preferred Reporting Items for Systematic Reviews and Meta-Analyses' (PRISMA) flow-diagram guided the inclusion process, and a narrative analysis of papers' content was performed to analyze the included papers.

Results: The included papers were five. Our findings show that there are not available (a) specific and standardized paths of transition care models, (b) effectiveness studies, and (c) the competencies' required for the transition multidisciplinary team are not well defined.

Conclusion: In conclusion, our findings problematize the current state of art of transition care models for adolescents with CHD, highlighting the current limits related to research and practice. More methodological and empirical research is needed to best implement an evidence-based approach for the transition period of these patients.