**BACKGROUND**

- Eosinophilic gastrointestinal diseases (EGIDs), including eosinophilic esophagitis (EoE), eosinophilic gastritis (EG), and eosinophilic gastroenteritis (EGE), are chronic conditions characterized by eosinophil infiltration into the gastrointestinal tract.
- Children and adolescents with EGIDs typically continue to experience symptoms into adulthood, thereby requiring lifelong disease management.
- Transition of care (TOC) from pediatric to adult providers maximizes long-term outcomes; while timing should be specific to each person, ideally it should occur between the ages of 18 and 21 years.
- To better understand the challenges, unmet needs, and utility of resources to aid in successful TOC for patients with EGIDs.

**METHODS**

- An online survey of adolescents and young adults with EGIDs, ages 15-26 years, or their parents/caregivers, was conducted from 12/18-1/19; participants were recruited through the online platforms of the American Partnership for Eosinophilic Disorders (APFED).
- The survey consisted of 19 multiple-choice questions related to patient characteristics, degree of patient independence, challenges transitioning from pediatric to adult providers, and need for resources to support TOC; there were no statistical analyses, as this study was conducted descriptive only.
- Forty-one respondents completed the survey; their characteristics are shown in Table 1.

**RESULTS**

- Nearly all patients plan to transition to an adult provider at some point.

**AIM**

-_softmax

**RESULTS**

- Twelve respondents (29%) indicated that the patient had already transitioned to an adult provider, while the remaining patients have yet to transition.
- While nearly all patients (95%) plan to transition to an adult provider at some point, 15 patients (37%) plan to wait to transition until age 22 or older (Figure 1).
- A few patients stated they do not intend to ever transition and instead plan to remain with their pediatric gastroenterologist indefinitely.
- Twenty-six (63%) and 21 (51%) patients have discussed TOC with their family and with their healthcare provider, respectively.

- Figure 1: Patient ability to independently perform tasks, based on planned age at transition.

- Figure 2: Age at transition, planned or actual.

- Figure 3: Challenges an adolescent/young adult may face as they transition.

- Figure 4: Resources that may help facilitate TOC.

**CONCLUSIONS**

- This study identified several potential barriers to successful TOC and highlights the need for additional resources to ensure a smooth transition from pediatric to adult providers for the management of EGIDs.
- Increased EGID disease awareness and education among adult providers may address the challenges patients face facing to locate an adult provider.
- Implementation of tools that enable efficient transfer of relevant medical history and current management plan may help optimize continuity of care as patients transition into adulthood.
- Additional resources to assist patients with EGIDs to become more knowledgeable about and independent in the management of their condition may also improve patient experience and support successful TOC.

**REFERENCES**