## **Transition in Lysosomal Storage Diseases - results of a UK patient and carer survey**

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## Background

LSD COLLABORATIV

> Lysosomal storage diseases (LSDs) are a group of inherited metabolic disorders<sup>1</sup>. Early diagnosis, disease-modifying therapies and improved supportive care in childhood has increased survival, necessitating transfer of care to adult providers<sup>2</sup>. Ineffective transition can lead to loss of engagement and nonadherence to treatment with adverse consequences in terms of mortality and morbidity as well as social and educational outcomes<sup>3</sup>

Lysosomal storage diseases (LSDs) are inherited metabolic disorders characterized by the accumulation of substrates within cells due to defective lysosomal functioning<sup>1</sup>

The UK LSD Highly Specialised Services set up a muti centre stakeholder group to review current service provisions and develop LSD specific key principles, standards and resources. This included a national transition pathway, transfer checklist and formal quality assessment process<sup>4.</sup>

To help support and benchmark historical and current patient and carer experiences of transition, the MPS Society co-designed a survey with LSD clinical centres. Associated LSD patient groups then sent out the survey to its members to capture: Experiences and recommendations for improvement

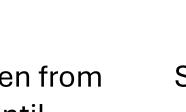
## Methods



## The study was open to those:

- People with an LSD condition aged 16 years and above
- Caregivers completing survey on behalf of people with an LSD condition aged 16 years and above
- People who have transitioned or are in the process of transitioning to adult care
- Are a resident of the UK









The study was open from 19/03/2024 until 09/08/2024

Survey was shared online and contained multiple choice and free text questions

Participants gave informed consent to participate

### Purpose

- To understand the experiences of patients aged 16 years and above who are or have gone through the transition from paediatric to adult care services
- To evaluate how patient experiences inform the newly implemented transition pathway, principles and standards

## Aim & Objectives

- Understand patient experiences of transitioning from paediatric to adult services
- To gather current and previous views on the transition process
- To capture recommendations on what the service should consider going forward

## Responses

## **Demographics**

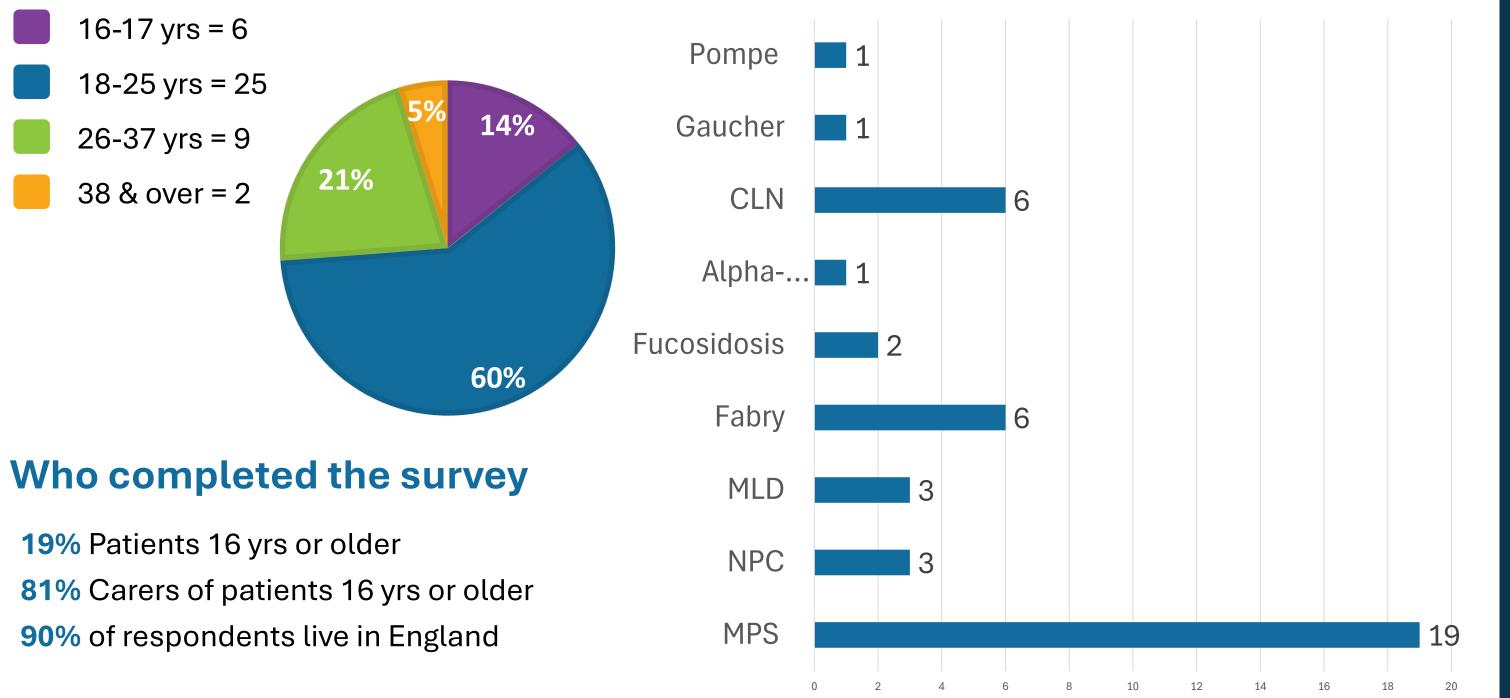
42 responses were received

**35** had transitioned and **7** were in the process

# 57% males 41% females 2% preferred not to say

**Responses by disease type** 

## **Current age of respondents**



<ul> <li>Io capture recommendations on what the service should consider going forward</li> </ul>						
Results Survey responses						
	Numbers who have attended or are attending a transition clinic	Numbers who have not attended a transition clinic	Total numbers			
Age range of respondents	16-43 years					
Age informed about transition	14-23 years					
Transition completed already	35 (83%)					
Proportion who are or have attended a transition clinic	13 (31%)	0	13 (31%)			
Able to meet adult team pretransfer	6 (14%)	12 (29%)	18 (43%)			
Provided information about transition	5 (12%)	9 (21%)	14 (33%)			
Provided information about adult centres	3 (7%)	2 (5%)	5 (12%)			
Transition adequately explained	8 (19%)	9 (21%)	17 (40%)			

How could transition process be improved-Feedback from our community

	Need for support and Information during transition	Need for to Paediatric team to be present	Challenges in adult care	Emotional and psychological Impact
Themes	Many respondents highlighted the need for better preparation, information, and emotional support when transitioning from paediatric to adult care	A repeated suggestion was for the paediatric team to be present during first adult appointment	Several statements reflect dissatisfaction with adult healthcare services, such as long waiting times, lack of specialised care, and coordination problems	The emotional impact of transitioning from paediatric to adult care is a recurring theme. The loss of parental involvement and support is frequently mentioned as a challenging aspect.
	"A chance to visit or discuss prior and be given contacts and support info"	"The paediatric team should be present at the first adult appointment"	"Adult care services for MPS children do not exist"	"Patients should not be treated as adults immediately, and parents should not be ignored from the outset."
Examples	"Important that the child and parents are introduced via a transition meeting with all professionals involved"	"It is important that you meet with your existing consultant, specialist nurse, and new care team"	"Adult teams are not as joined up and they don't speak to each other in the way that they do in child services"	"Would be very helpful and reassuring that you are physically, mentally and emotionally prepared for you transition"
	There is a clear pattern of patients and parents feeling underprepared for the transition and	Respondents see value in having continuity and presence from the paediatric team during the	Respondents shared that they felt adult services were less organised, lacked coordination, and don't	The emotional readiness of patients and the gradual introduction of adult care are highlighted as crucial.



### requesting more structured support

transition to reduce anxiety and ensure a smoother process

provide the same level of care or understanding that paediatric services do

There's a significant concern about the emotional impact on both patients and their families during the transition.

#### **References:**

<sup>1</sup> Rajkumar V, Dumpa V. Lysosomal Storage Disease. [Updated 2023 Jul 24]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK563270/

<sup>2</sup> Stepien KM, Kieć-Wilk B, Lampe C, Tangeraas T, Cefalo G, Belmatoug N, Francisco R, Del Toro M, Wagner L, Lauridsen AG, Sestini S, Weinhold N, Hahn A, Montanari C, Rovelli V, Bellettato CM, Paneghetti L, van Lingen C, Scarpa M. *Challenges* in Transition From Childhood to Adulthood Care in Rare Metabolic Diseases: Results From the First Multi-Center European Survey. Front Med (Lausanne). 2021 Feb 25;8: 652358.

<sup>3</sup>Rigby E et al *Getting health services right for 16-25* year olds. Arch Dis Child 2020

<sup>4</sup>Morris E, Stewart C. *Lysosomal Storage Disorders* Services: A review of transition from paediatric to adult services in England, BIMDG, Nov 2023 [online] accessed 12/03/2024 available at https://www.bimdg.org.uk/site/guidelineslsd.asp?t=1

## Summary and recommendations

- Age where transition is introduced needs to improve
- Scheduling of transition appointments would aid preparation
- Joint clinics with both paediatric and adult teams is important
- Having a contact person at the adult centre is important
- Knowing available adult centres and being able to visiting prior to transition is helpful
- Need for better information and emotional support
- Clear step by step information that is not too involved, or complex
- Involving parents in transition is important
- Need to ensure young person is physically, mentally and emotionally prepared for transition
- Need to consider whether the young person has capacity to understand the process

## Conclusions

Survey results highlighted that those who attended a transition clinic had a more positive transfer, especially when clinics involved individuals from the adult team.

This study helped validate the hypothesis that patients' readiness for the transfer of care needs to be assessed during several transition clinics to ensure they fully engage with the adult services.

In summary, the outcomes from the study underscore the importance for a collaborative approach, with good links with adult teams at an early transition stage.

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