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Transition from childhood to adulthood care in celiac disease: an essential step

Background

Celiac disease (CD) is a chronic autoimmune disorder triggered by the ingestion of gluten in genetically predisposed individuals, leading to inflammation and damage of the small-intestinal mucosa. Adolescence represents a particularly vulnerable period for disease management, as young people seek autonomy while undergoing significant emotional and social changes. These challenges may negatively influence well-being and adherence to the gluten-free diet (GFD).

Objective

To emphasize that transition from childhood to adulthood care in celiac disease should be thoughtfully planned, patient-centered, and supported by clear communication between pediatric and adult teams. A structured transition is an essential step to reduce complications, prevent nutritional deficiencies, and minimize the risk of patients disengaging from medical follow-up as they enter adulthood.

Discussion

Loss of follow-up during the transition from pediatric to adult care is a recognized risk, and many adolescents discontinue specialist follow-up or become non-adherent to the GFD. Transition should follow a structured, phased plan, beginning in early adolescence, becoming actively implemented in mid-adolescence, and culminating in a smooth handover to adult care.

A successful transition requires effective communication between pediatric and adult teams, a comprehensive clinical report, and multidisciplinary follow-up. Responsibility should be transferred gradually, while parents remain supportive until adolescent readiness is demonstrated. Structured tools can guide this process.

Adapting communication strategies, including text messaging or telemedicine, can improve engagement. Hybrid follow-up models that combine specialist oversight, primary care involvement, and telemedicine appear promising and may sustain or even enhance adherence and quality of life.

Conclusion

More than a simple transfer between providers, an effective transition represents the empowerment of adolescents and young adults to manage their disease confidently and independently.

Keywords: Celiac Disease, Transition of care, Gastroenterology

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Biography

Dr. Luís Sousa Barros is a physician affiliated with the Unidade Local de Saúde Entre Douro e Vouga (ULSEDV) in Santa Maria da Feira, Portugal. He is dedicated to advancing patient care through clinical practice, research, and multidisciplinary collaboration, with a strong commitment to evidence-based medicine and improving healthcare outcomes.