

Behinderte an der Schnittstelle zum Erwachsenen

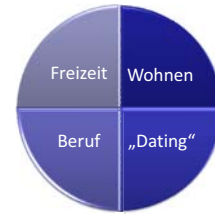
Die Sicht des Pädiaters

Sebastian Grunt
Abteilung Neuropädiatrie

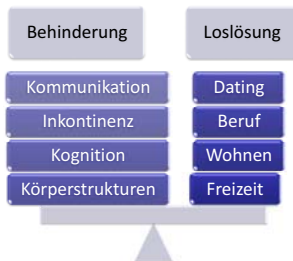
Fallbeispiel



Life Time Events in der Adoleszenz



Adoleszenz bei Behinderten Menschen



Transition der Gesundheitssysteme

“ Purposeful movement of adolescents and young adults with chronic conditions from child-centered to adult-centered care”

Blum et al 1993 (J Adolesc Health)

Wohin mit unseren Patienten ?



Unterschiede der Gesundheitssysteme

	Pädiatrie	Erwachsenenmedizin
Auftraggeber	Eltern	Patient
Beziehung	„Du“	„Sie“
Koordinator	Kinderarzt	Hausarzt
Ausgangslage	Aufbau	Stabilität
Organisation	Multiprofessionell	Einzelne Spezialisten
Kontrollen	Regulär	Bei Bedarf
Kostenträger	IV	Krankenkasse
Krankheiten	Seltene Erkrankungen	Häufige Erkrankungen
Zugang	+/- Einfach	Erschwert

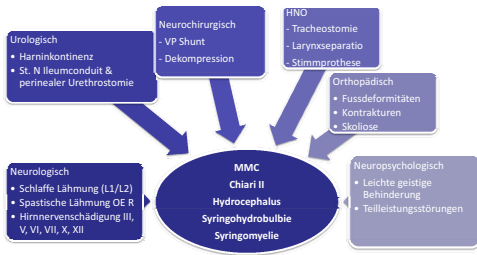
„Transition des Wissens“



Fallbeispiel Myelomeningocele



Fallbeispiel



Funktionieren

- **Motorisch:** Rollstuhlgebunden, E-Rollstuhl, Selbstständig für Transfers
- **Selbstversorgung:** Auf Hilfe angewiesen
- **Kontinenz:** Stuhl- und Urininkontinent
- **Kommunikation:** Stimmverstärker
- **Kognitiv:** Leichte geistige Behinderung, Teilleistungsstörungen

Offene Fragen

- Sexualität & Partnerschaft ?
- Psyche ? Krankheitsverarbeitung ?
- Zukunftsvorstellungen & Beruf ?
- Wohnmöglichkeiten ?

Work Participation in young adults with SB

	Bivariate	Multivariate
Male Gender	4.41 (1.94–10.03)	6.17 (2.24–16.97)
Special Education	0.12 (0.04–0.38)	0.18 (0.04–0.76)
Lower Education	0.39 (0.15–1.03)	0.37 (0.12–1.15)
SB Occulta	2.70 (1.01–7.19)	NS
>L2	0.17 (0.06–0.50)	NS
L3-L5	0.48 (0.18–1.28)	NS
No Hydrocephalus	4.20 (1.87–9.47)	NS
IQ>85	2.40 (1.13–5.08)	NS
Incontinence (Urine/Faeces)	1.96 (0.94–4.00)	2.48 (0.91–6.76)
Self Care Independence	7.46 (2.14–25.98)	6.44 (1.22–34.08)
Walking	4.19 (1.86–9.42)	NS

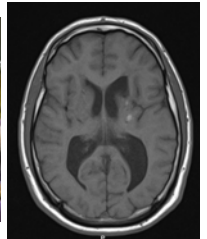
Van Mechelen et al. 2008 DMCN

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Van Mechelen et al. 2008 DMCN

Fallbeispiel Cerebralparese



Fallbeispiel



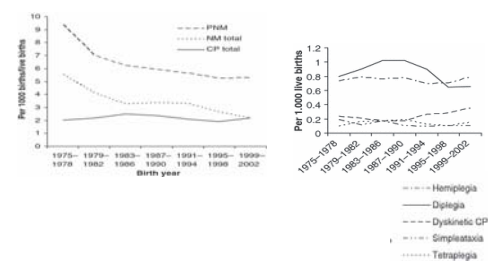
2006 Bax et al

....group of permanent disorders of the development of movement and posture, causing activity limitation, that are attributed to non-progressive disturbances that occurred in the developing fetal or infant brain.

....accompanied by disturbances of sensation, perception, cognition, communication, behaviour, by epilepsy and by secondary musculoskeletal problems.

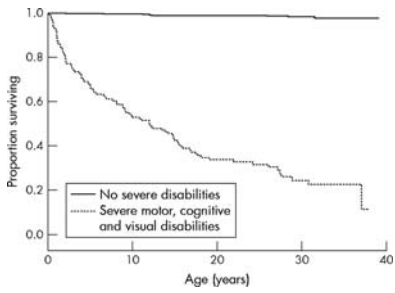
Rosenbaum et al. (2007) Dev Med Child Neurol

The Changing Panorama of CP



Hagberg et al (2010) Acta Paediatr

Survival in Cerebral Palsy



Hutton (2006) Arch Dis Child

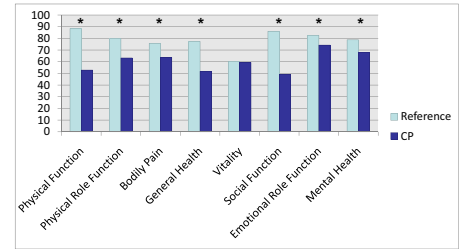
Predicting risk of mortality for cerebral palsy

Effect	Odds Ratio	95% CI
Age (y)		
4-7	0.89	0.76 – 1.03
8-14	0.95	0.84 – 1.07
15-30	1.00	0.995–1.012
Each Year > 30	1.004	
Feeding Tube	2.34	2.00 – 2.74
Mobility		
Low	2.59	2.23–3.01
Intermediate	1.58	1.38–1.82
High	1.00	

n=59653 person-years, 2285 deaths

Strauss et al (2007) Developmental Med Child Neurol

Health Related Quality of Life in Young Adults with CP



Jahnsen(2004) Clin Rehabil

Life Time Costs of CP in Denmark (in Euro)

Cost Component	Men	Women
Health Care Costs Total	66 155	65258
Hospital Costs	51 968	49 921
Primary Health Care Costs	7 182	8 269
Pharmaceutical Costs	7005	7 068
Productivity Costs	332 973	261 597
Social Costs Total	462 578	470 386
Specialized Child Care	219 970	222 026
Specialized Education	70 330	71 069
Other Social Costs in Child Age	63 658	64 147
Day Activities for ADults	21 743	22 605
Housing	78 681	81 998
Other Social Costs for ADults	8 196	8 541
Total Life Time Costs	861 706	797 241

Kruse(2008) Arch Dis Child

