

arm curls and step in place measures. Flexibility and agility did not change significantly. The results support the benefits of nursing exercise intervention programs to improve physical aspects of quality of life for patients undergoing haemodialysis (Bennett et al 2007).

The most important element of the exercise program is the notion that activity should become a "life-long" habit and not merely a passing "fad". The sustainability of this program is evidenced by the results at Hampstead where 75% of patients exercise every dialysis (three times per week). Hampstead Dialysis Centre is now leading the world in sustaining an exercise program for patients on dialysis.

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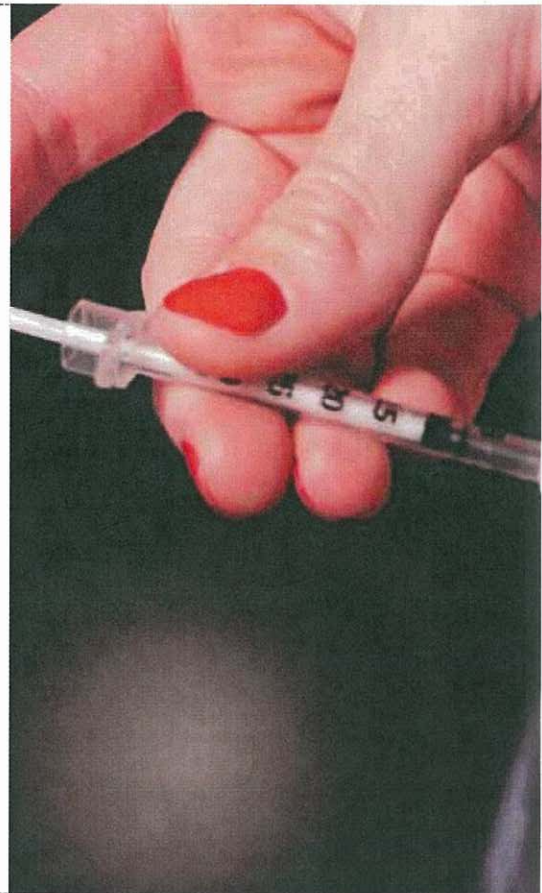
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ADOLESCENT HEALTH AND DIABETES: TIME TO RETHINK SERVICE DELIVERY

BY PAT RAPLEY AND PATRICIA DAVIDSON

For adolescents with diabetes the transition to adult health care coincides with transitions on many levels including psychosocial development, family and peer relationships, and school. The task of self-management determines long term outcomes yet health risk-taking is *de rigueur* for adolescents trying to establish their identity and independence (Carr-Greg et al 2003). Adolescent health needs to be



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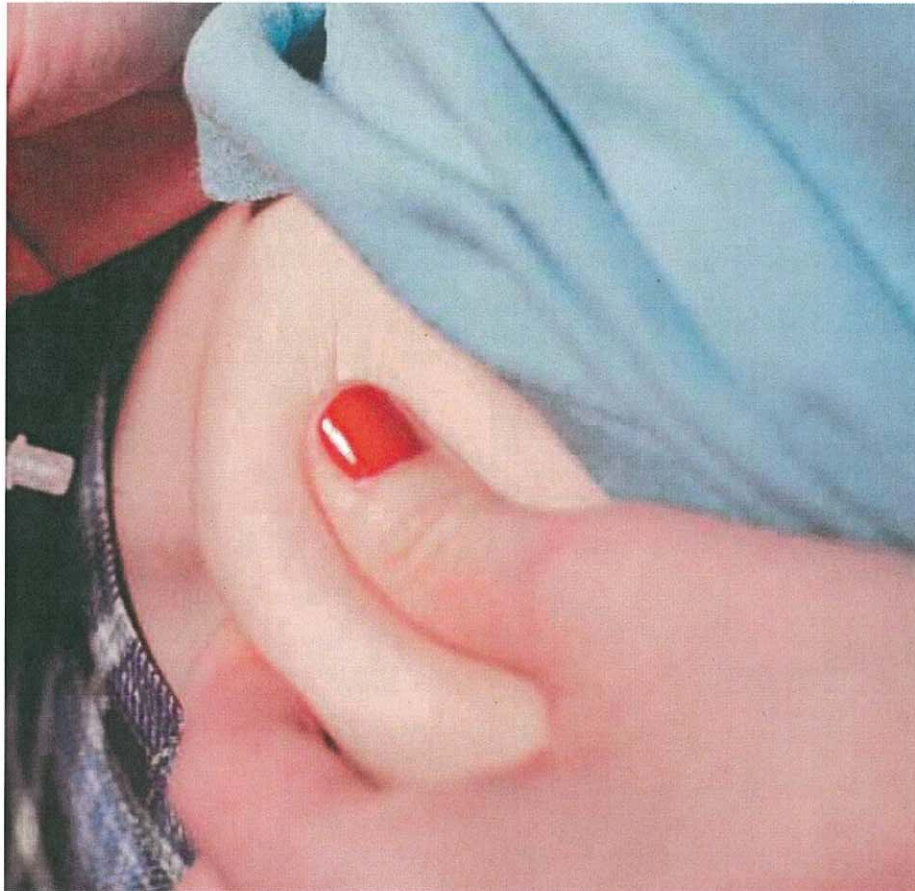
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This research also informs policy makers about differences in adolescent decision-making, and their impact on the nation's future health planning in relation to chronic illness.

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recognised as an emerging specialty akin to aged care. Just as the elderly are the beneficiaries of improved health care, so are adolescents with chronic illnesses and disabilities. They too are surviving longer. However, the transition to adult services continues to be ad hoc with a variety of negative consequences for some, including preventable mortality (Dean and MacDonald 2007; Warner et al 1998).

A more proactive approach in preparing current and future health care workers about adolescent health is needed. Curricula should reflect different perspectives required of adolescent health (Keeney et al 2004). While consideration of the special characteristics of adolescence is paramount for both paediatric and adult health care providers, education providers need to ensure similar considerations for undergraduate and postgraduate health professional courses.

Although adolescents are slowly being seen as neither child nor adult, definitions used by the World Health Organisation refer to 10-24 years for young people, 15-24 years for youth and 10-19 years for adolescents. This variability is also mirrored in paediatric hospitals that continue to provide health care to individuals with a chronic illness up to 24 years and sometimes longer (Lam et al 2005). This practice hinders the adolescent's emerging adult health needs. Compounding or contributing to this problem is the consistent message that transition processes in adult services are inadequate to meet demand (Kennedy et al 2007; Wedgwood 2007). Similarly,

families and adolescents have not been convinced about their adequacy (Craig et al 2007).

Centres of excellence for adolescent health exist in some Australian teaching hospitals, including Westmead Children's Hospital in New South Wales and Royal Children's Hospital in Victoria. The research being undertaken within these and other centres is vital to determine best practice and to help educate health care professionals. This research also informs policy makers about differences in adolescent decision-making, and their impact on the nation's future health planning in relation to chronic illness.

Not only do transition systems and processes need to be planned in adolescent friendly ways (Bennett et al 2005), but health care professionals also need to recognise the unique demands of adolescent health.

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