Should the Upper Age Limit in Pediatrics Be Raised?

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Some authors have been advocating for an expanded and more inclusive definition of adolescence as 10-24 years of age mostly based on two arguments[1]:

- The fact that this age range aligns more closely with contemporary patterns of adolescent growth and popular understandings of this life phase;
- The definition of adolescence as 10-19 years of age dates from the mid-20th century, when patterns of adolescent growth and the timing of role transitions were very different from modern ones.

In their view, raising the upper age limit in pediatrics would, among others, provide the impetus for training priorities.

In Portugal, it was in 2010 that the extension of the age of attendance by the pediatric services was decreed, in the emergency department, specialty clinic, day hospital, and hospitalization, up to 17 years and 364 days, in a gradual and progressive manner.[2] This happened 10 years after the foundation of the adolescent medicine chapter at the Sociedade Portuguesa de Pediatria.

Many pediatricians still feel unprepared for taking care of the adolescence age as their training has been mostly focused on the first decade of life. Notwithstanding, we are currently listening to some who are starting to advocate for the upwards extension of the pediatric age.

The 18-24 age range with its intrinsic developmental specificities is undoubtedly in great need of developmentally appropriate health care. Until the middle of the second decade of life, adolescents are biologically primed to acquire the cognitive, educational, socio-emotional, and metabolic assets that will be used throughout their lives.[3]

Many social milestones that previously denoted adulthood, are now reached later in life and reflect the changing expectations of education and difficulties in the transition to economic independence. Moreover, there is evidence that many health indicators and well-being tend to deteriorate as adolescents get older,[4] which further highlights the importance of age disaggregation (10-14, 15-19, and 20-24 years). More and more the term youth (period between 15 and 24 years of age) is used in laws, policies, and programs intended to protect and empower adolescents.[5]

Pediatricians, in particular those taking care of chronic conditions (some of it rare diseases or typically pediatric), need to be flexible as regards the upper limit of the pediatric age, which in my view should be much more based on the individual adolescent developmental stage than on the chronological age. Within this perspective, a smooth and effective transition to adult care is crucial. However, this does not necessarily mean that the upper age limit in pediatrics should be expanded!

Undoubtedly, young adults are in urgent need of developmentally appropriate professionals and leaders in all disciplines to build a positive future. They miss in particular dedicated health professionals trained to meet their specific needs. These professionals may, of course, come from pediatrics, but also from mental health, gynecology, internal medicine, and family medicine, among other disciplines. The care of young people involves a collaboration between primary, pediatric, and adult care providers, thereby clearly surpassing the scope of pediatrics.

For all of the reasons discussed above, the health of young adults should be a priority and we should ensure that it becomes both horizontally and vertically integrated in all curricula.

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