

### Introduction

Adolescents and young kidney transplant patients have psychosocial adjustment problems and present no adherence to treatment after the transplantation generating an increase in renal graft loss.

### Objectives

The purpose of this study was to contrast the illness experiences and the production of senses surrounding the body in current young kidney transplant patients (14 and 25 yr), emphasizing in two stages of the renal disease: dialysis and post-transplant. It was evaluate the way in which young kidney transplant patients add sense to the corporal transformations associated with the disease, to death, and the perceptions that patients have about the role played by doctors and nurses.

### Methods

Qualitative methodologies from social sciences allow us to offer new horizons to study adherence in adolescent and young renal patients. The methodological procedures are designed to explore qualitative dimensions of their illness trajectories through an ethnographic approach.

7 adolescents/ young patients were selected as a unit of analysis: 2 men and 5 women, from different social backgrounds. It was considered the use of different tools: 2 In-depth interviews to patients (20- and 25 yr), 4 structured interview (14-24 yr), 1 discussion group with the medical staff, 1 autobiography from the author of the study that is a methodological tool that was very useful as a mean of reflexivity and observation in scenarios where patients receive medical attention.

### Results

-Since society has the image that being young equals being healthy and beautiful, the illness can be lived as a disadvantage in front of peers. As a consequence, the tendency is to reject or stop taking the medicine at some point, even in patients who have been generally adherents. For them the disease belongs to the adult world. They feel that they are different to their peers because the image of their bodies do not match the beauty models promoted by the media and publicity.

- The education, the social and economical backgrounds of patients were key issues to analyze the legitimacy they give to the medical knowledge and the capacity they have to *fight* with the injustices of the health local system. Adolescents and young patients manifest a lack of information about the disease and treatment associated to an asymmetric relationship between doctor and patient that put the patient in a dependency status.

-The interviews show that education and religion influence the perception of the patients and their families about the death that is associated to the transplant and donation.

-Depressive episodes were common among the interviewees, they manifest having consider death as a way out of their suffering at some point of their process.

- The social dimension of the disease is not considered in medical consultation. Because doctors have to attend many patients per day. As consequence, the disease can be a lonely experience for patients and their families. The interviewees manifest that psychological support they have received was not enough.

### Conclusions

It is very important to take into account in medical practice issues as the influence of media and advertising in the ways young people today conceive health and beauty. The meanings attributed to disease and death are strongly conditioned by the signs and symbols that the market provides for the construction of young body. It is important to suggest a concept of adherence that consider a definition of adolescence and youth more in line with the experiences of patients in their social context.

The local health system also contributes to forget the social dimension of the disease and encouraging a market logic in which the patient becomes more dependent of medical knowledge.

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