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Care based on Meleis' Transition Theory in adolescent diagnosed with celiac disease

Çölyak hastalığı tanısı alan adolesanda Meleis'in Geçiş Teorisine dayalı bakım

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ABSTRACT
Transition Theory developed by Afaf Ibrahim Meleis is a nursing theory that conceptualises the developmental, situational, and health-illness-based changes individuals encounter throughout their life course. It aims to evaluate individuals' adaptation processes to these changes and to maintain their health status. Nursing theories and models provide a theoretical framework for clinical practice, including individualising care, ensuring continuity, and improving the quality of care. The fact that change and adaptation processes exhibit individual differences necessitates planning nursing care with an evidence-based, holistic approach. This case presentation discusses an adolescent who was admitted to the hospital with symptoms of recurrent abdominal pain, weight loss, and delayed puberty and was diagnosed with celiac disease as a result of the evaluations performed. The diagnosed patient experiences multiple transitions, including shifts between health and illness, maintaining daily functioning, and managing the symptoms and complications of a chronic condition. However, a review of the literature indicates that studies systematically integrating multiple transition experiences into nursing care within a theoretical framework remain limited. This study aims to evaluate the transition process from health to illness in an adolescent diagnosed with celiac disease, in accordance with Meleis' Transition Theory, and to elucidate the contribution of theory-based nursing care to this process. Data were collected using face-to-face interviews, and nursing care was implemented in line with Meleis' Transition Theory. In light of these findings, the use of Meleis' Transition Theory is recommended in the care of individuals undergoing the transition from health to illness.

Keywords: Adolescent; celiac disease; Meleis' Transition Theory; nursing care

ÖZ
Afaf İbrahim Meleis tarafından geliştirilen Geçiş Kuramı, bireylerin yaşam sürecinde karşılaştıkları gelişimsel, durumsal ve sağlık-hastalık temelli değişimleri kavramsallaştırarak, bireylerin bu değişimlere uyum süreçlerinin değerlendirilmesi ve sağlık hallerinin sürdürülmesini amaçlayan bir hemşirelik kuramıdır. Hemşirelik kuram ve modelleri, bakımın bireyselleştirilmesi, sürekliliğinin sağlanması ve bakım kalitesinin artırılması hususlarında klinik uygulamalara kuramsal bir çerçeve sunmaktadır. Değişim ve uyum süreçlerinin bireysel farklılıklar göstermesi, hemşirelik bakımının kanıta dayalı ve bütüncül bir yaklaşımla planlanmasını gerekli kılmaktadır. Bu olgu sunumunda; tekrarlayan karın ağrıları, kilo kaybı ve pubertede gecikme belirtileri ile hastaneye başvuran ve yapılan değerlendirmeler sonucunda çölyak hastalığı tanısı alan adölesan bir birey ele alınmıştır. Tanı konulan hasta; sağlık-hastalık geçişleri, yaşamını sürdürme, kronik hastalık semptom ve komplikasyonlarını kontrol altına alma gibi çoklu geçişleri deneyimlemektedir. Bununla birlikte, literatürde çoklu geçiş deneyimlerinin kuramsal bir çerçeve doğrultusunda ele alınarak hemşirelik bakımına sistematik biçimde entegre edildiği çalışmaların sınırlı olduğu görülmektedir. Bu çalışmanın amacı, çölyak hastalığı tanısı almış bir adölesanın sağlıktan hastalığa geçiş sürecini Meleis'in Geçiş Kuramı doğrultusunda değerlendirmek ve kuram temelli hemşirelik bakımının bu sürece katkısını ortaya koymaktır. Veriler yüz yüze görüşme tekniği kullanılarak toplanmış, hastaya Meleis'in geçiş kuramı doğrultusunda hemşirelik bakımı uygulanmıştır. Bu bulgular ışığında Meleis'in geçiş kuramının, sağlıktan hastalığa geçiş sürecini yaşayan bireylerin bakımında kullanılması önerilmektedir.

Anahtar Kelimeler: Adölesan; çölyak hastalığı; hemşirelik; Meleis'in Geçiş Kuramı

Introduction

Celiac Disease

Celiac Disease (CD) is a chronic autoimmune disease that is triggered by the consumption of gluten (protein found in wheat, barley and rye) in the diet and damages the small intestine, affecting multiple systems (Elsawah, AbdElnabi, Aboelela Mokhtar & El-Shiek, 2024; Şahin et al., 2024). CD was first described by Samuel Gee in 1888 and is a disease that mostly shows signs and symptoms in pediatric age groups and requires a lifelong gluten-free diet (Aydın & Bağrıaçık, 2020).

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The worldwide prevalence of CD is 1.4% (Şahin et al., 2024). However, the prevalence and incidence of the disease varies from country to country and from community to community (Barış Eren, 2023). According to data from the Ministry of Health, the prevalence of CD in Türkiye varies between 1% and 0.03%. In 2021, this number was 138,230, 154,027 according to 2022 data, and by the end of November 2023, the average number of diagnosed cases in Türkiye was 166,614 (Republic of Turkey Ministry of Health General Directorate of Public Health Department of Healthy Nutrition and Active Life, 2024). This increase has been demonstrated by an increase in testing and autoimmunity with increased public awareness, as well as seroprevalence studies in apparently asymptomatic individuals (Rubio-Tapia et al., 2023). Although many methods are used to diagnose the disease, the gold standard is small bowel biopsy following endoscopy. However, the detection of antibodies with disease-specific serologic tests and the disappearance of these antibodies because of a gluten-free diet support the diagnosis (Barış Eren, 2023). The clinical features of CD vary considerably according to the age at which symptoms appear. Intestinal symptoms and growth retardation are common in young children diagnosed within the first few years of life. In contrast, when the disease presents later in childhood, extraintestinal manifestations such as short stature, delayed puberty, anemia, enamel hypoplasia, osteopenia, or bilateral occipital calcifications are more common, all of which are associated with dietary gluten (Elsawah et al., 2024). In addition to metabolic and electrolyte disorders, life-threatening celiac attacks may also develop (Baş & Çavuşoğlu, 2020). The person should definitely eliminate foods that cause toxic effects on the digestive system, such as barley, wheat and rye, from his/her diet for life.

Children with CD, who must follow a gluten-free diet for life, must cope with various difficulties related to their nutritional needs (Bişgin, Özakar Akça & Turan, 2022). Adolescence is a complex developmental transition period characterized by rapid physical growth, hormonal changes, and evolving psychosocial dynamics (Çubukcu & Yardımcı, 2022). In individuals with CD, delayed puberty, growth disturbances, and the lifelong necessity of adhering to a gluten-free diet may further complicate disease management during this stage. Moreover, increasing independence and expanding social interactions can affect dietary adherence; therefore, adolescence is considered a critical period requiring particular attention in the follow-up and management of CD (Macedo, Catarino, Festas & Alves, 2024). Individuals with chronic diseases such as CD need much more support, acceptance, understanding and meaningful explanations than a normal adult to solve their health problems (Aydın & Bağrıaçık, 2020).

Celiac patients must be followed by a multidisciplinary team. Since it is difficult for the individual to adapt to the treatment process of the disease and the gluten-free diet, their whole life is affected by this situation. For this reason, supporting the individual by a multidisciplinary team consisting of physicians, nurses, dieticians, psychologists and social workers can positively affect the quality of life and psychological status of patients and facilitate their adaptation to social life. Nursing care is extremely important in CD. The information needs of the patient and their family should be met, and they should be supported psychologically regarding nutritional habits, dietary compliance, symptom control, physical activity, and stress management (Barış Eren, 2023). Patients with CD should acquire self-management skills to transform the adaptation process and nutrition into a lifestyle. For patients to develop this skill, the support of nurses, who are key members of the health care team, is very important (Şayık, Açıkgöz & Yiğit, 2019).

Theory in Nursing Care

In the 21st century, it was aimed to put the nursing profession and practices, which started to be perceived as a profession by nurse leaders, on scientific foundations (Konuk & Su, 2020). Today, nursing is recognized as a profession with its own body of knowledge. Moreover, nursing practice is based on scientific knowledge supported by various public organizations and professions worldwide. These organizations emphasize the importance of professionals who can adopt preventive, curative, rehabilitative and health-promoting measures in society. Nursing theories are based on specific phenomena in the profession. They generate ideas that point

to the essence of practice and provide opportunities for a broader and more critical understanding (Lima, Lima, Cavalcante, Quirino & Pinheiro, 2023).

Research and evidence-based good practice guided by nursing theories aims to improve the quality of health services provided and advance nursing science. The use of nursing theories in practice frees nursing from being a job-oriented profession, allowing it to focus on nursing practice rather than medical practice. Nursing theories also help nurses to plan and organize care on a personalized and daily basis and to improve the quality of care provided (Çubukcu, Yıldırım & Türeyen, 2023). One of these models is the Transition Theory published by Afaf Ibrahim Meleis in 1994 as a result of a 30-year study. This theory aims to create resources for nurses to support people who experience changes in their lives and roles (Artan, Yıldırım, Aykar & Fadıloğlu, 2022). According to Meleis, transition is: "It is the transition from one stage, condition or situation of life to another stage" (Eyimaya & Tezel, 2021; Hassani, Otaghi, Zagheri-Tafreshi & Nikbakht-Nasrabadi, 2017).

Transition is a period in which a new beginning is reached and a new situation results, which may cause instability, stress or confusion. Understanding the experiences of individuals in transition is important in nursing care. Thanks to the information and support they receive from nurses, individuals in transition can better recognize their situation, develop coping skills and overcome the transition process smoothly (Eyimaya & Tezel, 2021). Nursing practice involves understanding the transition processes experienced by individuals, identifying their needs and potential risks, enhancing their level of well-being, and planning appropriate interventions accordingly (Meleis, 2010). Concepts and theories constitute the fundamental pillars that ensure nursing care practices are grounded in a scientific basis. Care provided to each patient should be based on a theory or model (Günay & Karaca Sivrikaya, 2025). The literature predominantly focuses on women's transition to the maternal role during developmental transitions (Körükcü & Kukulu, 2014; Türk Düdükcü & Taş Arslan, 2019), whereas studies addressing health problems encountered during the transition from childhood to adolescence and grounding nursing care in a theoretical framework remain limited (Günay & Karaca Sivrikaya, 2025; Konuk & Su, 2020). To the best of our knowledge, no studies have been identified in the literature that examine nursing care provided to adolescents diagnosed with CD within the framework of Meleis' Transition Theory. Therefore, this study aims to evaluate the transition process from health to illness in an adolescent diagnosed with CD in accordance with Meleis' Transition Theory and to demonstrate the contribution of theory-based nursing care to this process.

Transition Theory

The nature of transition, facilitating and inhibiting factors, response patterns, and physical, psychological, and spiritual nursing care constitute the main concepts of transition theory. Meleis' theory has three main headings: the nature of transition, transition states, and response patterns (Figure 1.) (Artan et al., 2022; Barimani, Vikström, Rosander, Forslund Frykedal & Berlin , 2017; Im, 2021; Konuk & Su, 2020).

1. Nature of Transitions: At the end of the purposeful interviews conducted by nurses with patients and their relatives, it was stated that there are transition types such as developmental, health, disease, situational and institutional. In order for nurses to provide effective care to individuals by understanding the nature of transition, they need to be aware that there may be more than one transition affecting the individual and his/her family instead of focusing on only one transition (Artan et al., 2022). Awareness is associated with the individual's perception, knowledge and definition of the transition experience (Aydin & Bulut, 2022). Responsibility is defined as the level of participation of the individual in the transition process (İlkin Aydın & Şahin, 2025). The level of awareness affects the responsibility taken in the transition process (Konuk & Su, 2020). Transition is a long process that requires adaptation to the new role and situation and giving new meanings to the situation. To fully comprehend a transition situation, it is necessary to define and reveal the meaning and effects of change (Artan et al., 2022).

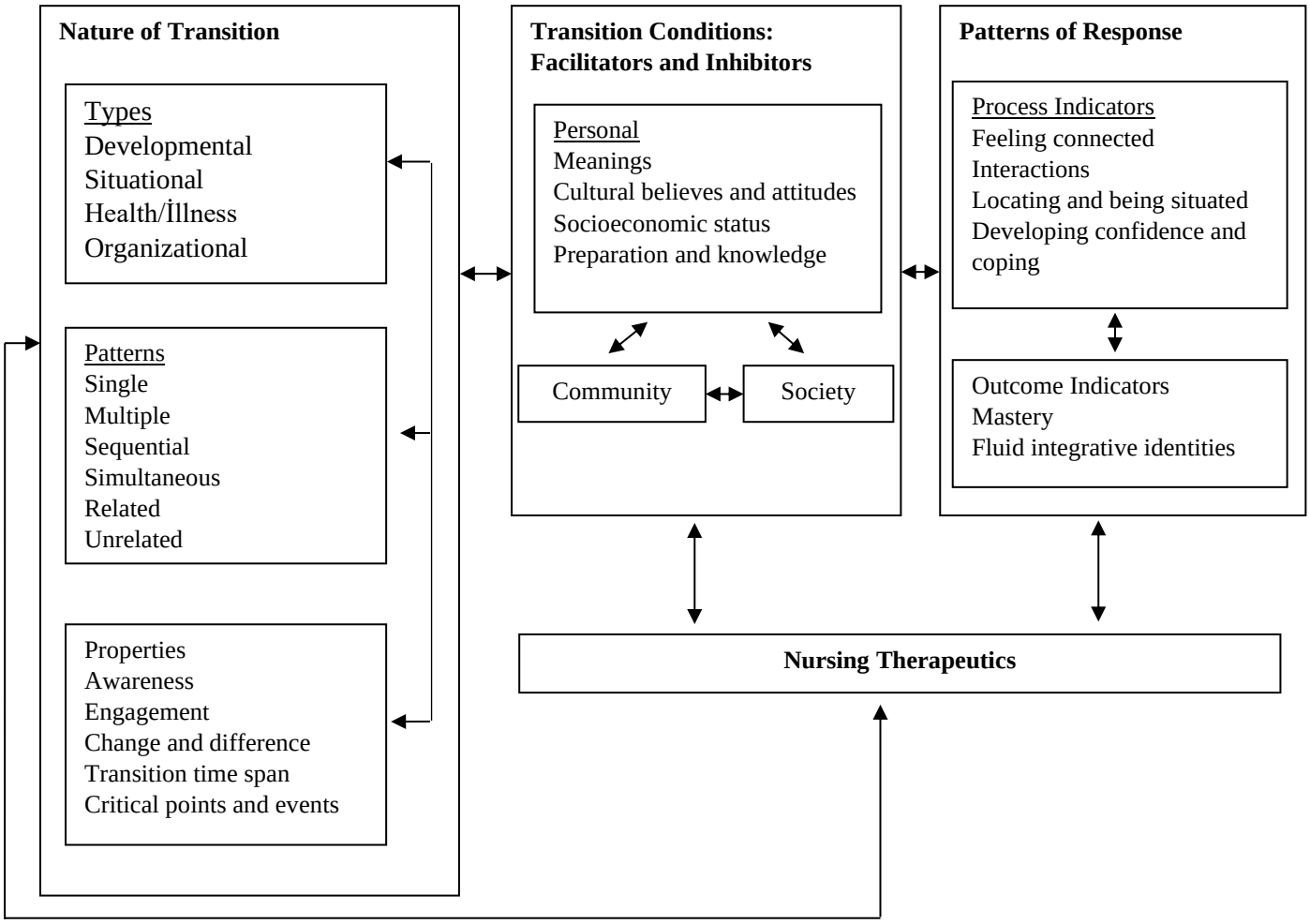

Figure 1. Transitions: A middle-range Theory

The first step of the transition process is the "a period of endings", when the individual disconnects from his/her emotions, which may lead to changes in his/her relationships or personality. The second step, called the "neutral zone", is the intermediate period in which the person is disoriented due to the first step and prepares himself/herself for the new situation. This stage, although uncomfortable, is a necessary one. Only after moving to neutral space can individuals find new opportunities. The last step of the transition process is the period of "new beginnings". This step is characterized by finding meaning and managing experiences. In order to cope with transition, it is essential to go through all three steps. There are certain milestones in people's lives that are characterized by new habits, functions and ways of living. For all these turning points, nurses need to be careful, knowledgeable and experienced (Artan et al., 2022).

2. Transition Situations: Individual, social or community situations are facilitating or complicating factors for transition and can influence the outcomes of the transition process. People's health is influenced by biological, socioeconomic, cultural and environmental factors. Role expectations are the set of behaviors expected by the culture to which one belongs. When role definitions are similar to societal role expectations, the transition process is less distressing. When role definitions and values are not accepted by the society, problems related to role transition occur. Another factor affecting transition is socio-economic status. Preparation for the future can facilitate the transition process; however, lack of preparation can also make the process more difficult. The expectations of the person from the transition process and the methods they will use to cope with the process are also related to preparation. Social resources can also facilitate or hinder transition. Reliable information and role models obtained from health professionals, books, educational groups and written materials related to the transition process are other community elements in transition (Artan et al., 2022; Meleis, 2010).

3. Response Patterns: A healthy transition process has development and outcome outputs. Developmental indicators are measurable parameters that provide information about how the transition process is progressing at any given step. Developmental indicators include developing a sense of attachment, interaction, positioning, self-confidence and coping (Artan et al., 2022; Aydın & Kukulu, 2020).

Physical, Psychological and Spiritual Nursing Care: The transition process is of interest to nursing as it can affect the physical and mental health of the person. Nurses help individuals, their relatives and communities cope with the transition process by ensuring a positive response to the transition process, intervening in existing symptoms, improving well-being and supporting self-care activities. It is one of the responsibilities of nurses in the transition process to perceive the transition process experienced, to identify the needs and problems that the person may encounter, and to plan effective interventions to improve well-being (Artan et al., 2022; İlkin Aydın &Şahin, 2025).

Case Report

A 17-year-old male patient, A.S., presented to the pediatric outpatient clinic of a university hospital with recurrent abdominal pain, weight loss, and delayed puberty. After the general evaluation of the pediatric outpatient clinic, he was referred to the Department of Pediatric Gastroenterology of the same university hospital. In the family history, it was learnt that CD was diagnosed in first-degree cousin children. On physical examination, body weight was 59,2 kg (10th-25th percentile), and height was 196 cm (above 97th percentile).

Celiac serological examination revealed tTGIgA >100 U/mL, antigliadin IgA= 121.8 U/mL, and serum IgA level was 168 mg/dL. At the time of diagnosis, serum ferritin level was 15,29 mg/dL, folate level was 17.06 ng/mL and 25-hydroxy vitamin D level was 25,62 mg/dL. The patient and his family, who experienced multiple transitions such as shifts between health and illness, maintaining daily life, and managing the symptoms and complications of a chronic condition, reported feelings of anxiety, fear, hopelessness, and uncertainty. Consequently, nursing care was planned based on Meleis' Transition Theory. A review of the literature revealed no studies in which nursing care for patients diagnosed with CD was planned according to Meleis' Transition Theory. Therefore, this case is considered to make a significant contribution to the existing literature. Data were collected in two separate face-to-face interview sessions, six months after the diagnosis, on 12 September 2024 and 26 September 2024. The patient and his family were provided with detailed information about the study, and informed consent was obtained.

Evaluation of the Case According to Meleis' Transition Theory

While Meleis was developing his theory, he stated that patients may experience major transitions, and transition periods are very difficult periods in people's lives. While making preparations while experiencing the transition facilitates the transition, being unprepared can make the transition difficult. Since the individual's expectations from the transition experience may change, he/she needs to be prepared while developing strategies to cope with the transition. Transition approach to devastating life events such as chronic diseases depends on what has changed, how the changes are experienced, and reactions to learning. In the case diagnosed with CD, a health-disease transition is experienced because of the initiation of a gluten-free diet. The diagnosed patient experiences multiple transitions such as health-disease transitions, sustaining life, and controlling chronic disease symptoms and complications

Characteristics of the Transition Period

1. **Nature of the transition:** The diagnosed A.S., experiences a change in their roles as a healthy individual and a transition process as a patient.

How did you feel when you first received the diagnosis?

I went to the doctor only because I was very weak compared to my friends and I had stomach pains. Then a lot of tests were done, and the diagnosis was made. Despair, fear, and uncertainty...

Have there been any changes/differences in your life since you received the diagnosis?

What kind of changes... I started to worry about what I will eat all the time, I will be hungry. In fact, I am not a very appetite, I am not a person who likes to eat, but I think I wanted to eat more with the thought that I should not eat.

Which area of your life was affected by the illness?

It affected me socially. In fact, my self-confidence was also affected. The fact that my family and friends constantly warn me about food has turned me into an aggressive person. Of course, this situation also affects my family economically... Because buying gluten-free foods is quite costly...

How did you/were you able to cope with this situation?

It is a very challenging process, trying to adapt to the diet... I have a particularly hard time when I go out with my friends, not being able to eat the things I want or not being able to adapt to them has even caused me to decide not to see my friends outside...

1. ***Transition status- did you have information about the process?***

Of course not. Neither I nor my family ever thought that I would receive such a diagnosis.

What were the supportive and hindering factors for you to get through the process?

I can't say I'm over it yet, actually. Although everyone mostly wants to support me, I am very tired of hearing the words 'don't do this and don't do that'.

How did your family and friends view this situation? Did you observe any changes?

I think everyone but me has accepted the situation. My mum and sister are always checking the ingredients of the products we buy. My friends try to be careful when they offer me snacks. So, as I said, everyone except me is almost used to it.

How are you feeling right now?

I feel lonely and other most of the time. The fact that my mother is always preparing different food from what she eats makes me very unhappy. I ask why me a lot.

Have you received support from a person or source?

My mum and friends say I need it, but I'm so tired of hearing that. I don't think I need support, I just want to get rid of this disease and live and eat like normal people.

How much and in which direction did this process affect your life

I have been very unhappy since I was diagnosed, and I don't think this feeling will go away.

2. ***Patterns of Response***

While trying to adapt to the process with the support of her/his family and environment, she/he constantly questions and this situation leads her/him to unhappiness. Communication, trust and coping are very important in the transition from health to illness. It is thought that AS in adolescence needs support in this process.

3. ***Nursing Care Plan:*** *Nursing specific to the situation in which the individual is in process is discussed*

- In this period, which is the awareness stage of the transition theory, the patient and his/her family were informed about the patient and treatment methods and the importance of dietary compliance. Physiological and psychological needs of the patient were determined and the patient was directed to the necessary units (dietician and psychiatry). The patient was encouraged to express himself/herself and his/her fears and anxieties were eliminated. At the stage of taking responsibility, he was encouraged to comply with the diet.
- In the phase of change and differences, adaptation to a new dietary programme was also ensured in social life.
- In the time process phase, the transition from health to illness was explained. Psychological support was given that this situation would bring new beginnings.

- In the phase of critical points and events, information about new routines, a new lifestyle, and eating habits is provided.

In the disease process, which is a turning point in the life of individuals, it is important for nurses to plan and implement nursing care appropriate to the needs of the patient by using their knowledge and skills. Physical, psychological, and spiritual needs are met by providing holistic care to the patient (Table 1).

Discussion

In this case report, nursing care grounded in Meleis' Transition Theory was provided to an adolescent diagnosed with CD. In a patient experiencing multiple transitions, the transition process is influenced by the meanings the individual assigns to the transition, their expectations, level of knowledge and skills, and their emotional and physical well-being. During the transition process, health professionals guide the individual, family, and community in coping with the changes by promoting positive responses to the transition, alleviating symptoms, enhancing health and well-being, and supporting self-care activities. For the adolescent and family experiencing the transition from health to illness, in this case, it is particularly important to identify whether multiple transitions occur sequentially or simultaneously and to understand the relationships between different events that trigger the transition for the individual. Throughout the transition process, care should be provided in a personalized and holistic manner, tailored to the needs arising from the transition. Meleis determined three nursing measures based on physical, psychological, and spiritual nursing practices. The first measure is the assessment of the readiness of the individual. The second measure of the therapeutic concept of transition is the state of preparation for transition. Education is the primary method to prepare appropriate conditions in the transition process (Bekmezci, Hamlacı & Özerdoğan, 2016). The content of the education program should include comprehensive information about symptoms, complications, and the critical role of dietary adherence. Through this program, both the patient and their parents should be taught how to implement a gluten-free diet effectively, including reading food labels, identifying sources of gluten, and planning meals (Hakeem, 2023). In addition to education and appropriate guidance, parents should be encouraged to participate in CD support groups. This can be particularly valuable for learning practical tips from individuals experienced in managing the daily challenges of dietary compliance. Adhering to a gluten-free diet can be especially challenging, as it requires lifestyle adjustments by both the child and the parents. These challenges may increase as children grow older and gain more independence. New social situations, school trips, and extracurricular activities with peers can further complicate dietary adherence in adolescents (Gallegos & Merkel, 2019). Children diagnosed with CD during adolescence who attempt to follow a gluten-free diet may be at risk for psychological problems (Sevinç, Çetin & Coşkun, 2017), anxiety and behavioral issues (Wahab et al., 2019), difficulties in social adaptation, and social isolation (Taşdelen Baş, Çavuşoğlu & Bükülmez, 2021). Indeed, in this case, the adolescent exhibited tendencies toward social isolation and low self-esteem due to anxiety about what to eat when outside the home.

The third measure of therapeutic nursing in transition is role support. Role support is used for a healthy transition and is one of the many nursing strategies used in the clinic. Role support includes role clarification and role taking. The transition process is necessary not only for the individual health and happiness of the adolescent, but also for the protection of family integrity. Understanding the transition process of the individual and the family, determining the needs and risks that the individual and the family may encounter, planning interventions to increase well-being are initiatives that should be implemented (Bekmezci et al., 2016). In this case, the male patient diagnosed with CD and his family reported experiencing feelings of anxiety, fear, hopelessness, and uncertainty. In a study, it was concluded that mothers of children diagnosed with CD experienced high levels of stress (Doğan et al., 2020). Mothers often face difficulties in obtaining gluten-free products for their children. These challenges include limited availability of gluten-free products in the market, high cost, and concerns about the reliability and safety of these products.

Table 1. Care plan for an adolescent diagnosed with celiac disease according to Meleis's Transition Theory

Nursing Diagnosis/Expected Result	Nursing Initiatives	Evaluation
Anxiety Due to the recent diagnosis of Celiac Disease, and the associated uncertainty and required lifestyle modifications. **Expected Result** • The patient will report an increase in psychological and physiological comfort. • A reduction in the level of anxiety will be observed.	A trust-based therapeutic relationship is established. A supportive environment is provided to encourage the patient to express their thoughts and feelings. Communication is conducted using short, simple sentences calmly and slowly. An empathetic approach is maintained (e.g., therapeutic use of silence, allowing the patient to cry). The presence of anger is identified (e.g., frustration, verbal outbursts, distress, irritability). Uncertainties related to the disease and its course are clarified. Parents are encouraged to participate in the care process. Psychological support is provided to both the patient and the family. A psychiatric consultation is arranged when necessary. Counseling is provided regarding effective coping strategies.	During the initial interview, the patient reported an Anxiety level of 10 out of 10, stating that dietary restrictions and the inability to consume desired foods had made them more aggressive and negatively affected their self-confidence. Following the interventions, the patient was able to express their fears and concerns more comfortably and reported a decrease in anxiety level to 8 out of 10. The patient stated feeling distressed by frequent reminders from others to adhere to the diet, expressed concern about the financial burden of incorporating appropriate foods into their nutrition, and reported feeling unhappy that their mother prepares separate meals specifically for them. The patient was unable to identify effective coping strategies clearly, but stated that they were making an effort. To further reduce anxiety and enhance coping strategies, a psychiatric consultation was requested following the interviews.
Knowledge Deficit Associated with insufficient knowledge regarding the disease, the treatment plan, and adherence to a gluten-free diet. **Expected Result** • The patient and their family will acquire knowledge about Celiac Disease and the gluten-free diet.	The patient and their family are educated about the diagnosis, course, and treatment of the disease. Detailed information is provided regarding new routines, lifestyle modifications, and adherence to a gluten-free diet. Foods that are restricted and permitted within the diet are clearly explained. A dietitian consultation is arranged when necessary. Educational materials (e.g., brochures) are utilized.	It was observed that the patient and their family were able to accurately articulate information regarding the disease and the diet.
Social Isolation Associated with decreased self-confidence due to difficulty in adapting to living with a chronic disease and adhering to a gluten-free diet. **Expected Result** • The patient will maintain social relationships. • The patient will communicate with peers. • The patient will be able to express themselves.	The patient's level of social interaction is assessed. The patient is encouraged to express their emotions. Family support is reinforced. Support systems from friends are activated. Guidance is provided for diet management in school and social settings, and psychological counseling is recommended if necessary.	The patient was observed to communicate with peers but experienced difficulty participating in social activities. The patient reported struggling to adhere to the diet but stated that they were making efforts to comply.

Ineffective Role Performance (Friendship Role) Related to difficulty in adhering to the diet and coping with this situation. **Expected Result** • The patient will report no discomfort regarding the perception of their role performance.	The patient is supported to express their emotions. The patient is encouraged to share their perspective on the friendship role and how they are perceived by others. The patient is encouraged to accept changes in habitual responsibility patterns (e.g., dietary routines). The patient is guided to meet and interact with groups of peers who have the same chronic disease.	The patient reported that they decided not to meet with friends because they could not eat the foods they wanted and were frequently reminded by their friends. The patient expressed feelings of being marginalized and isolated due to dietary changes. The patient was guided to meet peers with the same chronic disease, and support was provided to fulfill the friendship role through interactions with individuals experiencing the same disease.
Imbalanced Nutrition: Less than Body Requirements Related to malabsorption and dietary restrictions. **Expected Result** • The patient will achieve adequate nutrient intake, and weight loss will be halted.	Height, weight, and BMI are assessed. Daily food intake is monitored. A gluten-free diet plan is implemented. Small, frequent meals are recommended. Collaboration with a dietitian is ensured.	The patient was observed to adhere to the gluten-free diet and maintain their weight. The patient stated that they would keep a record of the foods they consume to monitor their diet.
Ineffective Coping Related to difficulty in adapting to living with a chronic disease. **Expected Result** • The patient will develop coping strategies for managing their disease. • The patient will adapt to the new lifestyle.	The patient's current coping status is assessed. Counseling is provided on living with the disease. Information is given regarding new routines and dietary habits. Psychological support is offered to emphasize that the transition process can bring new opportunities. The focus is placed on what can be done rather than on what has not been accomplished. Social support resources are identified.	The patient was observed to have difficulty adapting to the new lifestyle and, as a result, tended toward social isolation. Initially, the patient refused to receive support; however, following the counseling sessions, they expressed a willingness to receive psychological support and to engage with available social support resources.
Family Coping: Readiness for Enhanced Strengthening Related to difficulty in coping with the child's adaptation to the disease process. **Expected Result** • Family members will maintain a functional system in which they mutually support each other. • The patient will adapt to the disease process and develop new routines.	Assistance is provided to help the family assess their situation. The family's strengths are identified, emphasized, and validated. Family members are encouraged to participate in the child's care as much as possible. Preliminary guidance is provided to the family regarding potential needs. Information is given about the transition from health to disease. The new lifestyle and dietary habits are explained. Psychological support is offered.	The patient expressed positive coping statements regarding living with the disease. Family members indicated their willingness to support the child in performing tasks that enhance adherence to the required health regimen (e.g., dietary and treatment compliance), to participate in and attend to the child's health management, and to improve and promote the child's well-being.
Risk for Ineffective Management of Therapeutic Regimen	Factors that may hinder effective management of the therapeutic regimen are identified.	The patient reported a lack of self-confidence and feelings of hopelessness, fear, and uncertainty.

Related to the financial cost of the diet, low self-confidence, fear of being different, and insufficient knowledge regarding diet management, restrictions, and requirements. **Expected Result** • The patient will report an intention to perform the prescribed and necessary health behaviors for recovery. • The patient will express the importance of adherence to the diet.	✚ A trust-based communication is established, and the patient's concerns are listened to. ✚ The patient's strengths are recognized and validated. ✚ Self-confidence and a positive sense of self-efficacy are developed. ✚ Past experiences of successfully managing problems are discussed and highlighted. ✚ Additional success stories are shared. ✚ A positive attitude is fostered in both the patient and family, encouraging the expression of emotions, concerns, and questions, and promoting active participation. ✚ The disease process, treatment regimen (e.g., diet, procedures), the rationale for the regimen, the expectations of the child and family from the regimen, and necessary home modifications are explained and discussed. ✚ It is clarified that adapting to lifestyle changes and learning required behaviors will take time.	✚ The patient stated that they have not yet fully coped with the situation but are making efforts. ✚ The patient indicated that they will take responsibility for managing their health by keeping a record of the foods they consume to monitor dietary adherence.
Risk for Delayed Growth Related to malabsorption, body weight between the 10th and 25th percentiles, and loss of autonomy and independence secondary to a chronic disease diagnosis. **Expected Result** • The patient will continue to demonstrate growth appropriate for their age group. • Weight loss will be prevented.	✚ The patient's height and weight measurements are taken daily. ✚ Daily food intake is monitored. ✚ The child is encouraged to participate in decisions regarding their care. ✚ Phone calls and visits from parents and friends are encouraged. ✚ Opportunities are provided for interaction with other children of the same age in the unit.	✚ The patient was observed to maintain their weight; however, the risk for delayed growth remains.

Parents may find it economically difficult to afford these specialised foods, which can lead to stress in meeting the nutritional needs of their children. Additionally, access to gluten-free products may be limited in certain regions, requiring extra effort in terms of travel, time, and resources to obtain them. These challenges can particularly increase mothers' stress levels related to meal planning and grocery shopping (Hakeem, 2023). Similarly, in this case, the adolescent reported that maintaining a gluten-free diet was very costly and placed a financial burden on his family.

Conclusion and Recommendations

This case report examines the transition process experienced by an adolescent diagnosed with CD and his family within the framework of Meleis' Transition Theory, highlighting the applicability of theory-based nursing care in clinical practice. Integrating a theoretical approach into the care process contributed to a holistic assessment of the adolescent's and family's physical, psychosocial, and developmental needs, as well as to more systematic care planning.

However, the study's reliance on a single case limits the generalizability of the findings. Future research is recommended to evaluate the effectiveness of theory-based nursing care in cases involving larger and more diverse samples. Supporting the integration of Meleis' Transition Theory–based care approaches into clinical practice particularly in the care of children and families undergoing transitions and equipping nurses with up-to-date, evidence-based knowledge may enhance the quality of care.

Ethics Committee Approval: Ethics committee approval was not obtained since it was a case report. The patient and his family were explained about the subject and informed consent was obtained.

Informed Consent: The patient and their family were provided with detailed information about the study, and written informed consent was obtained prior to participation.

CRediT Author Statement: **E.Ç.** Methodology, Formal analysis, Writing – review & editing, Writing – original draft, Visualization, Investigation **S.B.** Methodology, Formal analysis, Conceptualization, Validation, Writing– original draft, Visualization, Investigation

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