stress, depression, substance abuse, and school problems. Noncompliance with an intense medication regimen, especially during adolescence, can lead to serious medical problems and can be fatal. Immunosuppressants and nursing implications are discussed in Chapter 26 in relation to renal transplantation. Care of the immunosuppressed child is reviewed in Chapter 25 Psychosocial concerns and appropriate interventions for the child with a life-threatening disorder are presented in Chapter 17.

The first 6 months to 1 year after the transplant are most intense because the risk of complications is greatest and the patient and family are adjusting to a new lifestyle. Patients are monitored closely by the health care team, with frequent visits and laboratory tests. Care is usually shared between local health care providers and the transplant center. Many patients are able to return to school and other age-appropriate activities within 2 to 3 months after the transplant.

Vascular Dysfunction

Systemic Hypertension

Hypertension is defined as the consistent elevation of BP beyond values considered to be the upper limits of normal. The two major categories are **essential hypertension** (no identifiable cause) and **secondary hypertension** (subsequent to an identifiable cause). In recent years, there has been increasing incidence in this disorder in adolescents and children, which is most likely related to the obesity epidemic. Hypertension in children and adolescents is defined as having a systolic or diastolic BP that consistently falls at or over the 95th percentile. This group is further delineated as follows:

Stage 1 hypertension includes patients who have BP readings between the 95th and 99th percentiles.

Stage 2 hypertension includes patients with BP readings over the 99th percentile plus 5 mm Hg.

An additional group includes children and adolescents who have prehypertension (or high-normal BP). This prehypertensive group includes those with BP readings that fall consistently between the