

position of insisting on adherence. The stress and anxiety related to this routine may produce feelings of resentment in both the child and the family members. When possible, occasional trusted respite care should be available to allow parents to leave the situation for short periods without undue anxiety about the child's welfare.

The affected child or adolescent may become resentful about the disease, its relentless routine of therapy, and the necessary curtailment it places on activities and relationships. The child's activities are interrupted or built around treatments, medications, and diet. This imposes hardships and influences the child's quality of life. The child should be encouraged to attend school, seek employment when old enough, and join age-appropriate peer groups to foster a life that is as normal and productive as possible. Sports are often an important part of the child and adolescent's life; interaction with peers includes valuable life experiences, especially to adolescents. The child or adolescent with CF should be encouraged to participate in sports activities in as much as physical and pulmonary health allows. Exercise is encouraged to increase pulmonary vital capacity, promote muscle development, and enhance cardiovascular function.

As the disease progresses, however, family stress should be expected, and the patient may become angry and may resist medical therapy. It is important for the nurse to recognize the family's changing needs and the grief they may experience as the CF worsens. Families should be made aware of resources for counseling. Patients need to be guided into activities that enable them to express anger, sorrow, and fear without guilt.

### **Transition to Adulthood**

As life expectancy continues to rise for children and adolescents with CF, issues related to marriage, sexuality, childbearing, and career choice become more pressing. Male patients must be informed at some point that they will often be unable to produce offspring. It is important that the distinction be made between sterility and impotence. Normal sexual relationships can be expected. Female patients may be able to bear children but should be informed of the possible deleterious effects on the respiratory system created by the burden of pregnancy. They also need to know that their children will be carriers of the CF gene. Adolescent