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SCIENTIFIC EDITORIAL

How best to train doctors in adult congenital heart disease?



Quelle formation pour devenir cardiologue congénitaliste de l'adulte ?

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Advances in medical and surgical care have produced remarkable improvements in the survival of children with congenital heart disease (CHD); around 90% of children with CHD now reach adulthood [1]. The number of adults with CHD now exceeds the number of children with CHD, and is estimated to be > 1–2 million in the USA and 2–3 million in Europe [2,3]. Many of these adult patients develop late cardiac and extracardiac complications [4]. Lapses in care affect patient management, and may occur during the time of transition from a specialized paediatric CHD centre to an adult CHD (ACHD) centre, which is, nevertheless, highly recommended [5] (Fig. 1). In Quebec, Mylotte et al. reported a significant reduction in mortality when patients were referred to specialized ACHD centres (Fig. 2) [6]. In response to the increasing population, ACHD has been recognized as a specialty, and training has been integrated into the cardiovascular fellowship [7] (Fig. 3). However, the number of ACHD specialists is inadequate [5,6]. The European Society of Cardiology (ESC) Working Group on Grown-up Congenital Heart Disease (GUCH) has detailed the staff requirements for a specialized ACHD centre (Table 1) [8]. Only specialized centres can provide cardiac and extracardiac medical and surgical skills, and gather cohorts of patients, to ensure the triple mission of adequate care, research and training.

Abbreviations: ACHD, adult congenital heart disease; CHD, congenital heart disease; ESC, European Society of Cardiology; FCPC, French Society of Congenital and Paediatric Cardiology; GUCH, grown-up congenital heart disease.

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MOTS CLÉS

Cardiopathie congénitale ;
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Training in ACHD varies according to countries and continents. The International Society for Adult Congenital Heart Disease (ISACHD) reported results from a survey of ACHD fellows from 24 different countries [9]. The mean rating for satisfaction with their training in CHD was 3.11/5, and was clearly insufficient (2/5) for training related to advanced imaging modalities (computed tomography and magnetic resonance imaging); 40% of responders defined their training as "stressful". Indeed, training in ACHD involves a wide range of diagnostic and therapeutic methods used in the care of adults with CHD, including direct experience in echocardiography, magnetic resonance imaging, computed tomography, diagnostic catheterization, electrophysiology

and exercise testing. The American Board of Medical Specialities has recognized ACHD as a separate subspecialty of cardiology, and has issued guidelines for ACHD training [10,11]. This ACHD fellowship training is a 24-month commitment, including full-time clinical training and 6 months of elective clinical or research experience. The trainee should spend 9–12 months on inpatient service and/or ACHD consultative service, 3 months on ACHD imaging (including echocardiography and cardiac magnetic resonance imaging), 2 months on cardiac catheterization and 1 month in the intensive care unit caring for postoperative patients. The ESC Working Group on GUCH also recommends a training period of 24 months, and has quantified the experience required for qualification in ACHD (Table 2) [8]. However, the gaps in knowledge and experience differ between adult and paediatric cardiologists. The American Academy of Pediatrics and the American Heart Association has published recommendations for including CHD training in both paediatric and adult cardiology fellowships [12,13]: trainees with a paediatric cardiology background should spend 2 months taking care of ACHD inpatients, and those with an adult cardiology background should spend 2 months with paediatric CHD patients. Specific knowledge in ACHD must be acquired during training in women's contraception and

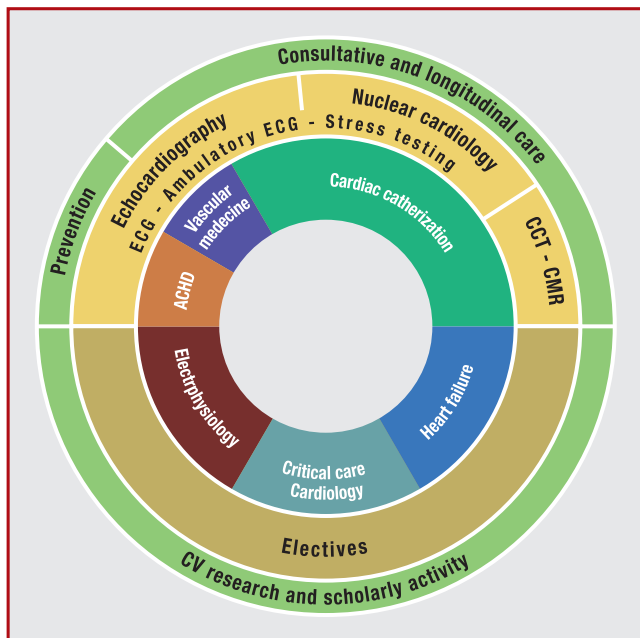


Figure 1. Timeline for transition from a specialized paediatric congenital heart disease (CHD) centre to an adult CHD (ACHD) centre. The cardiac team should be composed of both paediatric CHD and ACHD specialists [5]. y: years.

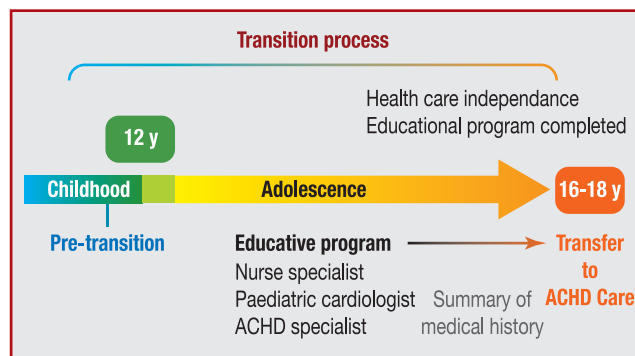


Figure 2. Time-series analysis illustrating observed specialized adult congenital heart disease (ACHD) centre referral (black line) and ACHD mortality (grey line) [6].

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