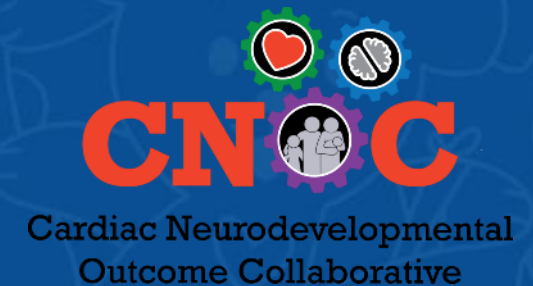




# What Parents Need to Know About Cardiac Neurodevelopment

Alexander Tan, Ph.D., ABPP-CN



# 01

The latest research on neurodevelopmental outcomes of high-risk CHD

# 02

Best-practice clinical recommendations for monitoring and evaluation by the AHA

# 03

How you can support CNOC in its mission to optimize outcomes for all children

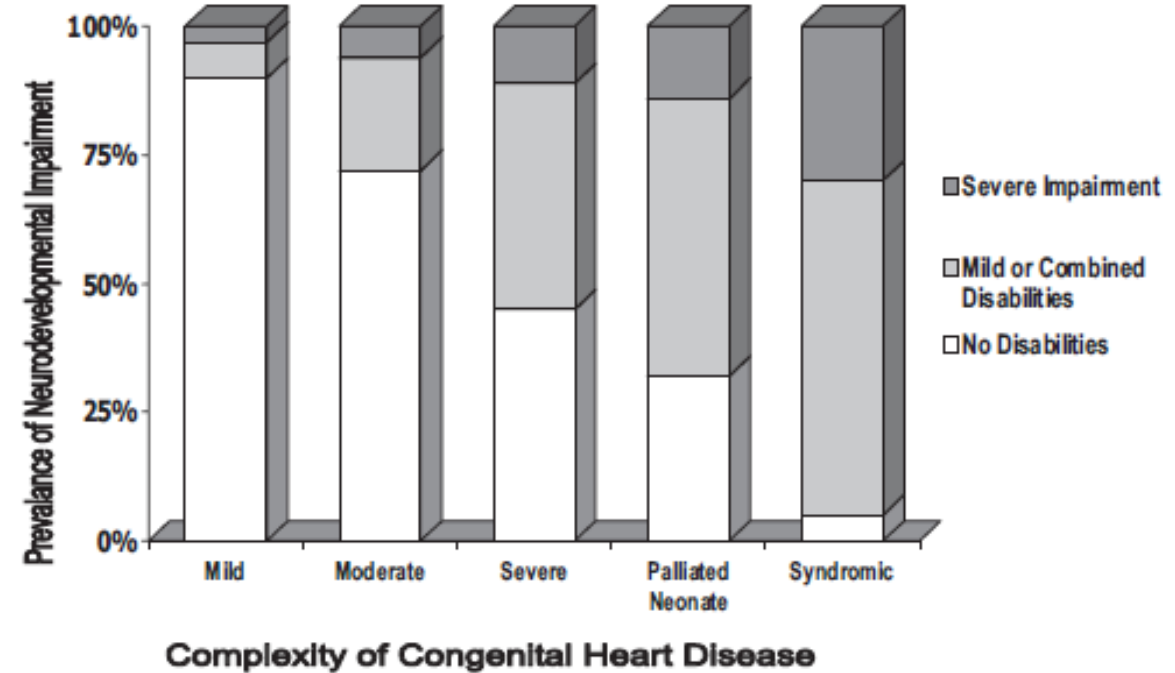
## AHA Scientific Statement

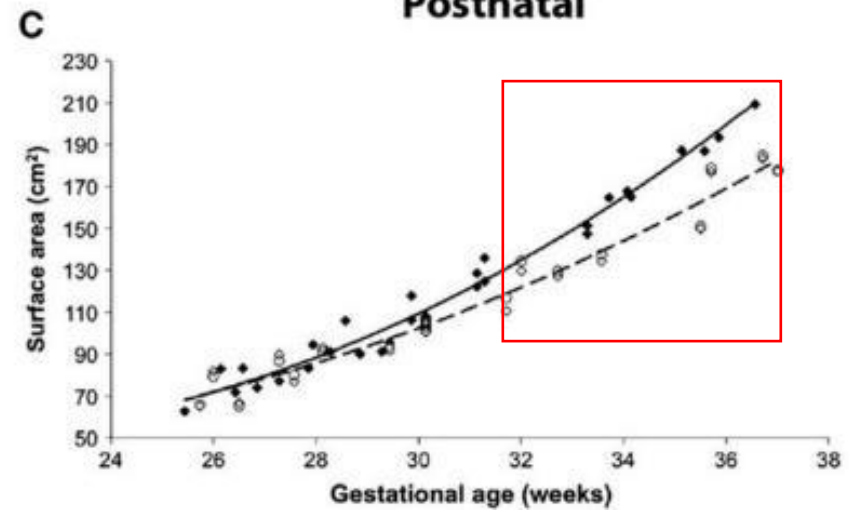
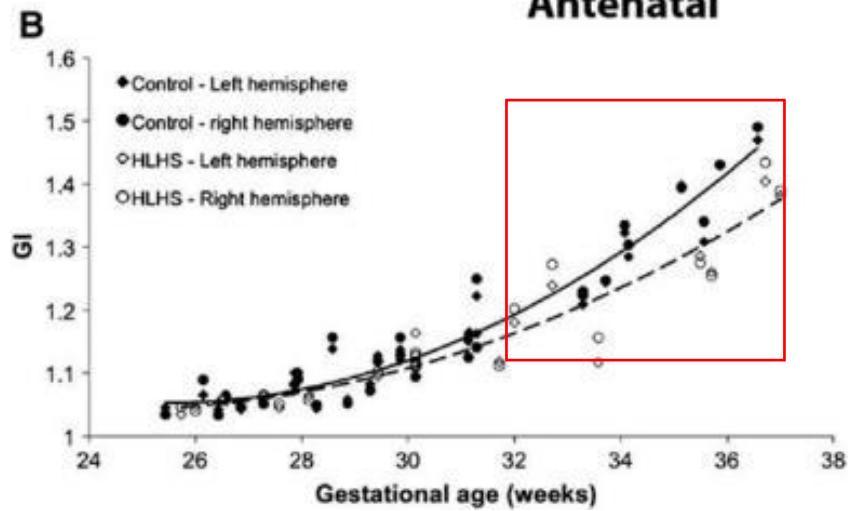
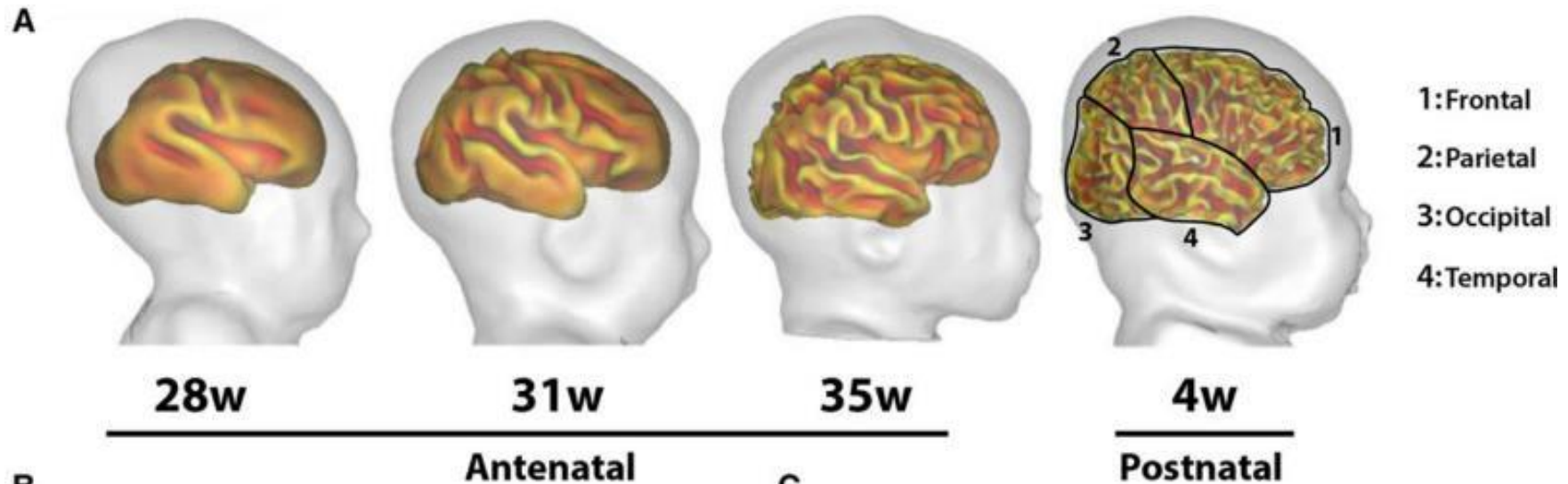
# Neurodevelopmental Outcomes in Children With Congenital Heart Disease: Evaluation and Management

A Scientific Statement From the American Heart Association

*This statement has been approved by the American Academy of Pediatrics.*

Bradley S. Marino, MD, MPP, MSCE, FAHA, Co-Chair; Paul H. Lipkin, MD;  
Jane W. Newburger, MD, MPH, FAHA; Georgina Peacock, MD, MPH; Marsha Gerdes, PhD;  
J. William Gaynor, MD; Kathleen A. Mussatto, PhD, RN; Karen Uzark, PhD, CNP, FAHA;  
Caren S. Goldberg, MD, MS; Walter H. Johnson, Jr, MD; Jennifer Li, MD;  
Sabrina E. Smith, MD, PhD; David C. Bellinger, PhD; William T. Mahle, MD, FAHA, Co-Chair; on  
behalf of the American Heart Association Congenital Heart Defects Committee of the Council on  
Cardiovascular Disease in the Young, Council on Cardiovascular Nursing, and Stroke Council





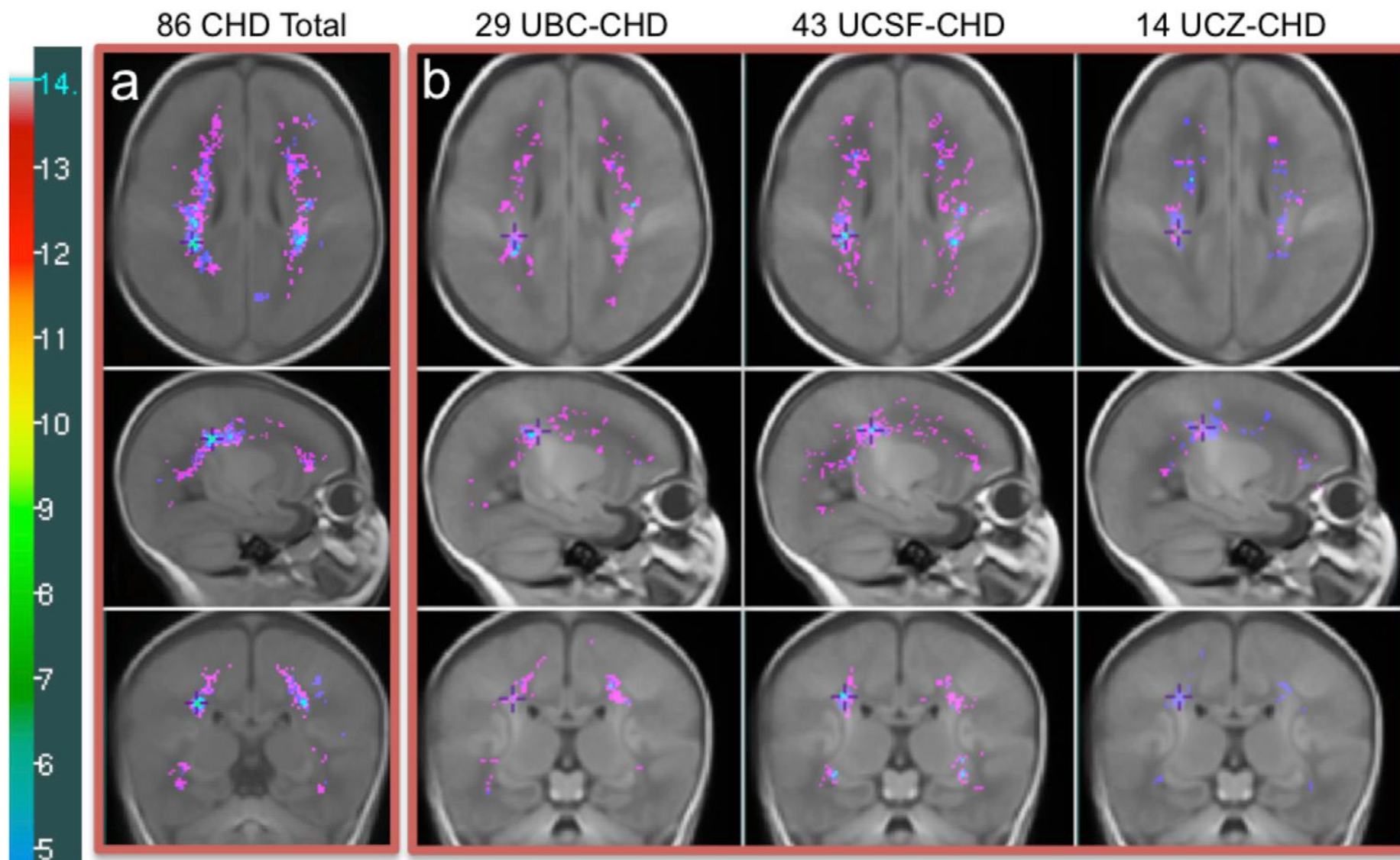




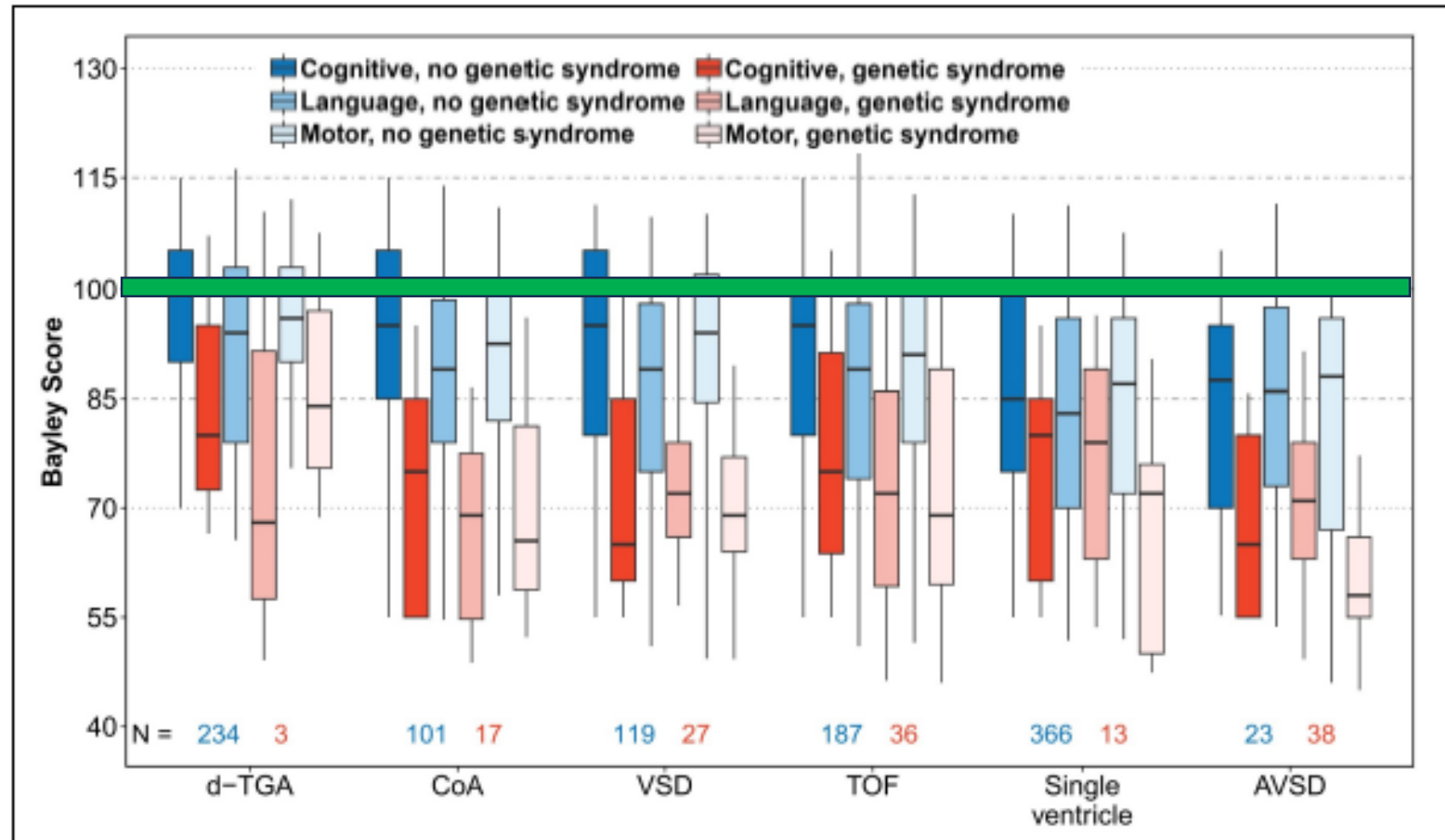
Table 1

## Risk factors for neurodevelopmental concerns in the congenital heart disease population

Timeframe	Risk Factors for Neurodevelopmental Concerns
Prenatal	Genetic predisposition to CHD Genetic abnormalities and syndromes Impaired <i>in-utero</i> hemodynamics Placental abnormalities
Neonatal transition	Prematurity (<37 weeks) Neonatal transition Acidosis and hypoxemia
Cardiac intervention	Exposure to CPB and DHCA Use of ECMO and VAD Use of volatile anesthetics
Postoperative recovery	Unstable hemodynamics and AP shunt steal History of cardiopulmonary resuscitation Prolonged hospitalization (>2 weeks) Perioperative seizures Psychological stress (separation from family; medical trauma)
Across the lifespan	Long-term cyanosis (with or without cardiac surgery) Neuroimaging abnormalities Microcephaly (<2 standard deviations) Repeated hospitalizations, operations, and catheterizations End-organ injury (ie, liver, kidneys) Need for heart transplant Pacemaker or ICD placement

## Assessments in 1249 patients across 27 centres

Figure 2: Diagnosis. BSID standard scores by cardiac diagnostic group. Within each cardiac diagnostic group, sample sizes are presented for assessments from subjects with and without genetic syndrome. D-TGA = dextrotransposition of the great arteries, CoA = coarctation of the aorta, VSD = ventricular septal defect, TOF = tetralogy of Fallot, AVSD = atrioventricular septal defect



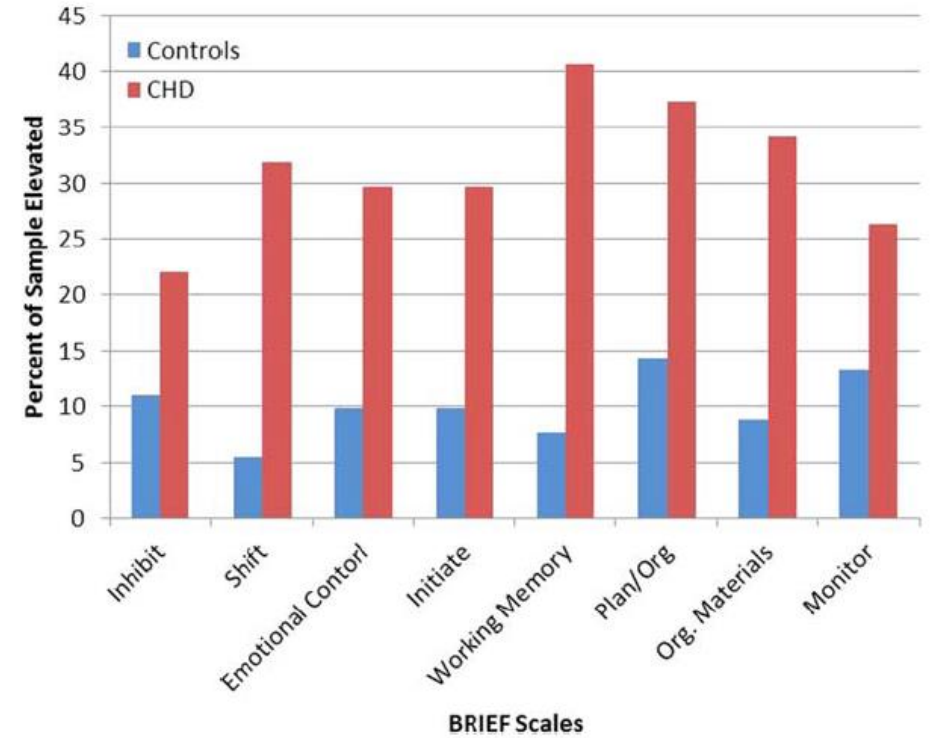
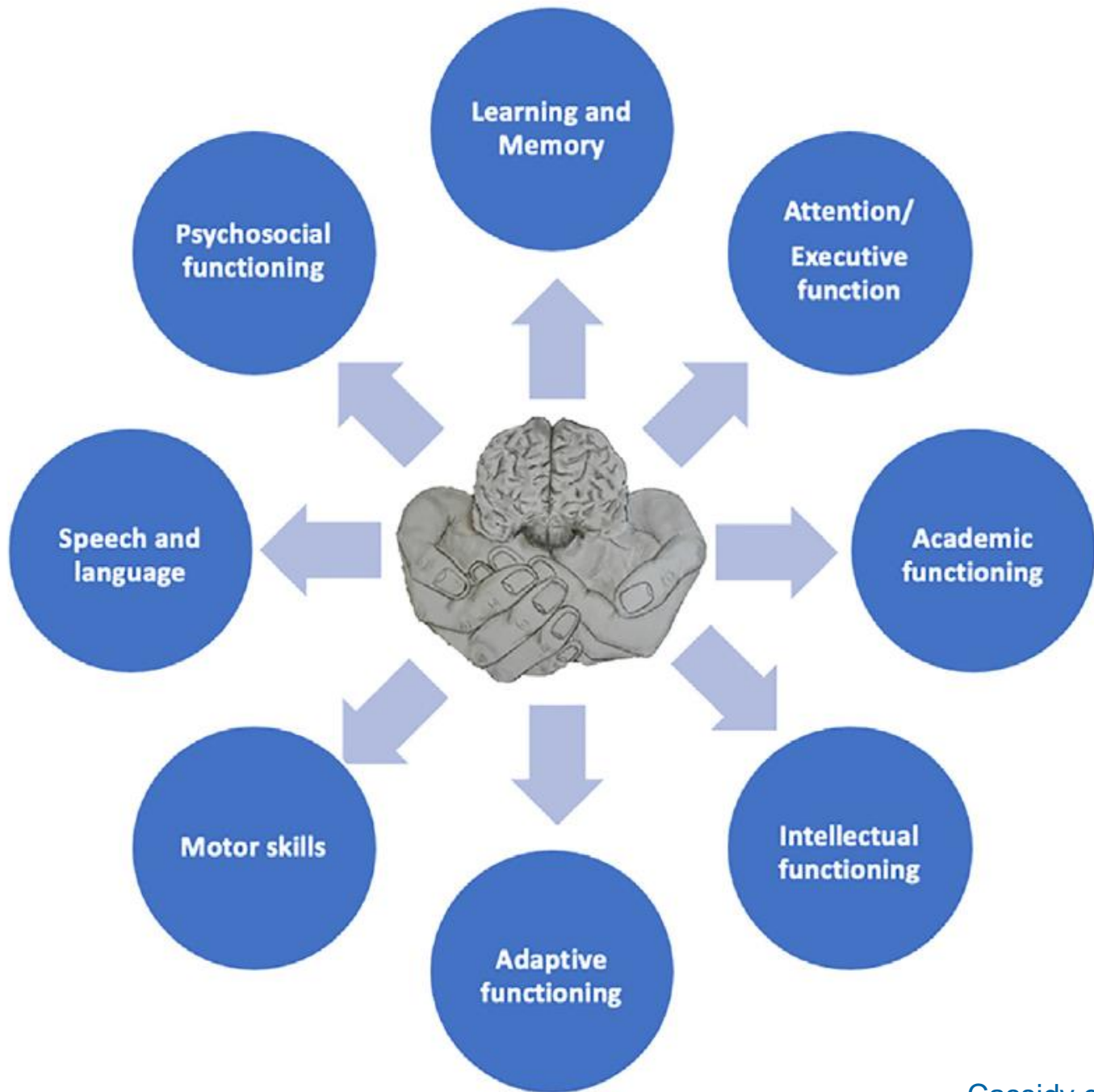
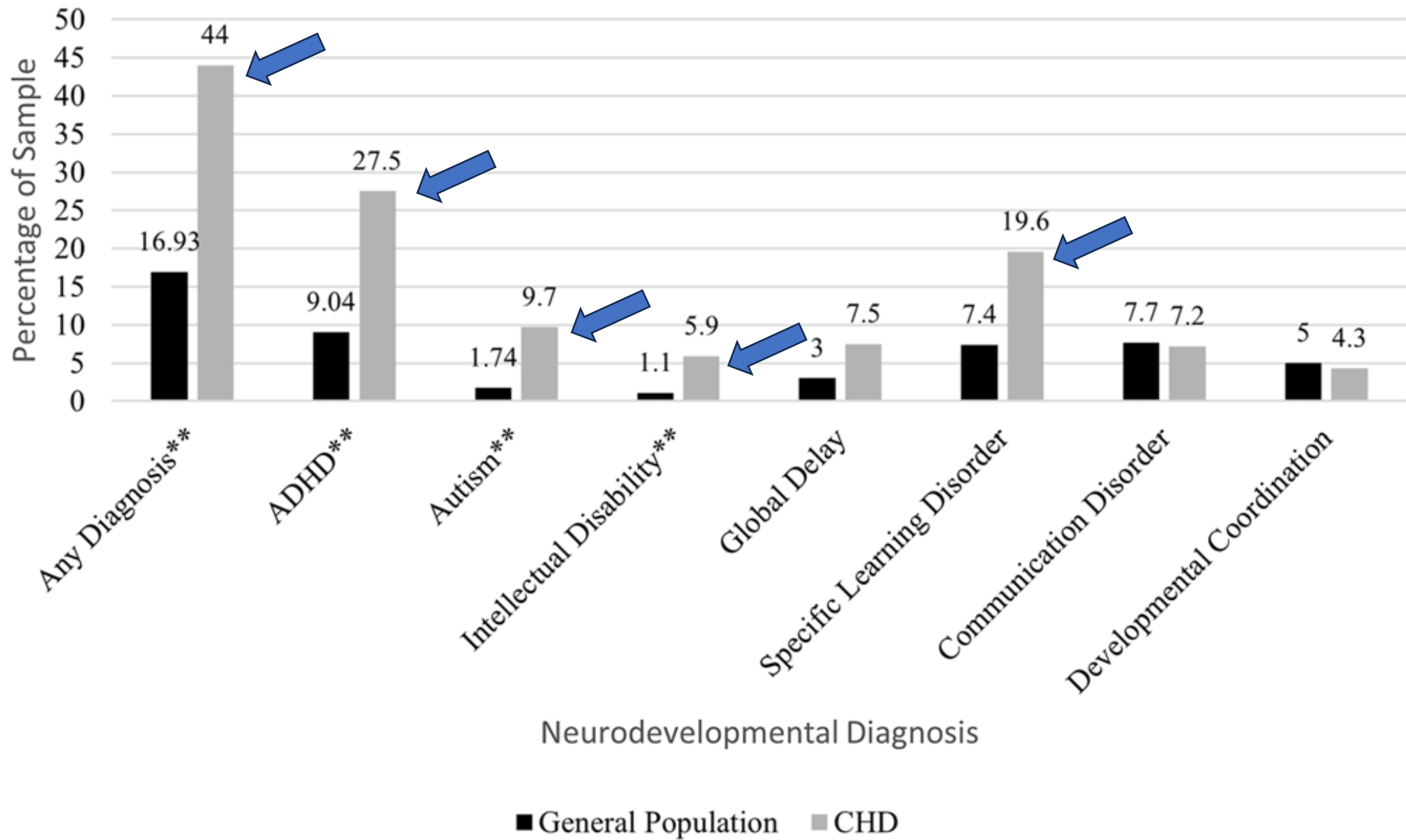


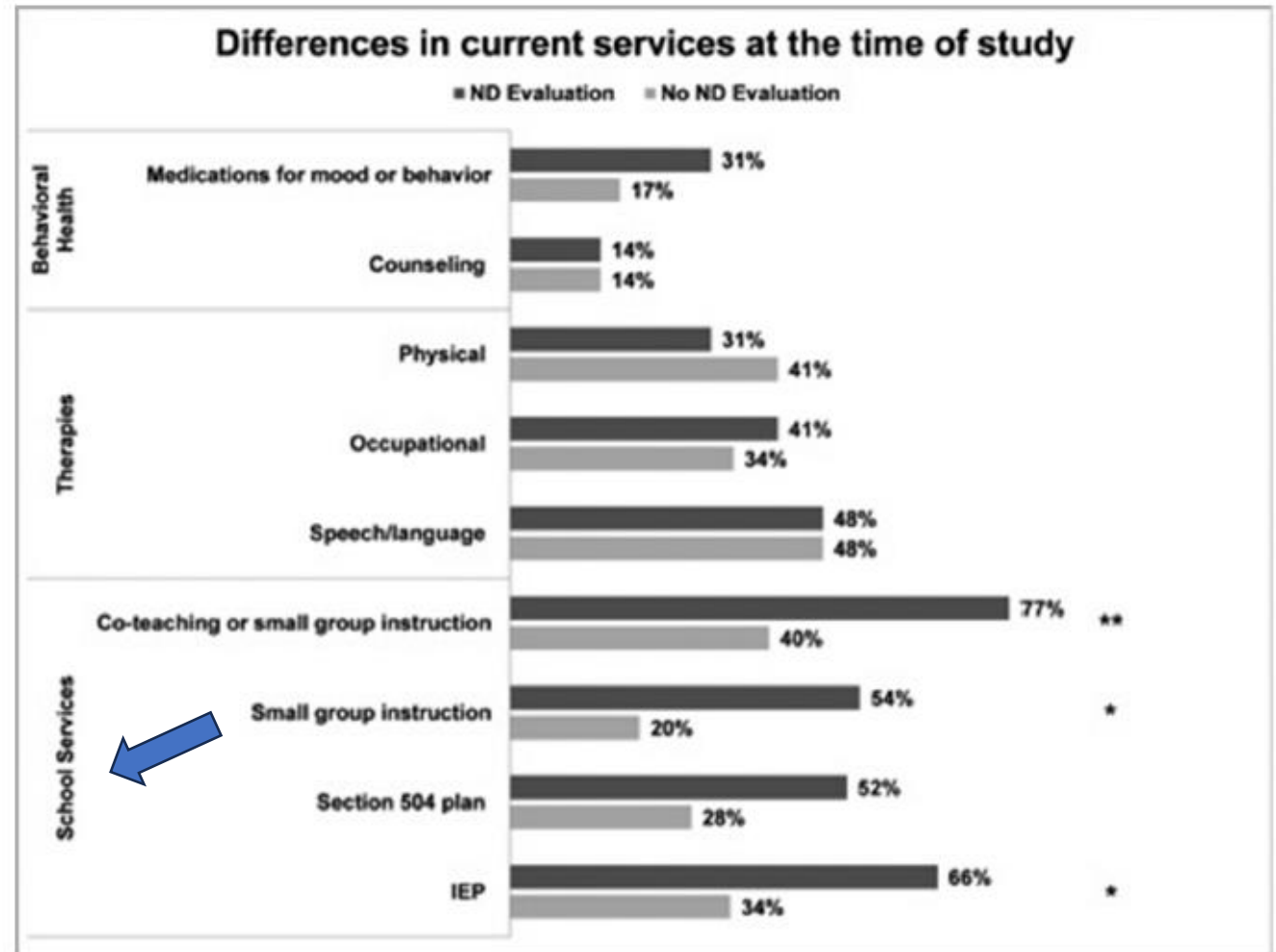
FIGURE 1 Prevalence of executive dysfunction: percent of the sample reporting clinically significant elevations ( $T$  score  $\geq 65$ ) on the BRIEF.








**Table 3. Third-Grade Educational Outcomes for Congenital Heart Defects Versus Children With Structural Birth Defect**

	No Structural Birth Defects (ref)	Congenital Heart Defect
End-of-grade tests: does not meet standards		
Reading	n=6302; 31.3%	n=2780; 39.9%
Math	n=6326; 21.1%	n=2798; 25.5%
Either	n=6341; 37.5%	n=2803; 44.6%
Both	n=6287; 14.8%	n=2775; 20.8%
Third-grade retention	n=6341; 2.0%	n=2803; 2.8%
Receipt of exceptional services	n=6341; 12.5%	n=2803; 20.5%



**TABLE 3** K-SADS-PL Psychiatric Diagnoses of Adolescents With Sin

Psychiatric Diagnosis	All ( <i>n</i> = 156)		
	Lifetime	Current	
Any psychiatric disorder <sup>a</sup>	102 (65)**	71 (46)**	
Anxiety disorders	55 (35)**	35 (22)*	
Separation anxiety disorder	18 (12)*	11 (7)	
Simple phobia	11 (7)	6 (4)	
Social phobia/avoidant disorder	26 (17)**	13 (8)*	
Generalized anxiety disorder	10 (6)	10 (6)	
Panic disorder <sup>b</sup>	2 (1)	2 (1)	
Obsessive-compulsive disorder <sup>b</sup>	5 (3)	2 (1)	
Posttraumatic stress disorder <sup>b</sup>	1 (1)	0	
Adjustment disorder with anxious mood <sup>b</sup>	2 (1)	1 (1)	
Mood disorders	20 (13)	6 (4)	
Major depressive disorder	8 (5)	2 (1)	
Adjustment disorder with depressed mood	8 (5)	0	
Dysthymia <sup>b</sup>	4 (3)	3 (2)	
Depressive disorder NOS <sup>b</sup>	1 (1)	1 (1)	

## AHA SCIENTIFIC STATEMENT

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# Neurodevelopmental Outcomes for Individuals With Congenital Heart Disease: Updates in Neuroprotection, Risk-Stratification, Evaluation, and Management: A Scientific Statement From the American Heart Association

*Endorsed by the Cardiac Neurodevelopmental Outcome Collaborative*

Erica Sood, PhD, Vice Chair; Jane W. Newburger, MD, MPH, FAHA; Julia S. Anixt, MD; Adam R. Cassidy, PhD, ABPP; Jamie L. Jackson, PhD; Richard A. Jonas, MD; Amy J. Lisanti, PhD, RN, CCNS, FAHA; Keila N. Lopez, MD, MPH; Shabnam Peyvandi, MD, MAS, FAHA; Bradley S. Marino, MD, MPP, MSCE, MBA, FAHA, Chair; on behalf of the American Heart Association Council on Lifelong Congenital Heart Disease and Heart Health in the Young and the Council on Cardiovascular and Stroke Nursing



Evaluation

Screening

Surveillance

12-24 months

3-5 years

11-12 years

# Effects of Implementing a Standardized Surveillance Program on Cardiac Neurodevelopmental Program Referral Completion

Heather Hennrick<sup>1</sup> · Elizabeth Miller<sup>2</sup> · Wyman W. Lai<sup>2,3</sup> · Viannae Carmona Nelkin<sup>1</sup> · Ana-Mercedes Flores<sup>1</sup> · Marissa Olson<sup>2</sup> · Dianne Kong<sup>1</sup> · Alexander Tan<sup>1,2</sup>

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## Items

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1. Have you been told or were you concerned that your child was behind in learning to talk or walk?
  2. Do you feel that your child has trouble with focusing or remembering things?
  3. Are you or your child's teacher concerned about your child's ability to learn or their grades?
  4. Are you concerned about your child's emotions or behaviors?
  5. Would you like your child to be monitored for future problems?
  6. Would you like your child to be considered for a Cardiac Neurodevelopmental Clinic evaluation?
-



Clinical Interview

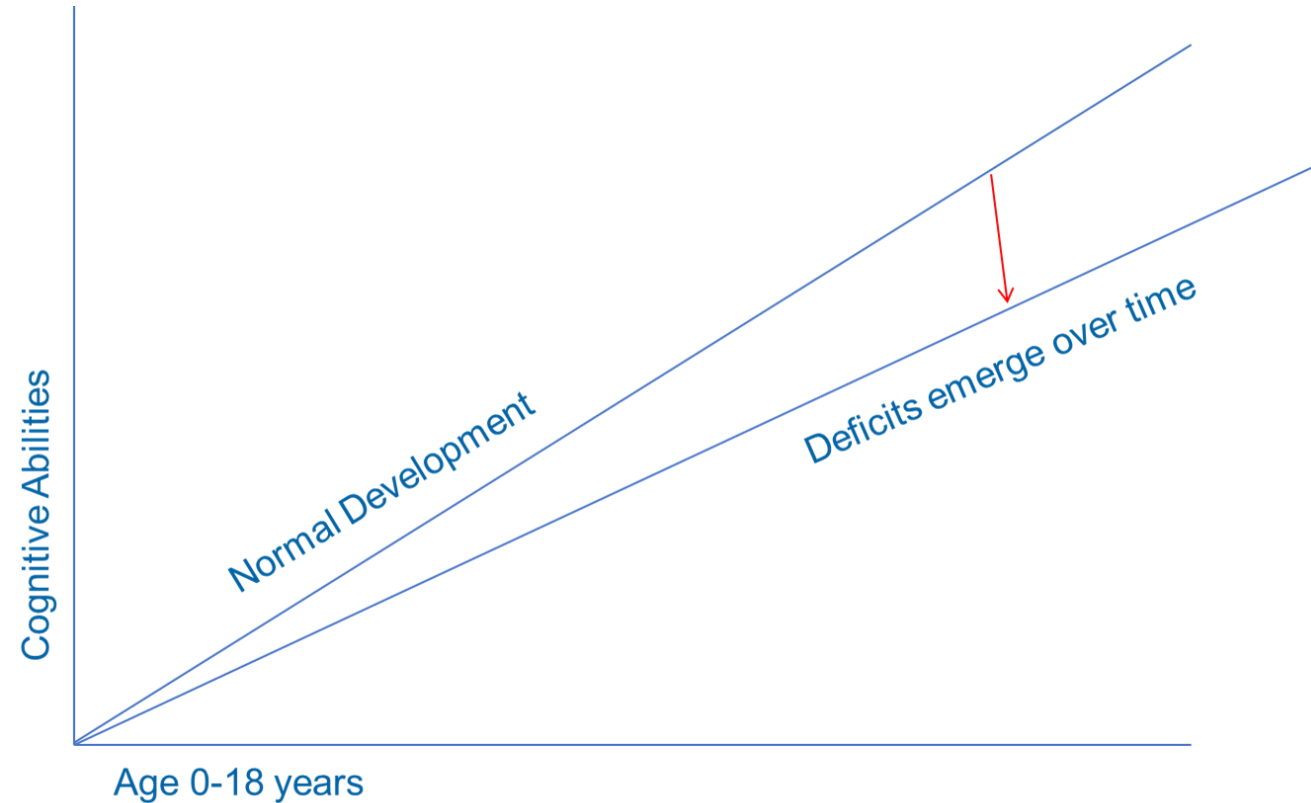
Test Administration

Feedback and Recommendations

Comprehensive Report



- Provide a cognitive profile of **strengths and weaknesses**
- Assess **brain integrity**
- Identify **relevant diagnoses**
- Orient the family toward **appropriate intervention**
- Monitor **change in performance over time**



## New surveillance program for congenital heart disease patients yields vast improvements in neurodevelopmental care

**Published on:** September 29, 2022

**Last updated:** September 29, 2022

*The Cardiac Neurodevelopmental Clinic (CNC) at CHOC's Heart Institute is helping patients like Grace make vast improvements with their neurodevelopment.*



## Surveillance program for patients with congenital heart disease a success

**Published on:** June 10, 2024

**Last updated:** October 8, 2024

*In novel program, congenital heart disease patients are being monitored at CHOC for longtime success.*





## Cardiac Neurodevelopmental Outcome Collaborative

“The Cardiac Neurodevelopmental Outcome Collaborative was founded in 2016; its mission is to determine and implement best practices of neurodevelopmental and psychosocial services for individuals with paediatric and congenital heart disease and their families through clinical, quality improvement, and research initiatives.”



52

Hospitals and Universities

1,410

Clinicians and Researchers

73

Patients and Family Members

## LEARN MORE



### RESEARCH

Latest in Cardiac Neurodevelopment



### CLINICAL REGISTRY

All About the Heart-Brain Connection



### PATIENTS AND FAMILIES

What to Know and How to Get Involved



### SCIENTIFIC SESSIONS

CNOC's Annual Conference



### EDUCATIONAL WEBINARS

Learning as a Community



### SPECIAL INTEREST GROUPS

Making Progress Together



# STANDING COMMITTEES



ADVOCACY COMMITTEE



COMMUNICATIONS



COMMUNITY OUTREACH



DATABASE AND IMPLEMENTATION



DIVERSITY, EQUITY AND INCLUSION



FINANCE COMMITTEE



LEARNING AND RESOURCE



PROGRAM AND MEETINGS



PUBLICATIONS



QUALITY IMPROVEMENT



RESEARCH

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Marissa Olson, RN  
Pina Patel, MD

**THANK YOU**