

A wake-up call for kids' poor heart health

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Today in the U.S., a child with risk factors for heart disease (high blood pressure, overweight, etc.) can wait close to a year to see a cardiologist because of high demand and limited resources. This is precious time that could be spent managing their conditions to help them avoid having a heart attack or stroke at a young age.

A new study from Northwestern University and the Ann & Robert H. Lurie Children's Hospital of Chicago provides the first comprehensive look at the practice of pediatric preventive cardiology in 30 years. It found a high incidence of youth with risk factors for cardiovascular disease but a significant lack of resources and personnel to provide the timely, [preventive care](#) they need.

The scientists said the study should be viewed as a call to action for policymakers and health care systems to devote more resources, such as increased investment in pediatric preventive cardiology, more research to inform [clinical care](#) and more collaboration between programs to develop best practices.

"We're not talking about primordial prevention—they've already got risk factors and are at risk for having an early [heart attack](#) or stroke," said corresponding study author Dr. Amanda Marma Perak, assistant professor of pediatric cardiology and [preventive medicine](#) at Northwestern University Feinberg School of Medicine and a pediatric preventive cardiologist at Lurie Children's Hospital.

"It's the difference between treating and controlling their risk over time versus letting that risk factor damage their vessels over many years to the point you've lost ground."

The findings were published in the journal *Circulation: Cardiovascular Quality and Outcomes*.

A snapshot of youth, adult cardiovascular health

In the U.S., 39% of youth between the ages of 12 and 19 are overweight or obese; 53% have abnormal lipids; 18% have prediabetes; and 15% have elevated blood pressure, previous research has found. These risk factors in childhood are closely [associated with premature heart attack](#)

[and stroke.](#)

These risk factors can and should be screened for at pediatric primary care appointments so children can be referred to a cardiologist if necessary, but therein lies the problem of limited resources, Perak said.

"It's unfortunate because pediatrics is such a great opportunity to address these risk factors before they often disappear from clinical care for a while as young adults, when maybe they'll be more at risk because they haven't been looked at for so long," Perak said.

Heart disease is the leading cause of death for adult men, women and people of most racial and ethnic groups in the U.S., with one person dying every 33 seconds from [cardiovascular disease](#), according to the Centers for Disease Control and Prevention.

Long waitlists can signal, 'this isn't that important' for parents

"Parents with children on a long wait list might be panicking, but they might also get the message 'this isn't that important,'" Perak said.

"They've been referred from their primary care provider, but the longer they're on this waitlist, the more likely they are to not go to the appointment because months later, life has changed, more things are going on, who knows where the cholesterol levels are."

Perak said she fears the pediatricians might also be getting the same message.

"If primary care pediatricians don't have anywhere to send these children, their hands are tied, and they may be less likely to refer a patient to a specialist," Perak said.

Perak said parents can work with their pediatrician to identify local programs to manage their child's cardiovascular [risk factors](#). The American Heart Association (AHA) is working to coordinate efforts to help address these gaps and challenges and to raise awareness with other stakeholders, such as policymakers, who need to take action, she said.

Lurie Children's Hospital has been working to improve its waitlists, with new preventive cardiology patients in Chicago or the suburbs waiting between just one week to one month to be seen by a specialist in person or via telemedicine. Additionally, Perak said Lurie Children's Hospital has hired additional advanced practice nurses to hold preventive cardiology clinics, and are currently working to start a "mobile" clinic that will travel to underserved neighborhoods to offer care on site.

Goal is to make kids' preventive cardiology more efficient

One outcome Perak and the AHA hope will come of these findings is to find ways to make kids' [heart disease](#) management more efficient for everyone—not just the patients and their cardiologists, but also physicians in other specialties, such as endocrinologists, nephrologists and weight-management specialists, Perak said.

"We want to figure out how to make care more efficient, with everyone following the same guidelines, so that one child isn't sent to five different specialists, which will free up appointments for other children," Perak said.

Provided by Northwestern University

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