Top Ten Things To Know
Congenital Heart Disease in the Older Adult

1. Health outcomes are improving for patients with congenital cardiovascular defects (CHD). With increased survival is a population shift towards adulthood, meaning many more adults have both congenital and adult medical diagnoses, adding to the complexity of their management and emphasizing the need for coordinated care by an adult congenital heart defects specialist.¹

2. Currently there is no systematically collected database of adults with CHD in the US to provide population prevalence data, yet the ACHD population is estimated to increase by 5% each year.

3. The epidemiology, diagnoses, complications, diagnostic testing, and available interventions for individuals with CHD who are over 40 years of age are discussed in this statement.

4. This scientific statement is intended to complement the 2008 ACC/AHA Guidelines for the Management of Adults with Congenital Heart Disease and to point out the natural history, outcomes of childhood repair, and late initial diagnosis of CHD in older adults.

5. Structural CHD is the focus of this statement, and the addressed topics include coronary artery anomalies and aortic pathology associated with bicuspid aortic valve disease.

6. Important statistics from the study:
   - Survival to adulthood varies with severity of CHD, with 98% of mild, 96% of moderate, but only 56% of severe forms surviving to adult ages.
   - Survival of the population as a whole to adulthood was 81% in 1970-74, increasing to 88.6% in 1990-92.
   - In persons with CHD, the death registries of the US from 1999 to 2006 show a sharp rise in mortality rates after 65 years of age.

7. As patients with ACHD age, their management will also encompass acquired heart disease.
   - Nearly 80% of deaths in ACHD patients are associated with heart failure, sudden death, arrhythmias, and vascular complications.
   - Hospital admissions in adults with congenital heart disease occur in 50% of adults over 5 years of follow-up in the CONCOR database; 61% of these admissions were for cardiovascular causes.

8. Understanding the interactions of ACHD and acquired heart disease is an important consideration going forward.

9. As the study’s conclusion states: Screening for and treatment of traditional risk factors for coronary artery disease, development of heart failure, and progression of valvular disease all require continued and further study in order to determine if the guidelines we apply in patients with acquired heart disease may be applicable or to develop unique guidelines for the elder adult with CHD.

10. Continued data collection on treatment outcomes for this group of patients is important in order to guide the direction of future management.

References