

Letter

Outpatient referrals to tertiary paediatric cardiac centres

The article from Leeds is remarkable.¹ It says that seven-tenths of the patients referred to a tertiary outpatient service for paediatric cardiology had no cardiac disease! At the Children's Heart Centre in Nijmegen, we looked at this matter in a different way, but found comparable results. In 2004, we looked retrospectively at the diagnoses of the patients referred to us during the years 1990 through 1995, and also at all patients referred from the beginning of 2000 until August 2004, irrespective of whether they came from inside or outside our hospital. For the period in the last century, one-third of our referrals had no structural heart disease, whereas in the period of 4 years culminating in 2004, this number had increased to 54 per cent. Our colleagues in Leeds assessed referrals prospectively over a period of 3 months, but also reached the alarming conclusion concerning the patterns of referral, with which we can agree. Although our own proportion of patients referred with structurally normal hearts or innocent heart murmurs is not as great as that found in Leeds, there can be no question but that such referrals have increased over the last decade. This might be the consequence of increased possibilities for cardiac evaluation, such as for sepsis, or drugs that induce myocardial injury, or assessment of the neonatal circulation, and so on. But it is also likely to be due, to some extent, to lack of expertise amongst the referring practitioners, as emphasised in the contribution from Leeds.¹ It is remarkable that, in some institutions nowadays, generalists receive no training in paediatric cardiology, the assumption being made that it is too specific. Students learn more about molecular genetics than the physical examination of their patients. Furthermore, even in specialist training for paediatricians, the training received in paediatric cardiology is meagre. Sometimes it is not even obligatory. These findings must have consequences for planning, training, and manpower. Very often the plans for manpower in paediatric cardiology are predicated on the fact that just under 1 per cent of all newborns have a structural cardiac malformation. But the reality is that now many more patients are referred to a paediatric cardiologist simply for safety. There is unequivocally an increasing field of referral simply for cardiovascular evaluation. We endorse in their entirety the conclusions of our colleagues from Leeds. The results of their study, backed

up by our own statistics, surely need to be noted by those responsible for provision of services for paediatric cardiology throughout Europe and the Rest of the World.

Otto Daniels
Children's Heart Centre
University Medical Centre St Radboud
PO Box 9101
6500 HB Nijmegen
The Netherlands
Tel: +31 24 361 9060
Fax: +31 24 361 9052
E-mail: o.daniels@ckskbc.azn.nl

Reference

1. Murugan SJ, Thomson J, Parsons JM, Dickinson DF, Blackburn MEC, Gibbs JL. New outpatient referrals to a tertiary paediatric cardiac centre: evidence of increasing workload and evolving patterns of referral. *Cardiol Young* 2005; 15: 43–46.

Reply

It is of interest to note that the trend of increase in referrals to paediatric cardiology and the proportion of patients with normal heart are increasing not only in our centre but also in other tertiary paediatric heart centres in Europe. We are also aware of another tertiary paediatric cardiology centre in United Kingdom with similar experience.

We agree with our colleagues in the Netherlands, an increasing number of referrals of patients with normal hearts, is of concern and this has to be taken into account for provision of resources and training within Europe.

Subramanian Jothi Murugan
E Floor, Jubilee Building
Leeds General Infirmary
Great George Street
Leeds LS1 3EX
United Kingdom
Tel: +44 113 392 5407
Fax: +44 113 392 8474
E-mail: jothidevil@hotmail.com