Cardiovascular Assessment In Girls And Women With Turner Syndrome: A Survey of Current Practice In The United Kingdom

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Background

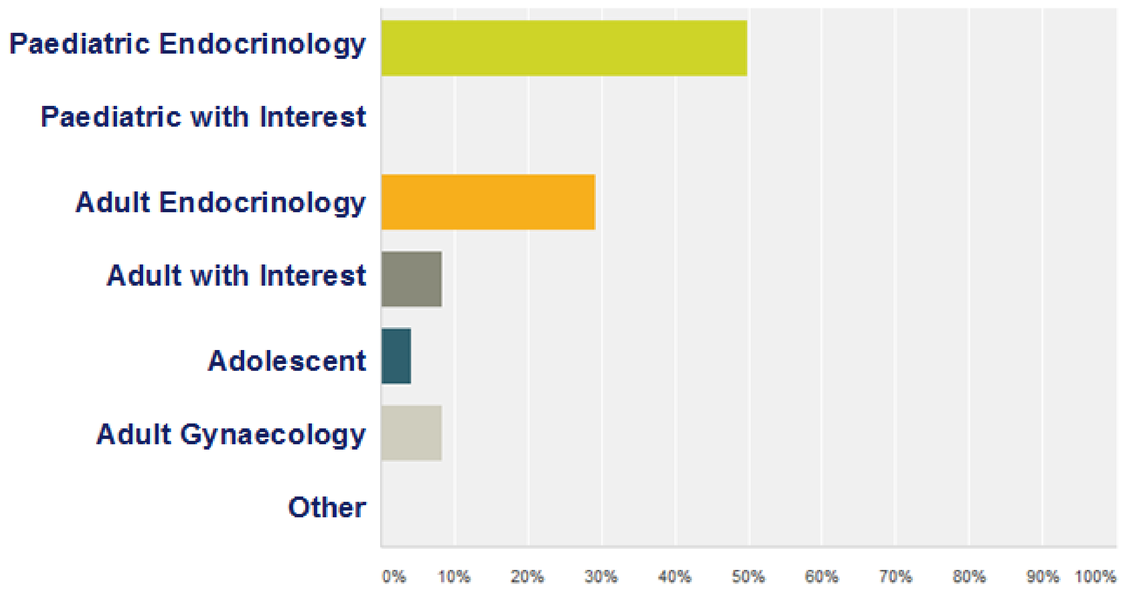
In 2007, the Turner Syndrome (TS) Consensus Study Group developed an international guideline for clinical care of girls and women with TS. Given emerging concerns of long term cardiovascular complications, the consensus recommends that cardiac MRI should be performed when girls are old enough to tolerate the procedure or at the time of transition and to be repeated at least every 5-10 years.

Methods

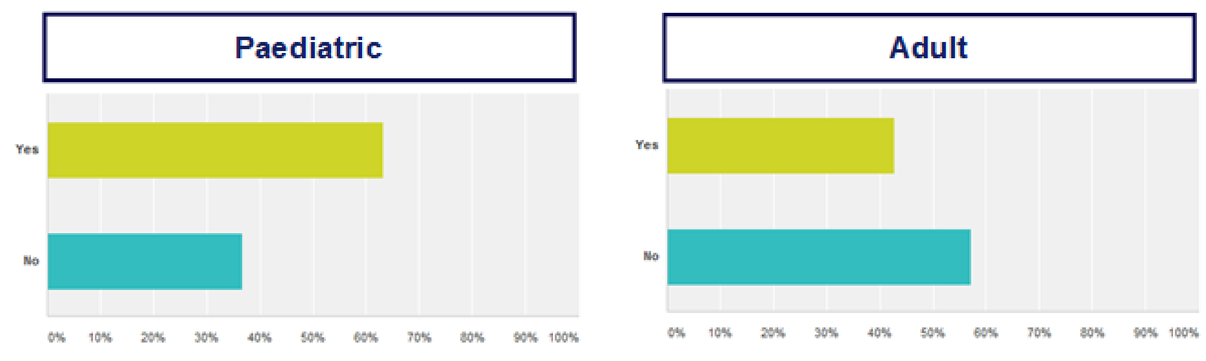
We conducted a survey of cardiovascular (CVS) assessment in girls and women with TS in all tertiary paediatric endocrinology centres and all adult centres with dedicated TS clinical service in the UK.

Professional Background of Responders

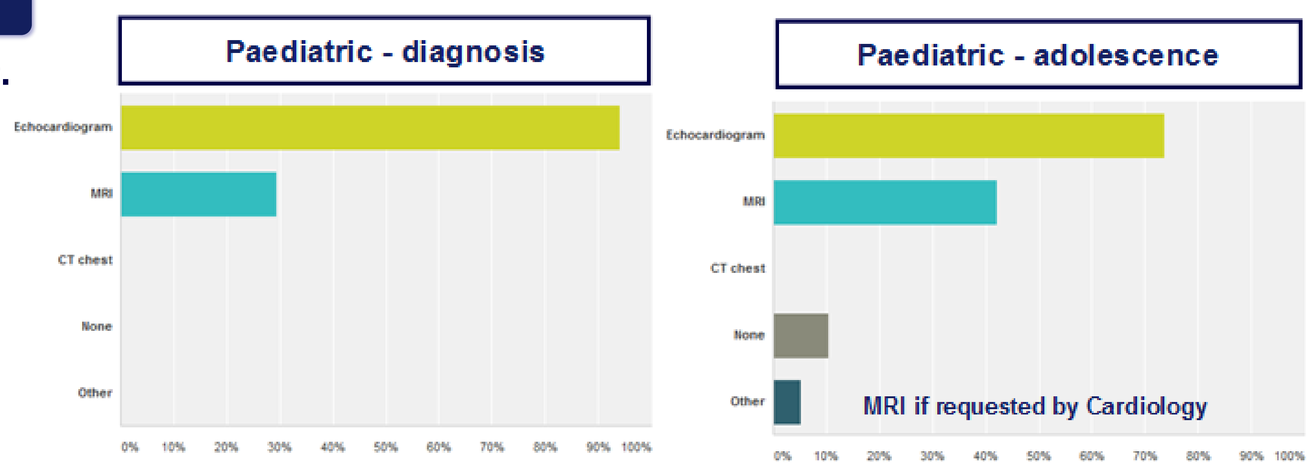
An online survey was sent to 49 consultants (20 paediatric, 29 adult). There were 26/49 (53%) responders.



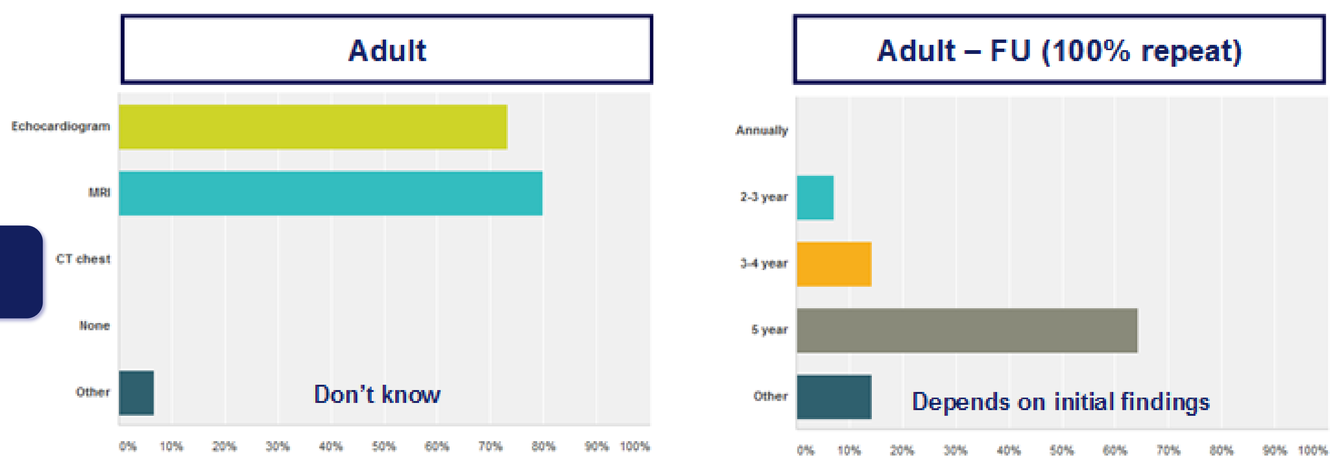
Are all girls with Turner Syndrome referred to see a cardiologist to undergo the cardiovascular imaging in your clinic



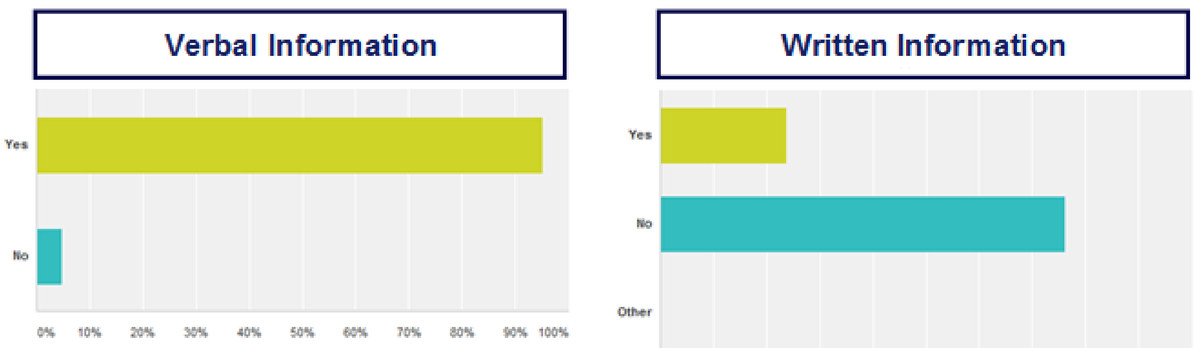
What modality of cardiovascular imaging do you use in girls with Turner Syndrome?



Which modality of cardiovascular imaging is used in women with Turner Syndrome in your clinic

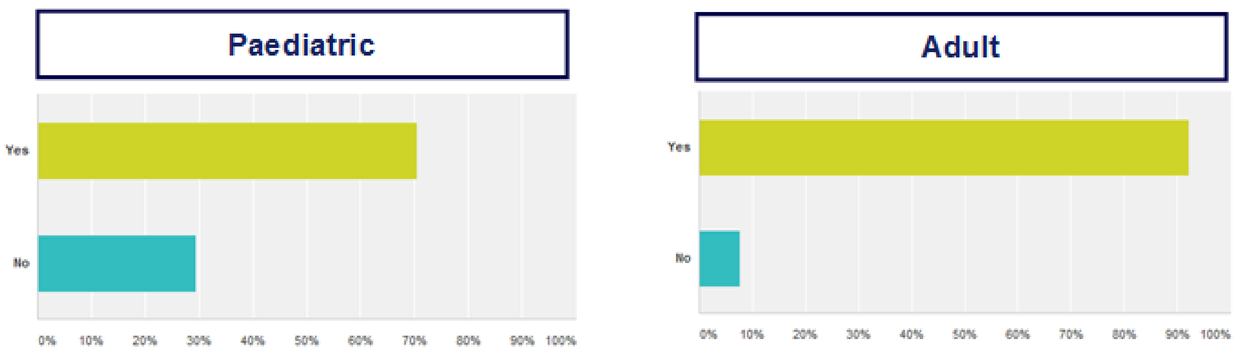


Do you provide information on cardiovascular risk with your girls and women with Turner Syndrome

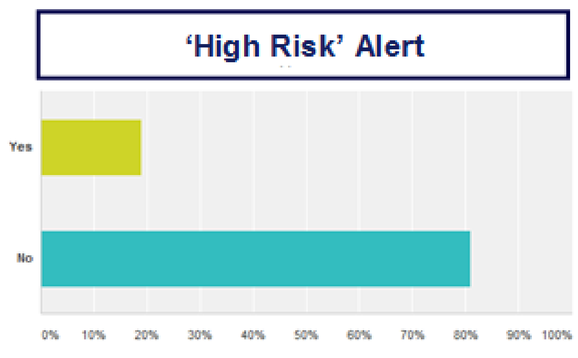


If no verbal information given in clinic:
1 Adult endocrinologist
1 Paediatric cardiologist
1 unclear

Is aortic sized index (ASI) provided in your echo/MRI reports?



Do you advise your "high risk" Turner Syndrome girls / women to carry medical bracelets/ cards



How often do you monitor blood pressure in girls and women with Turner Syndrome

	Frequency of BP monitoring in Paediatrics (responders,n=12)	Frequency of BP monitoring in Adults (responders,n=13)
Annually (n,%)	3, 25%	10, 77%
6-monthly	6, 50%	2, 15%
3-4monthly	3, 25%	
Every Clinic	-	1,8%

Discussion

Despite the existing consensus, this survey, of clinicians providing care to individuals with TS in the UK, demonstrates wide variation in cardiovascular assessment especially in adolescence. This variability may relate to access to local expertise and specialist investigations. Uncertainties surrounding the value of investigations to clinical outcome of aortic dissection especially in childhood may also be a factor.