**THE CONTINUING
CHALLENGE OF CONGENITAL
HEART DISEASE IN CHINA**
To the Editor:

I was pleased to read the article by Chinese researchers Hu and colleagues,¹ “National Trend in Congenital Heart Disease Mortality in China during 2003 to 2010: A Population-Based Study.” China needs this type of health statistic research, including the results obtained with surgery for congenital heart disease (CHD). Most of the existing reports on the statistics for structural heart disease come from cardiologists, statisticians, government health managers, and agencies in the United States and Europe. From this article, I can see that these Chinese scholars worked diligently and with a strong sense of social responsibility, even though they have a heavy load of clinical practice. They also carefully observed the strategy for the treatment of CHD in China and serve as a think tank for decision makers for public health policies, to benefit not only children with complex heart diseases but also the generation representing the future of China.

After reading the article, my first impression was that the results of the statistical analysis were not fully consistent with the plain insight of the clinicians caring for these patients. In the past 2 decades, the persistent efforts of Chinese CHD physicians and scholars has increased the number of children who received cardiac surgery or interventional therapies, with decreasing morbidity and mortality even in those with complicated CHD. The statistical analysis, however, reveals that the mortality among patients with CHD has increased in China during the period studied, particularly in urban areas. Hu and colleagues¹ point out that the continuous increase in CHD mortality and morbidity might be explained in part by the progressive improvement in the detection of CHD detection. In addition, the increasing complexity may also be a contributing factor. Obviously, our achievements in treatment of CHD have not been sufficient to reverse the developing trend of the disease in the population, perhaps exposing the low rate of patients who receive these treatments in the whole population. The challenge facing the national policy decision makers is how to

solve the problem of the disparity in medical resource distribution aggravated by the rapid urbanization process to allow more patients to benefit from the academic advancements in CHD treatment. In addition, we should also be aware that cardiac surgeons usually pay great attention to early postoperative survival but frequently are not able to follow up patients after surgery and to assess their rehabilitation. We therefore do not know the survival or quality of life late after the operative procedures. In other words, the immediate good surgical results do not necessarily lead to the satisfactory long-term treatment outcomes. This limitation calls for closer to ideal health care delivery.

Hu and colleagues¹ also noted that the treatment of adult patients with CHD should not be ignored. In China, many patients with CHD miss the most opportune time for surgical treatment in the childhood. Surgical correction of congenital heart defects is more challenging later in life, when significant changes have already occurred in patients' pathologic and physiologic conditions. Chinese physicians encounter many adult patients with CHD who underwent the stage 1 surgery but are facing new problems 20 years later. In this regard, Chinese cardiologists will need to continue to cope with this emerging challenge.

Just as Hu and colleagues¹ said, their research results provide important information to guide public health decision makers in China. We look forward to seeing more scholars and experts with as strong social responsibility as Hu and colleagues¹ to lead the advancement of medicine in China with a wider view and to allow more people to benefit from these reforms.

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Reference

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