



All children should have the Risk Assessment questionnaire (on reverse) completed—and be checked by a doctor if they answer “yes” to any question—before they participate in organized sports.

Any young person who has experienced unexplained fainting should be tested.

It is extremely important that all family members be tested for these conditions once one family member is identified as having the condition.

SADS’ Mission: To save the lives and support the families of children & young adults who are genetically predisposed to sudden death due to heart rhythm abnormalities.

Facts About Sudden Cardiac Death in the Young

- Each year in the United States, 400,000 Americans die suddenly and unexpectedly due to cardiac arrhythmias. 3,976 of them are young people under age 35 (CDC 2002)
- Long QT Syndrome (LQTS) is 3 times more common than childhood leukemia (ALL) in the US and occurs 1/3 as often as cystic fibrosis and twice as often as PKU (an infant protein deficiency which causes mental retardation)—*Clinician Reviews (Vol 13, No 1) 2003*
- SADS occur in about 240 people per 100,000, with 20 having LQTS, 20 having ARVD and 200 with HCM. (CDC 2002)
- 1 in 200,000 high school athletes in the US will die suddenly, most without any prior symptoms—*JAMA 1996; 276*
- According to the Centers for Disease Control and Prevention (CDC), deaths from SCA increased 10 percent (from 2,719 in 1989 to 3,000 in 1996) in people between the ages of 15 and 34. In young women, the death rate from SCA increased 30 percent. African Americans are more likely to die from SCA than Caucasians.
 - Most SCD in children is due to hereditary conditions and, therefore, more than one family member will be at risk. It is extremely important that all family members be tested once one family member is diagnosed.
 - The symptoms of genetic arrhythmias (like LQTS) are frequently misdiagnosed as vasovagal syncope, asthma or epilepsy without any cardiac evaluation. Thus, the opportunity to diagnose and treat LQTS and related disorders is missed.
 - Most cardiac arrhythmias and structural defects that may cause sudden death in the young are treatable. With treatment, people with these conditions often have normal life spans and lifestyles.

A child should be seen by a doctor if she/he has:

- Family history of unexpected, unexplained sudden death in a young person
- Fainting (syncope) or seizure during exercise, excitement or startle
- Consistent or unusual chest pain and/or shortness of breath during exercise