How can parents protect their kids?

• See the doctor regularly for follow-up. If on a medication the dose needs to be adjusted as the child grows. Make sure you see the doctor at least once a year, more frequently during very rapid growth, and discuss the need for dose changes. ICD patients need to be seen at least twice a year to check their ICD.

• Get additional medical advice if you are not comfortable with how things are going. Ideally, every patient/family with Brugada Syndrome should be cared for by a heart rhythm specialist (cardiac electrophysiologist). Do not hesitate to obtain a second opinion if you have any questions about your or your child’s treatment.

• Make sure your family has an AED (automatic external defibrillator) and/or your child’s school district has AED programs in their schools.

• Treat any fever quickly with acetaminophen.

• Check any prescription given to you or your child against the list of drugs to avoid. Besides the provided list of at-risk medications, the physician ordering the medication and the pharmacist dispensing it should conduct their own surveillance.

Innovative Programs

Patient/Family Support: provide information, resources and consultation to assist patients and their families so they can make informed medical decisions in order to help them live and thrive with heart rhythm conditions.

Awareness: increase the general public’s knowledge of the warning signs of SADS conditions through distribution of materials, our website, conferences and health fairs.

Advocacy and Research: advocate for increased research for genetic arrhythmias, screening and treatment improvements.

Medical Professional Outreach: provide information and tools to assist health professionals (especially focused on primary care) to recognize diagnose and treat SADS conditions.

SADS Awareness Campaign: annual outreach campaign to communities and the media to increase awareness of the warning signs of SADS conditions.

Family Pedigree Project: help SADS families complete their family pedigrees to identify others at risk.

SADS Safe Schools: prepare and distribute materials to school nurses, staff, teachers and coaches to keep SADS children safe at school.

Volunteers: utilize volunteers across the country for outreach, education and advocacy campaigns to maximize our resources and save lives.

www.StopSADS.org
What is Brugada Syndrome?

Brugada Syndrome is an inherited disease that results in a disturbance of the heart's electrical system. Like Long QT Syndrome, Brugada Syndrome is often due to an abnormality in a cardiac ion channel. Mutations in seven different ion channel genes have been associated with Brugada syndrome. Mutations in the genes encoding the sodium and calcium channel in the heart are the most prevalent. In close to 60% of patients with clinical Brugada Syndrome, a genetic defect may not be identified because additional, yet undiscovered, defects exist. Our window to this electrical activity of the heart is through an electrocardiogram (ECG). The ECG in Brugada Syndrome can be normal at times and abnormal at other times. When abnormal there is an elevation of the ST segment.

What are the symptoms of Brugada Syndrome?

This is a disease that affects males more than females with an average age of onset of 40 years, although it may be diagnosed in newborns and young children and has been identified as a cause of Sudden Infant Death Syndrome (SIDS). Symptoms, like the abnormal ECG appearance, occur more commonly with a fever. The symptoms of Brugada Syndrome are syncope (fainting) and sudden death due to a fast polymorphic ventricular tachycardia (fast and unstable rhythm from the ventricle that does not allow the heart to pump adequately). If the ventricular arrhythmia stops by itself then the symptom is fainting. If it does not stop then a cardiac arrest or sudden death can occur. Other symptoms include seizures, unexplained nighttime urination or strange breathing during sleep. The symptoms of Brugada Syndrome can be confused with the common faint.

When should the diagnosis be suspected?

- In any young person with unexplained syncope (fainting), unexplained seizures, or unexplained cardiac arrest or sudden death.
- When there is a family history of unexplained syncope, unexplained seizures, or sudden death in young people.
- When the autopsy is normal following the sudden and unexpected death of a young person.

How is the diagnosis made?

- Abnormal resting ECG
  - Multiple ECGs may be needed
  - ECGs at times of fever
- Drug provocation study (i.e. procainamide)
- Genetic testing
  - Only positive in 30-40% of patients

How is Brugada Syndrome inherited, and who in a known or suspected family should be tested?

Brugada Syndrome is usually inherited by autosomal dominant transmission. This means that it generally should affect boys and girls equally, and that each child of an affected parent has a 50% chance of inheriting the genetic abnormality. In a really large family, close to 50% of the children would inherit the genetic abnormality. In average size families, it can range from all to none as each child has an independent 50/50 chance of inheriting the particular disease gene. Once a family member is identified with Brugada Syndrome, it is extremely important that other family members be tested for the syndrome. It is especially important to know which parent and grandparent has the abnormality, since brothers and sisters, aunts, uncles, nephews, nieces, and cousins on the affected side are potentially at risk.

Screening ECGs in family members of a patient with Brugada Syndrome is important but because the ECG can be different at different times, it is more difficult and additional ECGs, ECGs during fever or drug provocation testing may be needed. In some cases, an ECG taken with leads V1 and V2 raised two intercostal spaces is helpful in diagnosing the syndrome.

What is the treatment and who should be treated?

There are few options for treatment for Brugada Syndrome. At present, the ICD is used for patients with a definitive diagnosis (Brugada pattern on ECG) and symptoms (cardiac arrest, syncope or palpitations). An ICD is not the answer for every patient. There are some data to suggest quinidine may help some patients. For patients with the genetic diagnosis but no symptoms, the answer may be to watch them closely and have them report any symptoms. Close monitoring during times of fever is very important. Research is ongoing concerning other drug therapy for Brugada Syndrome.

In the case of asymptomatic patients who manifest a coved type ST segment elevation, physicians may discuss with patients the option of being treated with quinidine. Such patients should be registered by physicians at www.brugadasyndrome.info.

Patients should avoid drugs which block the sodium channels in the heart and may precipitate life-threatening arrhythmias. For a complete list of drugs to avoid, visit www.StopSADS.org or www.brugadadrugs.org.

What about genetic testing?

Since 2004, LQTS generic testing has been a commercially available, clinical diagnostic test. As research about Brugada Syndrome continues genetic testing continues to progress. More mutations will be identified and incorporated into the test and will increase the usefulness of genetic testing in Brugada Syndrome. Your physician may order the initial test on one family member (so-called index case). Once the index family member has a gene mutation identified, testing of other family members for that specific mutation is available, and can assist in clarifying those family members with non-definitive ECG findings. If a genetic diagnosis of Brugada Syndrome is established for the index case, then the genetic test is definitive and will rule in or rule out the diagnosis of Brugada Syndrome in family members and relatives. Genetic testing is available through two commercial laboratories and a number of research laboratories.