**Predictors of Behavioral and Emotional Outcomes in Toddlers with Congenital Heart Disease**

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Background: Children with congenital heart disease (CHD) are at risk for neurodevelopmental (ND) delays and psychological maladjustment, including internalizing (e.g., depression, anxiety) and externalizing (e.g., aggression, inattention) problems. Although prior data suggests that behavioral and emotional concerns emerge over time in children with CHD, limited research has examined the development of these problems at an early age. The present study aims to identify predictors of behavioral and emotional outcomes in toddlers with CHD.

Methods: Children with CHD meeting the American Heart Association high-risk criteria for ND delay were seen for evaluations at 2 years old. Of the 317 children evaluated, 144 (45.4%) had the Child Behavioral Checklist (CBCL), a standardized measure of emotional/behavioral problems, completed by a parent/guardian at age 2 (*M*=31.3±1.8 months), and a prior evaluation at 9-15 months of age using the Bayley Scales of Infant Development–III (BSID-III). CBCL scores were compared to test norms and classified as clinical or normal based on criteria outlined in the manual. A classification tree was used to assess the association between CBCL scores and a range of demographic and clinical measures.

Results: Patients had the following characteristics: male 44.4%; non-white/Hispanic race 24.3%; single ventricle anatomy 25%; medical comorbidities 32.6%; and genetic comorbidities 27.8%. Tree analyses revealed lower BSID-III language composite scores at age 9-15 months as an important predictor of clinical scores at age 2 for all three CBCL subscales (internalizing, externalizing, total). Maternal education was also a key predictor.

Conclusions: Lower language abilities and lower maternal education predict increased internalizing, externalizing, and total problems in toddlers with CHD, consistent with previous findings in the general pediatric population. Considering these risk factors during routine ND evaluations may allow for earlier identification of children with CHD at higher risk for behavioral and emotional problems. This can inform targeted intervention efforts.

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