

CARDIOLOGY CORNER

CARDIOLOGY NEWS

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ACC Congress 2014: Washington, DC, 29-31/3/2014

Athens Cardiology Update 2014: Athens (Crown Plaza Hotel), 10-12/4/2014

HRS Meeting: San Francisco, 7-10/5/2014

EuroPCR: Paris, 20-23/5/2014

CardioStim 2014: Nice, 18-21/6/2014

ESC Congress 2014 (Barcelona, 30/8-3/9/14)

Only One Fifth of the Sudden Cardiac Arrest Victims in the Community are Eligible for a Primary Prevention ICD Before the Event, but Among These, a Small Proportion (13%) are Actually Implanted

According to data from the Oregon Sudden Unexpected Death study, among 2093 victims of sudden cardiac arrest (SCA) over a decade, of 448 having information about left ventricular ejection fraction (LVEF), 92 (20.5%) were eligible for primary ICD implantation, 304 (67.9%) were ineligible because of LVEF>35%, & the remainder (52, 11.6%) had LVEF ≤35% but were ineligible on the basis of clinical criteria. Among eligible subjects, only 12 (13%) received a primary ICD. Compared with recipients, ICD nonrecipients were older (age at LVEF assessment, 67.1±13.6 vs 58.5±14.8 years, $P=0.05$), with 20% aged ≥80 years (vs 0% among recipients, $P=NS$). Additionally, a subgroup (26%) had either a clinical history of dementia or were undergoing chronic dialysis. The authors concluded that only one fifth of the SCA cases in the community were eligible for a primary prevention ICD before the event, but among these, a small proportion (13%) were actually implanted. Although older age and comorbidity may explain nondeployment in a subgroup of these cases, other

determinants such as socioeconomic factors, health insurance, patient preference, and clinical practice patterns may play a role (Narayanan K, et al, *Circulation* 2013;128:1733-1738).

Appropriate ICD Therapies over 10 Years are More Prevalent in Symptomatic Brugada Syndrome (19-48%) but Still Occur in Asymptomatic Patients (12%)

A total of 378 patients (310 men; aged 46±13 years) with a type 1 Brugada ECG pattern were implanted with an implantable cardioverter-defibrillator-ICD; 31 for aborted sudden cardiac arrest, 181 for syncope, and 166 asymptomatic. During a mean follow-up of 77±42 months for 363 patients, 7 patients (2%) died (1 as a result of an inappropriate shock), and 46 patients (12%) had appropriate device therapy (5±5 shocks per patient). Appropriate device therapy rates at 10 years were 48% for patients whose ICD indication was aborted sudden cardiac arrest, 19% for those with syncope, and 12% for the asymptomatic patients. At 10 years, rates of inappropriate shock and lead failure were 37% and 29%, respectively. Inappropriate shock occurred in 91 patients (24%) because of lead failure (n=38), supraventricular tachycardia (n=20), T-wave oversensing (n=14), or sinus tachycardia (n=12). Reduced inappropriate shocks were noted with introduction of remote monitoring, programming a high single ventricular fibrillation zone (>210–220 bpm), and a long detection time. The authors concluded that appropriate therapies are more prevalent in symptomatic Brugada syndrome but are not insignificant in asymptomatic patients (1%/y). Optimal ICD programming and remote monitoring dramatically reduce inappropriate shocks. However, lead failure remains a major problem in this population (Sacher F et al, *Circulation* 2013;128: 1739-1747).

Complex Antithrombotic Therapy Prescribed to Elderly Patients Increases the Risk of Gastrointestinal Bleeding

Among 78,133 veterans (98.6% white; mean age 72.3±7.7), 64% were prescribed aspirin(ASA)-antiplatelet and anticoagulant-antiplatelet and 6% were prescribed triple therapy