HFSA updates recommendations for use of cardiac resynchronization therapy

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Based on a review of the latest evidence, the Guidelines Committee of the Heart Failure Society of America now recommends that the use of cardiac resynchronization therapy (CRT) be expanded to a larger group of patients with mild heart failure symptoms. Recommendations for integrating new evidence into clinical practice appear in the February issue of the *Journal of Cardiac Failure*.

CRT devices synchronize the function of the left ventricle so that it contracts more efficiently and in a coordinated way. It does this by stimulating the part of the ventricle that is delayed in starting its contraction. This increases the efficiency of the heart and improves survival, morbidity, symptoms, and quality of life. Significant evidence supports the use of these devices, either alone or with an implantable cardioverter defibrillator (ICD), in patients with moderate or severe heart failure (graded class III or class IV according to the New York Heart Association classification system). Recent research has investigated the effect of the treatment in patients with less severe symptoms.

The committee reviewed three large randomized clinical trials of CRT in patients with mild heart failure symptoms, as well as a number of meta-analyses that evaluated the use of CRT regardless of symptom severity. "The totality of the evidence supports the use of CRT in heart failure patients with reduced left ventricular ejection function (LVEF) across the spectrum of mild to severe symptoms," reports senior author Randall C. Starling, MD, MPH, of the Department of Cardiovascular Medicine

at the Cleveland Clinic. "The evidence is most compelling among patients with an electrocardiogram QRS duration ≥ 150 ms (normal being