

# Don't cut lifesaving ICDs during financial crisis, ESC warns

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Implantable devices for treating cardiac arrhythmias, which include ICDs, are already underused in parts of Eastern and Central Europe and there is a risk that the financial crisis could exacerbate the problem. The European Heart Rhythm Association (EHRA), a registered branch of the ESC, is tackling this issue through ICD for Life. The initiative aims to raise awareness about the importance of ICDs and sudden cardiac death in countries in Central and Eastern Europe.

ICD implantation rates in Europe vary widely, ranging from 1 ICD implantation per million inhabitants in Ukraine to 326 in Germany. Treatment gaps between East and West exist for other cardiovascular implantable electronic devices (CIEDs) including implantable pulse generators (IPGs, also called [pacemakers](#)) and [cardiac resynchronization therapy](#) (CRT) devices.

"This is becoming challenging in a day where the [global economy](#) is shrinking and Europe is even more under pressure now," said Professor Angelo Auricchio (Switzerland), president of EHRA. "Usually the first things that are cut in the national budgets across Europe are implantable therapies because they are a long term investment. You have to implant an expensive device for which the return will be seen in 4 to 10 years."

He added: "I'm very afraid that in the bad European [economic situation](#) it will become even more challenging to properly treat patients who need [implantable devices](#). With our initiative we hope to raise awareness about the importance of implantable devices and sudden cardiac death so

that cash strapped governments do not cut these very important and proven therapies."

An EHRA ICD for Life Summit will be held in Belgrade, Serbia, during 19-20 October, to discuss challenges and unmet needs in Central and Eastern European countries. The Summit is targeted at politicians, [health insurance companies](#), policy makers, representatives of [health ministries](#), arrhythmologists and electrophysiologists. The president of the Summit Organizing Committee is Professor Goran Milasinovic (Serbia), who pioneered the ICD for Life idea.

"Our aim is to convince the decision makers that this is a part of cardiology which needs better financing, and that they will get a return on their investment in terms of decreasing mortality," said Professor Robert Hatala (Slovakia), chair of the EHRA National Societies Committee. "The scientific evidence that these therapies are not a luxury but a highly efficient therapy with no alternatives is very powerful."

An expected outcome of the Summit is that each country will identify its own obstacles to treating patients with CIEDs and catheter ablation,. EHRA will then help with solutions, which may include training doctors to implant devices and perform catheter ablation. Central European countries, primarily Czech Republic, Hungary, Poland, and Slovakia, who have successfully established arrhythmia programmes under difficult conditions in the last 10-15 years will provide mentoring , hands on training and on-site support.

The Summit will also launch the idea of a Sudden Cardiac Death Awareness Day, which will be held during December 2012 or January 2013. National working groups of arrhythmia and electrophysiology in Central and Eastern Europe will choose the best way of raising awareness of arrhythmias and sudden cardiac death in their country to increase rates of treatment and reduce death. EHRA will award a prize

to the country that runs the most successful awareness day.

Professor Auricchio said: "We hope to capture the attention of patients, patient organisations, policy makers and insurance companies and help them understand that sudden cardiac death is an important problem which needs to be solved, because we do have effective therapies."

There are misconceptions surrounding [sudden cardiac death](#). A commonly held view amongst the public is that sudden cardiac deaths are the result of a heart attack, but they are usually caused by [cardiac arrhythmias](#) such as ventricular tachycardia. These electrical disorders can be treated with CIEDs. Professor Hatala said: "We want to highlight that we can identify some people who are at very high risk of dying suddenly and that these people need urgently specific therapy."

Provided by European Society of Cardiology

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