ICD therapy significantly reduces death risk in patients with ischemic or nonischemic cardiomyopathy

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Primary prevention with implantable cardioverter-defibrillator (ICD) therapy reduced the incidence of sudden and all-cause death for patients with ischemic and nonischemic cardiomyopathy when compared with conventional care. Findings from a systematic review and meta-analysis are published in *Annals of Internal Medicine*.

In clinical practice, ICDs have been regarded as the mainstay of treatment for primary prevention of sudden cardiac death in patients with sustained ventricular tachycardia or ventricular fibrillation. However, recent findings from a clinical study questioning the benefits of ICDs sparked controversy and uncertainty in this setting.

Researchers from the Inova Heart and Vascular Institute conducted a systematic review of 11 randomized trials comparing the effect of ICD therapy versus conventional care for primary prevention of death of various causes in patients with ischemic or nonischemic cardiomyopathy. Researchers found that, when compared with conventional care, ICD therapy was associated with a significant reduction in all-cause death among patients with nonischemic cardiomyopathy, with a numerical trend in the same direction among those with ischemic disease. Conversely, they found a statistically significant reduction in the rate of sudden death among patients with ischemic cardiomyopathy treated with ICD therapy, with a numerical trend in the same direction in those with nonischemic disease.
Among investigated subgroups, placement of an ICD yielded statistically significant survival benefits compared with conventional care among patients without diabetes and among those receiving treatment 18 months or longer after a myocardial infarction. Overall, researchers concluded that the findings, in line with current guidelines, support the value of ICD strategy in the primary prevention setting.


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