Top Things To Know
The Use of Implantable Cardioverter-Defibrillator Therapy in Patients Who Are Not Included or Not Well Represented in Clinical Trial

1. The Implantable Cardioverter-Defibrillator (ICD) is a widely accepted and important treatment for patients with cardiovascular disease who are at risk for life-threatening ventricular arrhythmias. In randomized trials ICD implantation has reduced mortality in patients with heart failure and reduced left ventricular function, as well as in patients who have suffered a cardiac arrest.

2. While there are several guidelines evaluating the use of ICD in clinical situations, differences remain, in part because of the different perspectives used to address ICD implantation.

3. This consensus document addresses patient populations who have not been included in clinical trials to offer guidance to the clinician for these patients for many of these situations.

4. ICD recommendations addressed include 4 settings where ICD use might be of benefit in populations not always included in RCTs:
   - ICD implantation in the context of an abnormal troponin that is not due to a myocardial infarction;
   - ICD implantation within 40 days of a myocardial infarction;
   - ICD implantation within 90 days of revascularization; and
   - ICD implantation <9 months from the initial diagnosis of non-ischemic cardiomyopathy.

5. A discussion related to the use of an atrial lead accompanies dual-chamber vs single-chamber ICD recommendations.

6. The importance of documentation of the reasons for using an ICD is stressed especially for those patients who are not represented in clinical trials. Components of the documentation include the following:
   - the urgent and non-elective requirement for ventricular rate support
   - the reasons for the pacing system that is implanted

7. As a guide to making therapy decisions, consistency across documents on this subject is needed.

8. Future research will need to monitor the effectiveness and the value of ICD therapy.


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