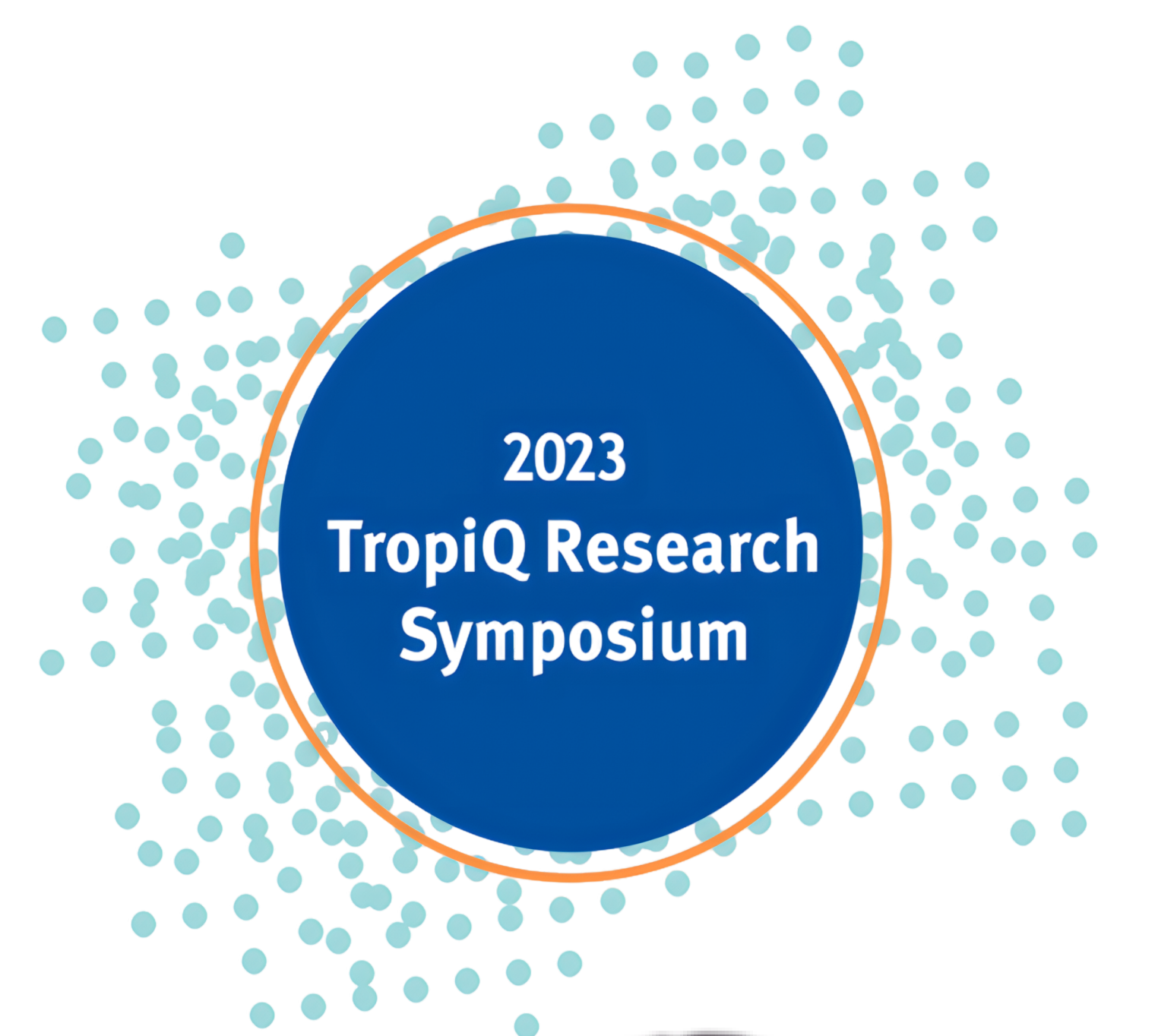




Primary Prevention Implantable Cardiac Defibrillators (ICD): A North Queensland Perspective

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Introduction

- Heart failure (HF) is a global healthcare pandemic that affects > 38 million people worldwide ⁽¹⁾.
- Incidence is expected to rise by 46% in developed nations by 2030 ⁽¹⁾.
- ICDs are implanted in HF patients to treat ventricular arrhythmias (VT/VF) that cause sudden cardiac death to which they are susceptible ⁽²⁾.
- > 200,000 ICDs are implanted each year, however 80% of patients never receive appropriate ICD therapy during their lifetime ⁽²⁾.

Current guidelines for Implantation of Primary Prevention ICDs are :
Left Ventricular Ejection Fraction $\leq 35\%$, Maximum Medical Therapy and No Sustained Ventricular Arrhythmias ⁽¹⁾.

Knowledge Gap: Do current guidelines meet the needs of Primary Prevention ICD Patients in Northern Australia?

Aim and Methods

To define and describe:

Risk Factors

VT/VF

Mortality

in Primary Prevention Heart Failure patients implanted with an ICD at Townsville University Hospital.

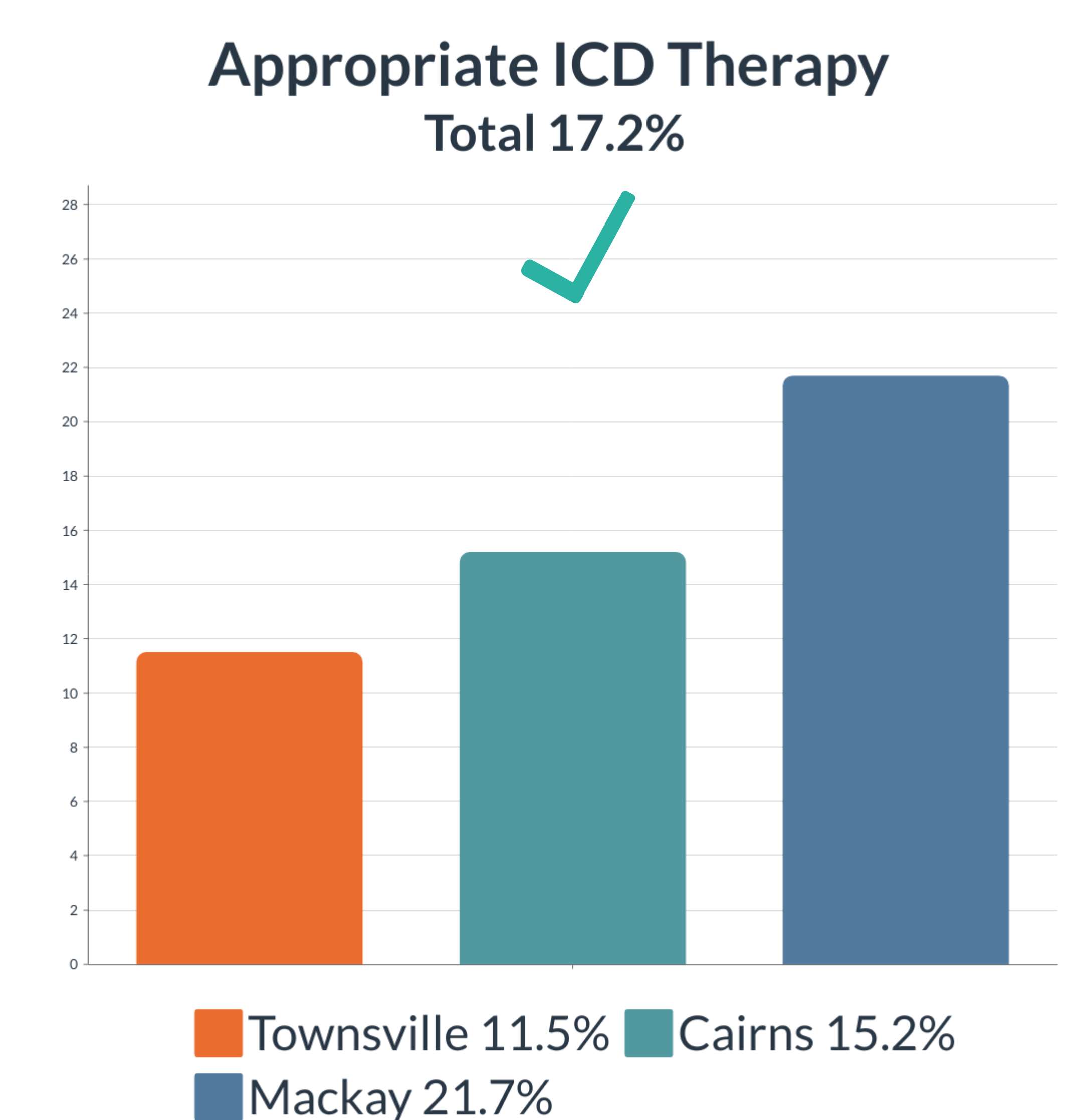
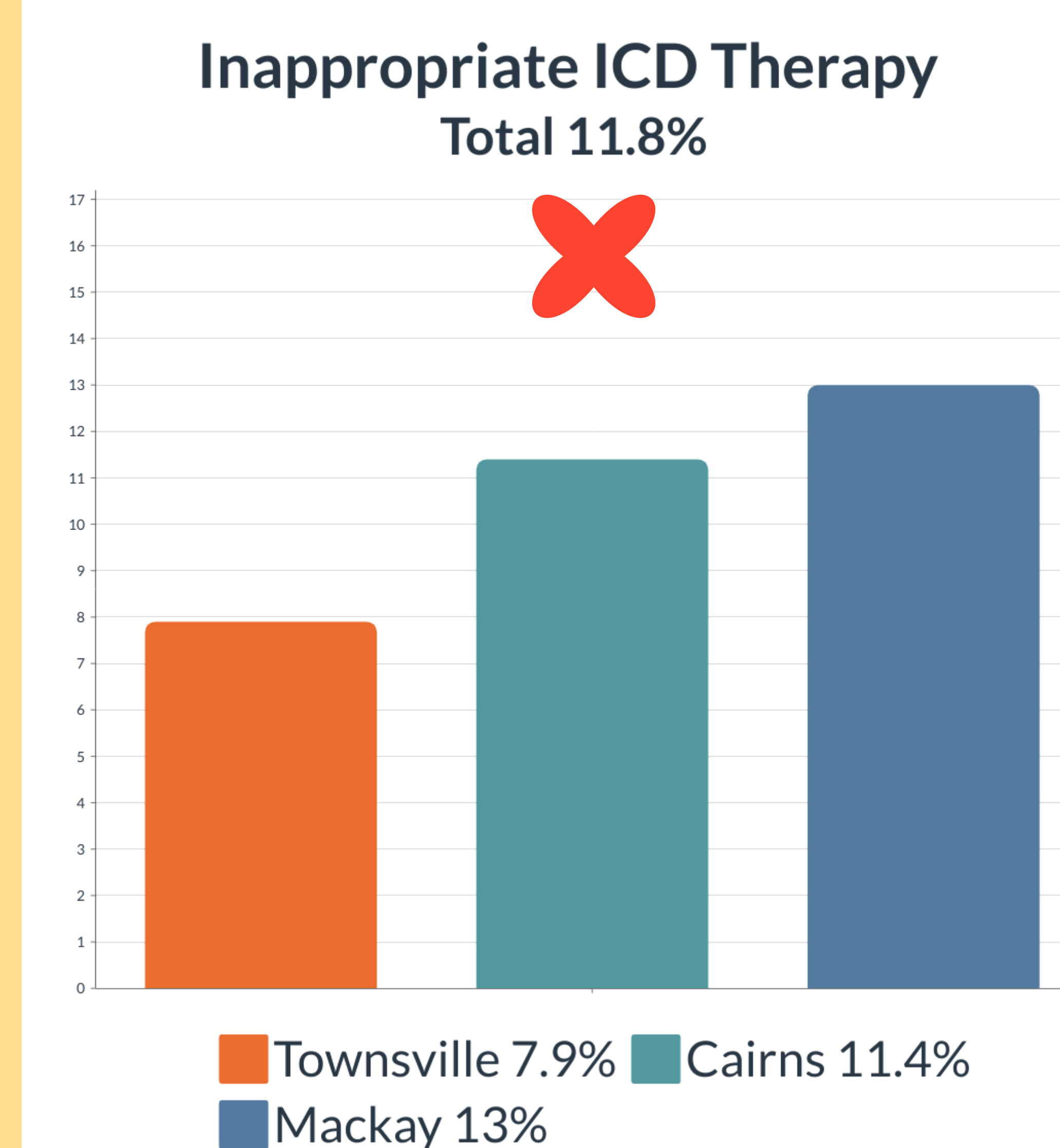
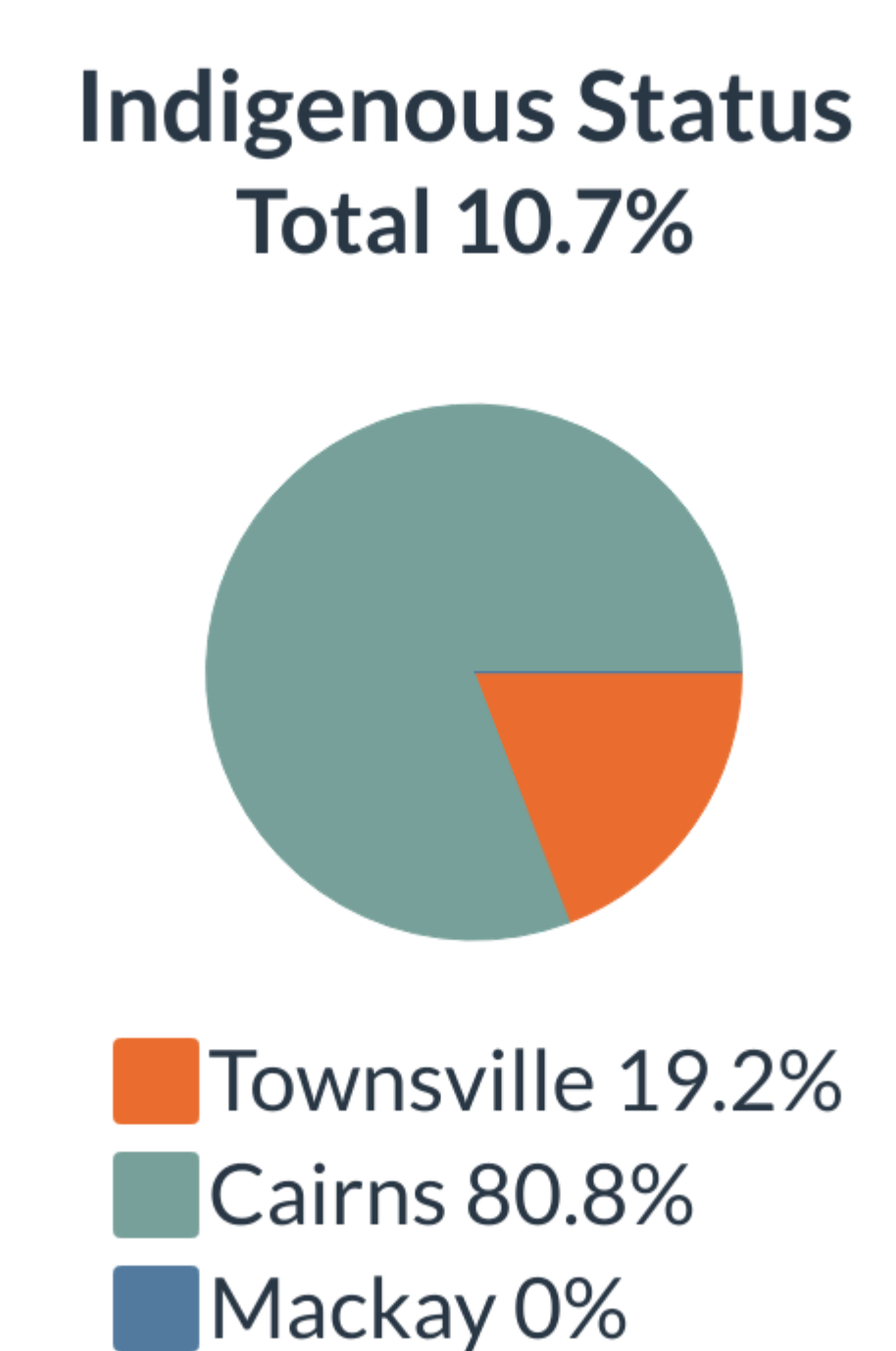
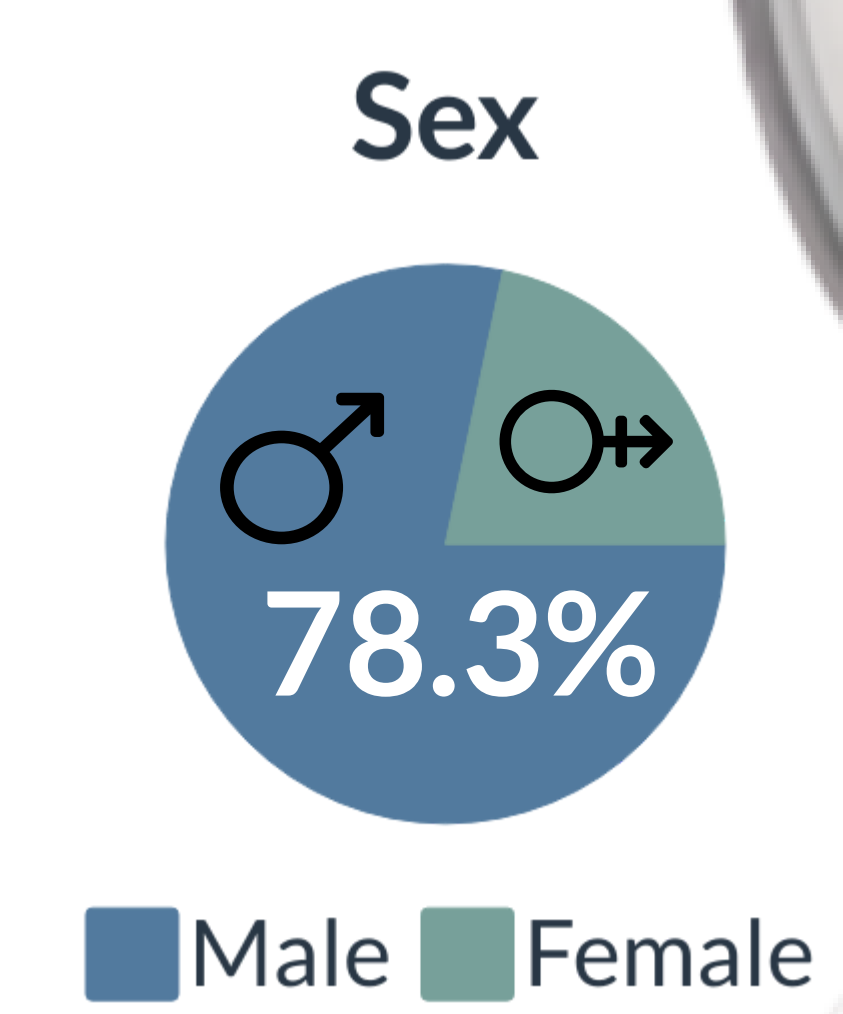
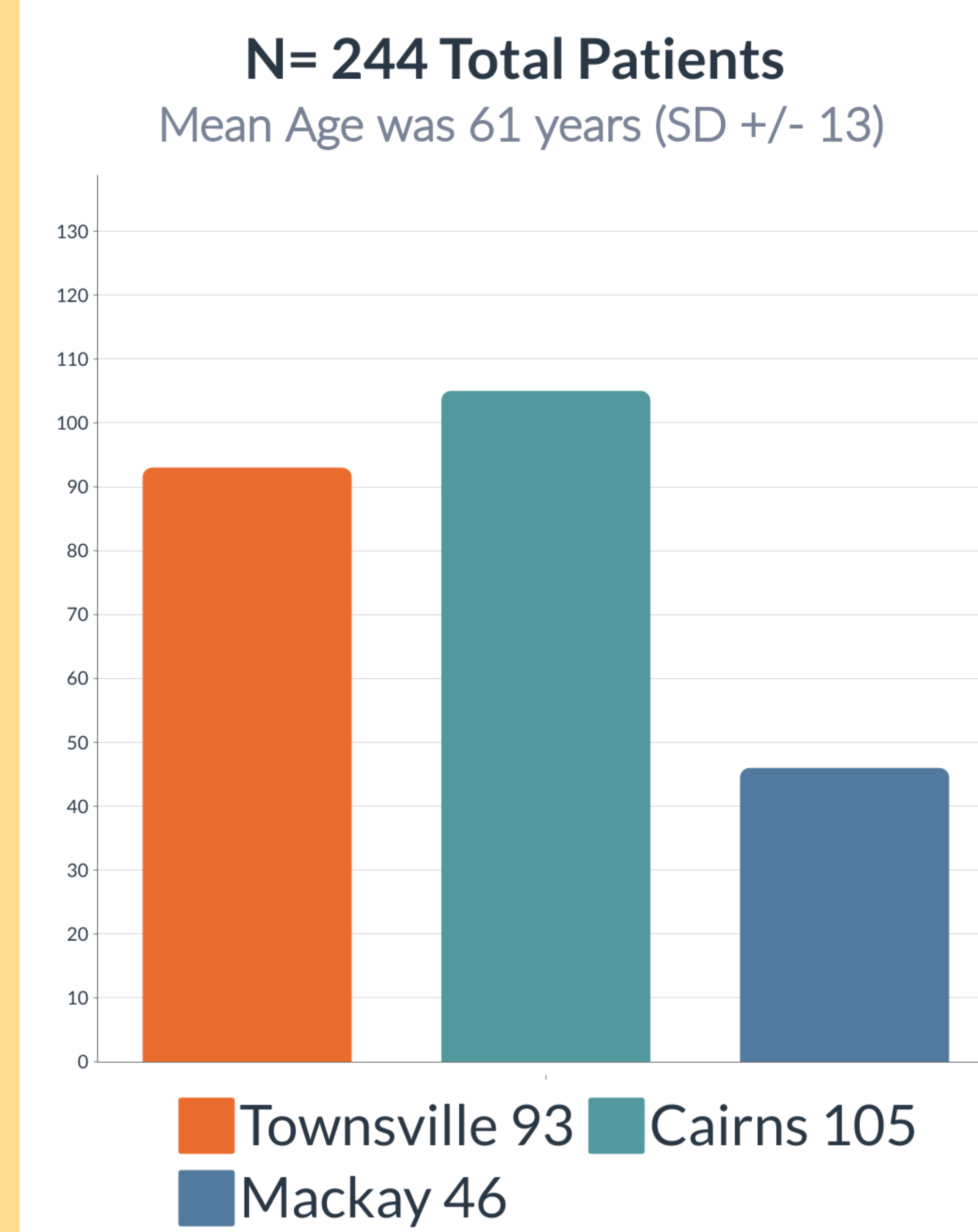
A retrospective cohort study of all Primary Prevention patients implanted with an ICD at the Townsville University Hospital from January 1st 2008 to December 31st 2017.

Follow-up hospitals Included: Townsville University Hospital, Cairns Base Hospital and Mackay Base Hospital

Data was collected from: Health Services Medical Records and iEMR, PaceArt, Cardiobase (TSV), Pathology Qld and Impax CV. Data was collected from time of implant to June 30th 2023.

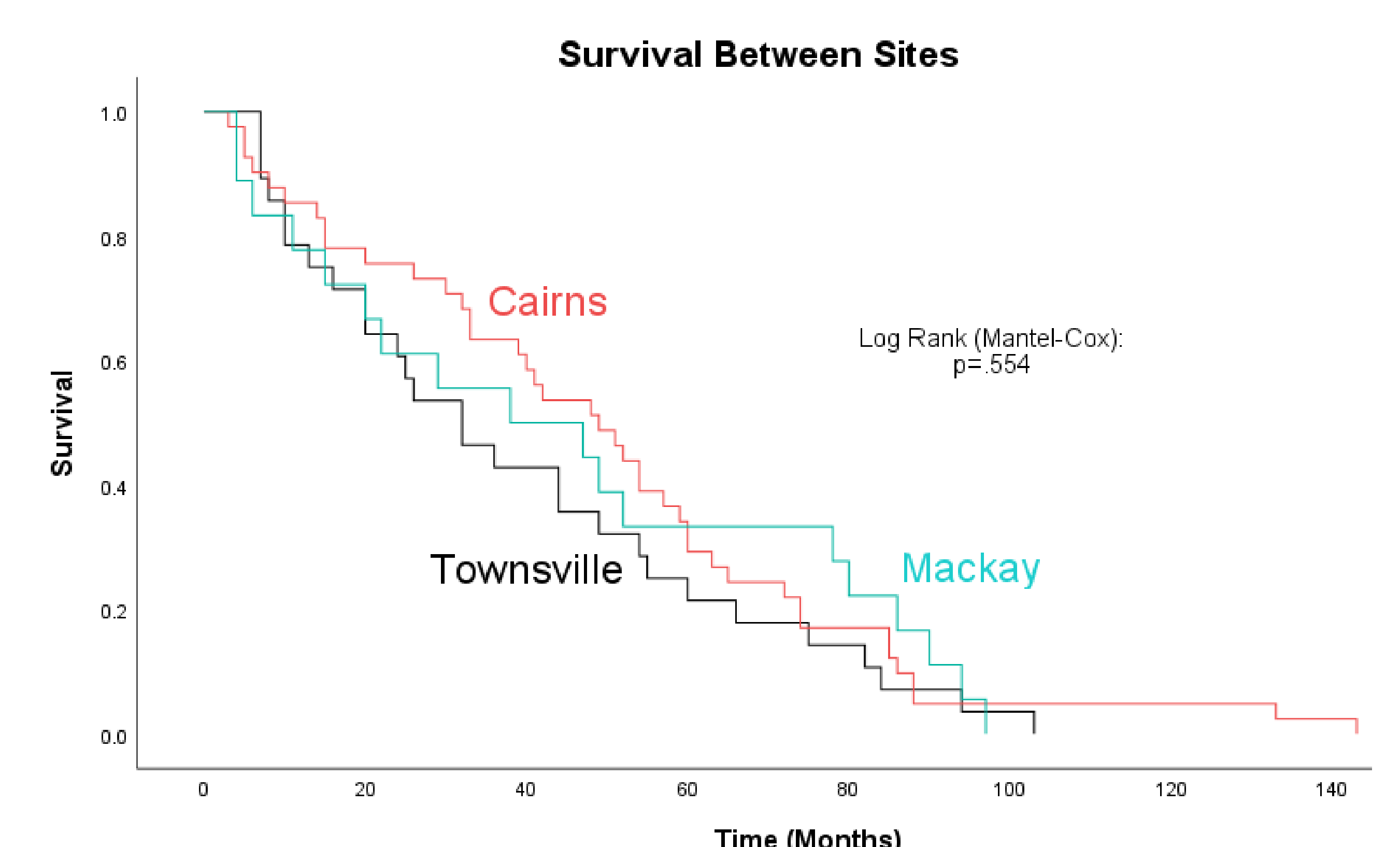
Median follow-up: 5 Years

Results



Overall Mortality=35.7%

Mean time to death :
45-months
(range 3-143 months)



New selection criteria are required to determine which patients would benefit from ICD implantation.

References

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