ICD Implantation in Patients with Nonischemic Heart Failure

TO THE EDITOR: The findings of the Danish Study to Assess the Efficacy of ICDs [Implantable Cardioverter–Defibrillators] in Patients with Nonischemic Systolic Heart Failure on Mortality (DANISH) (Sept. 29 issue) are important and raise doubts about the current strategy of defibrillator implantation for the primary prevention of sudden cardiac death. The results are not unexpected. Current recommendations are based mainly on the Multicenter Automatic Defibrillator Implantation Trial II (MADIT-II) and the Sudden Cardiac Death in Heart Failure Trial (SCD-HeFT). Since these trials were conducted, the treatment of patients with heart failure has changed dramatically, with the introduction of angiotensin receptor–neprilysin inhibitors; much wider use of mineralocorticoid antagonists, beta-blockers, and statins; and improved coronary revascularization in patients with ischemic cardiomyopathy. These treatments reduce not only total mortality but also specifically the rate of sudden cardiac death. We agree with the comment by McMurray in the accompanying editorial that trials involving patients at higher risk should be considered.

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Dr. Hindricks reports receiving research contracts from Boston Scientific, St. Jude Medical, and Biotronik through University Leipzig (no personal fees) and serving as the President of the European Heart Rhythm Association; Dr. Dagres, serving as Chairman of the Scientific Initiatives Committee of the European Heart Rhythm Association and he reports University Leipzig having research contracts with Boston Scientific, St. Jude Medical, and Biotronik (no personal fees); and Dr. Camm, receiving consulting fees from Boston Scientific, Medtronic, and St. Jude Medical and being President-elect of the European Heart Rhythm Association. No other potential conflict of interest relevant to this letter was reported.


DOI: 10.1056/NEJMc1614441