ASSESSMENT OF CHRONIC DISEASE TO DETERMINE APPROPRIATENESS OF IMPLANTABLE CARDEOVERTER-DEFIBRILLATOR THERAPY

Bilal Omery, MD1; Mahendar Singh, PhD2; Randy S. Turek, MD2; Robyn Shearer, MS3; Arshad Johangir, MD1; M. Eyman Mortada, MD2; Jasbir S. Sra, MD, FHRS1; Indrajit Choudhuri, MD4

1Cardiovascular Disease Fellowship Program, Aurora Health Care, Milwaukee, WI; 2Aurora Research Institute, Aurora Health Care, Milwaukee, WI; 3Electrophysiology Fellowship Program, Aurora Health Care, Milwaukee, WI; 4Aurora Cardiovascular Services, Aurora Health Care, Milwaukee, WI

PROBLEM
Currently, level of risk of mortality considered to be unreasonable to offer an implantable cardioverter-defibrillator (ICD) is unknown.

BACKGROUND
- ICD therapy is considered appropriate when a patient is felt to have a reasonable expectation of one-year survival.
- Chronic diseases have been estimated to be associated with greater than 10% annual mortality and may reduce benefits of ICD therapy.
- Recent literature has demonstrated that conditions such as frailty, metastatic cancer, and dementia have been associated with greater than 20% annual mortality and are felt to be contradictions to ICD therapy.

OBJECTIVE
The purpose of this study is to determine a risk score for short-term mortality that may identify patients in whom ICD therapy may not be appropriate.

METHODS
- Patients who received an ICD for primary or secondary prevention from 2008 to 2013 at the Aurora Health Care network were studied retrospectively.
- Using Cox regression, a scoring system based on hazard ratios was devised to reflect risk associated with comorbidities.
- Survival was evaluated by Kaplan-Meier estimates.

RESULTS
- The study cohort includes 1558 patients (average age 61.3 years, 495 females).
- Parameter estimates were multiplied by a factor of 2 and rounded to the nearest whole number in order to develop a score for each risk factor.

CONCLUSIONS
- Chronic conditions have a cumulative effect on mortality among patients who received an ICD.
- Patients with a score of 5 or greater, as calculated by our proposed scoring system, appear to have a significantly higher risk of short term mortality.
- Future directions include validating the score among a second cohort of patients and determining cost-effectiveness of ICD therapy offered to patients in the highest risk subgroups.

REFERENCES