



First inappropriate implantable cardioverter defibrillator therapy is often due to inaccurate device programming: analysis of the French OPERA registry

Submitted by Emmanuel Lemoine on Tue, 12/16/2014 - 10:55

Titre	First inappropriate implantable cardioverter defibrillator therapy is often due to inaccurate device programming: analysis of the French OPERA registry
Type de publication	Article de revue
Auteur	Leenhardt, Antoine [1], Defaye, Pascal [2], Mouton, Elisabeth [3], Delay, Marc [4], Delarche, Nicolas [5], Dupuis, Jean-Marc [6], Bizeau, Olivier [7], Mabo, Philippe [8], Cheggour, Saida [9], Babuty, Dominique [10]
Editeur	Oxford University Press (OUP)
Type	Article scientifique dans une revue à comité de lecture
Année	2012
Langue	Anglais
Date	2012
Numéro	10
Pagination	1465 - 1474
Volume	14
Titre de la revue	Europace
Résumé en anglais	<p>AIMS: Inappropriate therapy delivered by implantable cardioverter defibrillators (ICDs) remains a challenge. The OPERA registry measured the times to, and studied the determinants of, first appropriate (FAT) and inappropriate (FIT) therapies delivered by single-, dual- and triple-chamber [cardiac resynchronization therapy defibrillator (CRT-D)] ICD. METHODS AND RESULTS: We entered 636 patients (mean age = 62.0 ± 13.5 years; 88% men) in the registry, of whom 251 received single-, 238 dual-, and 147 triple-chamber ICD, for primary (30.5%) or secondary (69.5%) indications. We measured times to FAT and FIT as a function of multiple clinical characteristics, examined the effects of various algorithm components on the likelihood of FAT and FIT delivery, and searched for predictors of FAT and FIT. Over 22.8 ± 8.8 months of observation, 184 patients (28.9%) received FAT and 70 (11.0%) received FIT. Ventricular tachycardia (VT) was the trigger of 88% of FAT, and supraventricular tachycardia was the trigger of 91% of FIT. The median times to FIT (90 days; range 49-258) and FAT (171 days; 50-363) were similar. The rate of FAT was higher ($P < 0.001$) in patients treated for secondary than primary indications, while that of FIT were similar in both groups. Out of 57 analysable FIT, 27 (47.4%) could have been prevented by fine tuning the device programming like the sustained rate duration or the VT discrimination algorithm. CONCLUSIONS: First inappropriate therapy occurred in 11% of 636 ICD recipients followed for ~2 years. Nearly 50% of FIT could have been prevented by improving device programming.</p>
URL de la notice	http://okina.univ-angers.fr/publications/ua6484 [11]
DOI	10.1093/europace/eus144 [12]

Liens

- [1] [http://okina.univ-angers.fr/publications?f\[author\]=10244](http://okina.univ-angers.fr/publications?f[author]=10244)
- [2] [http://okina.univ-angers.fr/publications?f\[author\]=10245](http://okina.univ-angers.fr/publications?f[author]=10245)
- [3] [http://okina.univ-angers.fr/publications?f\[author\]=10246](http://okina.univ-angers.fr/publications?f[author]=10246)
- [4] [http://okina.univ-angers.fr/publications?f\[author\]=10247](http://okina.univ-angers.fr/publications?f[author]=10247)
- [5] [http://okina.univ-angers.fr/publications?f\[author\]=10248](http://okina.univ-angers.fr/publications?f[author]=10248)
- [6] [http://okina.univ-angers.fr/publications?f\[author\]=10165](http://okina.univ-angers.fr/publications?f[author]=10165)
- [7] [http://okina.univ-angers.fr/publications?f\[author\]=10249](http://okina.univ-angers.fr/publications?f[author]=10249)
- [8] [http://okina.univ-angers.fr/publications?f\[author\]=10080](http://okina.univ-angers.fr/publications?f[author]=10080)
- [9] [http://okina.univ-angers.fr/publications?f\[author\]=10250](http://okina.univ-angers.fr/publications?f[author]=10250)
- [10] [http://okina.univ-angers.fr/publications?f\[author\]=10251](http://okina.univ-angers.fr/publications?f[author]=10251)
- [11] <http://okina.univ-angers.fr/publications/ua6484>
- [12] <http://dx.doi.org/10.1093/europace/eus144>

Publié sur *Okina* (<http://okina.univ-angers.fr>)