

CORRESPONDENCE



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)¹ 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)² and the Sudden Cardiac Death in Heart Failure Trial (SCD-HeFT).³ 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.^{4,5} We agree with the comment by McMurray in the accompanying editorial that trials involving patients at higher risk should be considered.⁶

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1. Køber L, Thune JJ, Nielsen JC, et al. Defibrillator implantation in patients with nonischemic systolic heart failure. *N Engl J Med* 2016;375:1221-30.
2. Moss AJ, Zareba W, Hall WJ, et al. Prophylactic implantation of a defibrillator in patients with myocardial infarction and reduced ejection fraction. *N Engl J Med* 2002;346:877-83.
3. Bardy GH, Lee KL, Mark DB, et al. Amiodarone or an implantable cardioverter–defibrillator for congestive heart failure. *N Engl J Med* 2005;352:225-37.
4. Desai AS, McMurray JJ, Packer M, et al. Effect of the angiotensin-receptor-neprilysin inhibitor LCZ696 compared with enalapril on mode of death in heart failure patients. *Eur Heart J* 2015;36:1990-7.
5. Pitt B, Gheorghade M, Zannad F, et al. Evaluation of eplerenone in the subgroup of EPHEUS patients with baseline left ventricular ejection fraction $\leq 30\%$. *Eur J Heart Fail* 2006;8:295-301.
6. McMurray JJV. The ICD in heart failure — time for a rethink? *N Engl J Med* 2016;375:1283-4.

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