ARE THERE DIFFERENCES IN IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR COUNSELING RATES AMONG ELIGIBLE PATIENTS HOSPITALIZED FOR HEART FAILURE? NATIONAL RESULTS FROM THE AMERICAN HEART ASSOCIATION’S GET WITH THE GUIDELINES- HEART FAILURE PROGRAM

Poster Contributions
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Background: Prior studies found sex and racial differences in the use of implantable cardioverter-defibrillators (ICDs) for primary prevention. Whether these differences extend to ICD counseling rates is unknown.

Methods: We analyzed patients admitted with HF and an LVEF < 35% from 236 hospitals participating in the AHA Get With The Guidelines-HF Program from January 1, 2011, to March 21, 2014.

Results: Among 21,059 HF patients eligible for an ICD, only 4,755 (22.6%) were documented as having received pre-discharge ICD counseling. Rates varied by gender and race, ranged from 0 to 100% among hospitals (Figure), and decreased from 23.2% in 2011 to 21.8% in 2014. In multivariable logistic regression, factors associated with a lower likelihood of counseling included female sex (odds ratio (OR) 0.84, 95% Confidence Interval (CI) 0.78-0.91) and non-white race (reference=white; OR 0.69, 95% CI 0.63-0.76 Blacks; OR 0.62, 95% CI 0.55-0.70 Hispanics; OR 0.53, 95% CI 0.43-0.65 other). Among those counseled, non-white race (reference= white; OR 0.69, 95% CI 0.59-0.80 Blacks; OR 0.70, 95% CI 0.56-0.88 Hispanics; OR 0.68, 95% CI 0.46-1.01 other) but not female sex were factors for receiving an ICD.

Conclusion: One in five eligible patients received ICD counseling. Rates were lower among women and non-white races, varied by hospital, and decreased over time. Racial disparities in use persisted among counseled patients. Culturally appropriate ICD counseling should be a focus of future quality improvement initiatives.