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 **Arrhythmias and Clinical EP****THE APPROPRIATENESS USE CRITERIA FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD) AND CARDIAC RESYNCHRONIZATION THERAPY (CRT) - EVIDENCE BASED OR CONSENSUS DRIVEN?**

Poster Contributions

Hall C

Monday, March 31, 2014, 9:45 a.m.-10:30 a.m.

Session Title: Device Therapy in Patients with Heart Failure and Cardiomyopathy

Abstract Category: 8. Arrhythmias and Clinical EP: Devices

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**Background:** The American College of Cardiology Foundation appropriateness use criteria (AUC) provide a framework for using ICD and cardiac resynchronization therapy CRT. It is unclear, if these recommendations are evidence based or largely consensus driven.

**Methods:** A comprehensive literature review of the evidence behind the scenarios listed in the document was performed. We also reviewed the ACC / AHA guideline documents for pertinent recommendations associated with the respective scenarios. The collected information was reviewed by both authors independently and only the mutually agreed upon data was included, analyzed and results are shown below.

**Results:** Out of the 235 indications listed in the AUC document, no supporting evidence was found in 88 indications and no relevant supporting guidelines found in 59 indications. Majority of the “appropriate” indications were either based on Class I or Class IIa ACC/AHA guideline recommendations. Similarly majority of the “rarely appropriate” indications were based on Class III ACC/AHA guideline recommendations. (Figure 1)

**Conclusions:** A significant proportion of AUC indications for ICD and CRT lack clinical evidence and are based on expert consensus only. The AUC are strongly supported by ACC/AHA guideline recommendations.

Appropriate Indications (119)	Rarely Appropriate Indications (57)
ACC/AHA Class I recommendation : 49	ACC/AHA Class III recommendation : 32
ACC/AHA Class IIa recommendation : 40	ACC/AHA Class IIb recommendation: 5
ACC/AHA Class IIb/III recommendation: 19	ACC/AHA Class I /Class IIa recommendation : 2