Patients Overestimate Their ICD Survival Gain

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CHICAGO — Most heart failure patients greatly overestimate the survival benefit provided by implantable cardioverter de-
fibrillators, according to a new study. Dr. Garrick C. Stewart reported at the annu-
al scientific sessions of the American Heart Association.

The problem stems in part from the common practice of reporting clinical trial outcomes in terms of percent re-
duction in mortality. It creates confusion among patients, the public, and even physicians. This figure is actually a per-
cent of a percent and is far greater than the number of deaths prevented or de-
layed, which is what really matters, added Dr. Stewart of Brigham and Women’s
Hospital, Boston.

“We advocate reporting event rates in persons per 100 to translate more clearly
such information for our patients. We cannot stop reminding our patients and
ourselves that heart failure remains a fatal disease from which most deaths occur slowly,” he stressed.

Dr. Stewart presented the results of a written survey completed by 104 patients with symptomatic heart failure who fit
the profile of the study population in the landmark Sudden Cardiac Death in Heart Failure Trial (SCD-HeFT) which estab-
lished the efficacy of ICDs for primary prevention of cardiac arrest. These were patients with a left ventricular ejection
fraction below 35% and no history of car-
diac arrest or syncope. Two-thirds al-
ready had an ICD.

More than half of those surveyed indi-
cated they expected an ICD would save at least 50 lives per 100 recipients over 5 years.

We frequently have patients referred to
us from other centers where they’ve been
told, which is what really matters, added
she. “Frankly, the benefit is just not as big as
we think,” observed coinvestigator Dr. Lyne Warner Stevenson, codirector of the cardiomyopathy and heart failure clin-
ic at Brigham and Women’s Hospital and professor of medicine at Harvard Medical
School, Boston.

“We frequently have patients referred
from other centers where they’ve been
told they must have an ICD put in place or they’ll die. We think that’s quite a disservice because it implies that
the ICD will make them immortal,” she
continued.

Two-thirds of survey participants who
actually had an ICD thought the device
would save their own lives. Fifty-five per-
cent indicated they wouldn’t deactivate it
even if they were getting daily shocks, 70%
would die anyway, 7 or 8 would be saved
by the ICD, 10-20 would have a shock they
don’t need, 5-15 would have other com-
lications, and the rest would not experi-
ence their device at all,” Dr. Stevenson said.

After hearing all of this, roughly one-
third of patients still want a device, one-
third decide they definitely don’t, and one-
third want to think it over some more.

Underscoring the point that ICDs par-
tially protect against sudden arrhythmic death but don’t prevent a slower death from pump failure, Dr. Jean-Yves F. Le

Heuzey presented outcome data on 2,418 patients who got an ICD at 22 French hos-

Mortality was 11.3% by 2005. Forty-
two percent of deaths resulted from pump
failure, 8.7% from cardiac arrest with elec-
tromechanical dissociation, and 6.2% were due to arrhythmic storm. Cancer and septic shock each accounted for 6.5% of
deaths, said Dr. Le Heuzey, professor of cardiology at George Pompidou Euro-
pean Hospital, Paris.