Sudden Cardiac Arrest Coalition Gains Troops

DENVER — The Heart Rhythm Society and a disparate collection of 29 other organizations have joined forces to create the Sudden Cardiac Arrest Coalition to advocate for increased research and education regarding the killer of more than 230,000 Americans annually.

During the next year, the Sudden Cardiac Arrest (SCA) Coalition plans to push for introduction and passage of a congressional bill to provide funding for major new federal initiatives. These are aimed at illuminating the underlying causes of SCA and developing useful screening tests, new treatments, public education campaigns, as well as more widespread access to automated external defibrillators, Dr. Dwight W. Reynolds said in announcing the coalition’s formation during the annual meeting of the Heart Rhythm Society.

The coalition also will lobby for creation of a National Sudden Cardiac Arrest Week to focus attention on this underappreciated public health crisis, added Dr. Reynolds, HRS president and chief of the cardiovascular section at the University of Oklahoma Health Sciences Center, Oklahoma City.

Marshaling of government resources has resulted in great strides against breast cancer, AIDS, lung cancer, and stroke, but SCA kills more Americans than any of these diseases. In fact, it is a leading cause of death in this country. And it occurs most often in people in their mid-30s to mid-40s without a history of heart disease, Dr. Reynolds continued.

To have a chance of surviving, an individual who experiences SCA must receive a lifesaving defibrillation within 4-6 minutes. Because that window is so narrow, SCA is fatal in 99% of cases.

“This percentage is simply not acceptable,” he said, adding that increased public training in the use of and access to automated external defibrillators would improve the odds of survival.

The coalition will head to Washington with the results of a national public survey conducted earlier this year that showed 77% of 800 likely voters favor additional federal funding for increased SCA research, treatments, and educational activities. And 74% of participants indicated they were concerned that they or a family member could have an SCA within the next 5 years. But the survey also showed a lack of public understanding about SCA, as 46% of polled adults believe that SCA is the same as a myocardial infarction.

“With so many lives in jeopardy, the American public should know their own risk of SCA, be able to identify warning signs, and seek medical attention before it is too late. They should know how to treat victims of SCA, and they should feel assured that lifesaving treatment is readily available. The coalition’s work to achieve increased federal funding for research, education, and access to treatment would bring us a long way towards saving lives,” said coalition cochair Diane M. Canova, executive director of the Sudden Cardiac Death Association, Washington.

Among the organizations making up the SCA Coalition are the American College of Preventive Medicine, the American Society of Echocardiography, the National Association of EMS Physicians, the International Association of Fire Fighters, the National Athletic Trainers’ Association, various patient support groups, and all three major manufacturers of implantable cardioverter-defibrillators.

CMS Nixes Coverage of Nerve Stimulation for Depression

T he Centers for Medicare and Medicaid Services has determined that it will not cover vagus nerve stimulation for treatment-resistant depression.

The therapy, marketed by Cyberonics Inc. of Houston, has been used successfully in epilepsy but has been more controversial as a depression treatment. The Food and Drug Administration approved vagus nerve stimulation (VNS) in 2003 for adjunctive long-term treatment of chronic or recurrent depression in patients aged 18 years or older who do not have an adequate response to four or more antidepressant therapies. But the approval came over the objections of a large number of FDA scientists, according to a year-long investigation by the Senate Finance Committee. The committee’s report, issued in March 2006, questioned whether VNS therapy met FDA’s safety and effectiveness standards.

In May, CMS issued its final decision. The agency stated that, “there is sufficient evidence to conclude that vagus nerve stimulation is not reasonable and necessary for treatment of depression.”

Cyberonics has been struggling to gain wider coverage of its device by private health insurers. But, in a statement, the company said that since it was not covered VNS for “more than 3,000 patients.”

—Alicia Ault