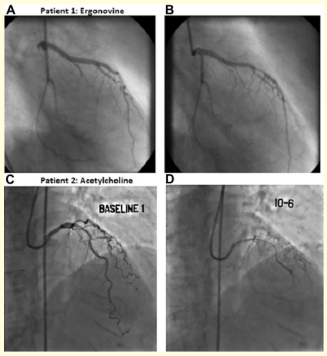
JACC

JANUARY 21, 2014
VOLUME 63, NO. 2

JOURNAL of the AMERICAN COLLEGE of CARDIOLOGY

Inside This Issue

STATE-OF-THE-ART PAPER



CLINICAL RESEARCH

(continued on page A-32)

HEART FAILURE

This study compares the rates of compliance with care measures for hospitalized heart failure patients with a principal discharge diagnosis of heart failure and those with another principal discharge diagnosis. Patients with acute or chronic heart failure in the ARIC (Atherosclerosis Risk in Communities) study surveillance areas were included. Of 4,345 hospitalizations of heart failure patients, 39.6% carried a principal diagnosis of heart failure. Patients with principal heart failure diagnosis had higher rates of left ventricular (LV) function assessment (89.1% vs. 82.5%) and discharge angiotensin-converting enzyme (ACE) inhibition/angiotensin receptor blockers (ARBs) in LV dysfunction (64.1% vs. 56.3%) as compared with patients hospitalized for another cause. LV assessment and ACE inhibitor/ARB use was associated with reductions in 1-year post-discharge mortality (adjusted odds ratios: 0.66 and 0.72, respectively), which did not differ for patients with versus without a principal heart failure diagnosis. Blecker and colleagues conclude that, compared with individuals hospitalized with a principal diagnosis of heart failure, heart failure patients hospitalized for other causes were less likely to receive guideline-recommended care.

Editorial Comment: Robert O. Bonow, Mihai Gheorghiade, p. 131

HEART RHYTHM DISORDERS

This study aimed to investigate the impact of lead diameter and design on implantable cardioverter-defibrillator (ICD) lead survival in children and young adults. Lead performance was reviewed in consecutive subjects age $\leq$30 years with transvenous right ventricular ICD leads implanted. A total of 120 ICD leads were implanted in 101 patients at a median age of 15.5 $\pm$ 21.9 years. There were 47 small-diameter ($\leq$8 F) and 73 standard-diameter (>8 F) leads. During a median follow-up of 28.7 months, there were 25 lead failures (21% prevalence), with an incidence of 5.6% per year. The Sprint Fidelis (SF) leads (Medtronic, Inc., Minneapolis, Minnesota) had lower 3-year (69% vs. 92%) and 5-year (44% vs. 86%) survival probability than standard-diameter leads. Multivariate analysis revealed that the SF design conferred the greatest hazard ratio (HR) for lead failure (HR: 4.42). In this single-center pediatric study that evaluated lead diameter, lead design, and patient factors, the SF design conferred the highest risk of lead failure; this suggests that design, rather than diameter, is the critical issue in ICD lead performance.

(*continued on page A-33*)

Download English Version:

https://daneshyari.com/en/article/2946270

Download Persian Version:

https://daneshyari.com/article/2946270

Daneshyari.com