

## **Does PREPARE – Based Programming Reduce ICD Therapies?**

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**Background :** The PREPARE trial determined a set of programming parameters that resulted in a decrease in appropriate and inappropriate ICD therapies in a particular manufacturer's devices.

**Methods :** We applied Prepare-like settings ("translated" to parameters of the various manufacturers) in most pts implanted for primary prevention indications over the last year. Records of all pts implanted for primary prevention since 1/2005 were reviewed. The amount of appropriate and inappropriate therapies were compared between pts programmed according to PREPARE settings (gr1) and those programmed traditionally (gr 2).

**Results:** 140 pts (38 gr. 1 and 102 gr. 2) were included. There were no differences between groups in mean age, left ventricular ejection fraction, permanent atrial fibrillation, type of device (VVI/DD/CRTD), gender, NYHA, and history of supraventricular arrhythmias. The duration of follow up to last visit and till today were 103±104 and 167± 119 days in gr 1 vs 596± 344 and 690 ± 338 days in gr 2 (P<0.05) , More pts in gr 1 were implanted due to MADIT II – SCDHEFT indications than in gr 2 (27/36 vs 56/100 P=0.04).

Over the entire follow up period there were no episodes of appropriate or inappropriate therapies in gr 1 at all. In gr 2 there were 6, 8 and 20 combined episodes within 90 days, 180 days and 365 days of implantation respectively.

**Conclusions :** Prepare-like settings as adapted to ICDS of all major manufacturers demonstrated tendency to decrease the combined rate of inappropriate and appropriate therapies. Longer follow-up is needed to verify the clinical and statistical significance of these results.