Clinical Characteristics and Outcomes of Elderly Patients Treated With ICD and CRTD in a Real World Setting: Data from the Israeli ICD Registry

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Introduction:

Elderly patients are under-represented in clinical trials of device therapy. We aimed to provide real world data regarding outcomes associated with device-based therapy in a large cohort of elderly patients enrolled in the Israeli ICD Registry.

Methods:

A total of 2807 consecutive patients undergoing ICD/CRT-D implantation were prospectively enrolled in the Israeli ICD Registry. Patients were categorized into 3 age groups: ≤ 60 years (49%), 61 to 75 years (31%) and >75 years (20%).

Results:

Median follow-up duration was 317 days. Elderly patients (>75 years) had more co-morbid conditions, a more advanced heart failure (HF), a wider QRS, a lower left ventricular EF, and were more likely to undergo CRTD implantation (all p<0.01). However, the rate of device-related complications associated with surgical re-interventions at 1-year was <3% regardless of age (p=0.70). Kaplan-Meier survival analysis showed that during follow-up elderly patients implanted with ICDs experienced a significant increase in the cumulative probability of appropriate ICD therapy or death (p<0.001) and of HF or death (Figure - top panel). In contrast, among patients implanted with CRT-D devices there was no significant difference in the corresponding rates of appropriate ICD therapy or death (p=0.75) and of HF or death among the 3 age groups (Figure -bottom panel).

<u>Conclusions</u>: In a real world scenario, elderly patients (>75 years) comprise approximately 20% of ICD/ CRTD recipients and experience a similar device re-intervention rate as their younger counterparts. Our data suggest that the association between advanced age and adverse clinical outcomes is attenuated in elderly patients implanted with CRT-D devices.

