

The Electric Heart: When to call your friendly neighbourhood electrician?



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- **Other:**
- I will discuss off-label uses for _____N/A_____

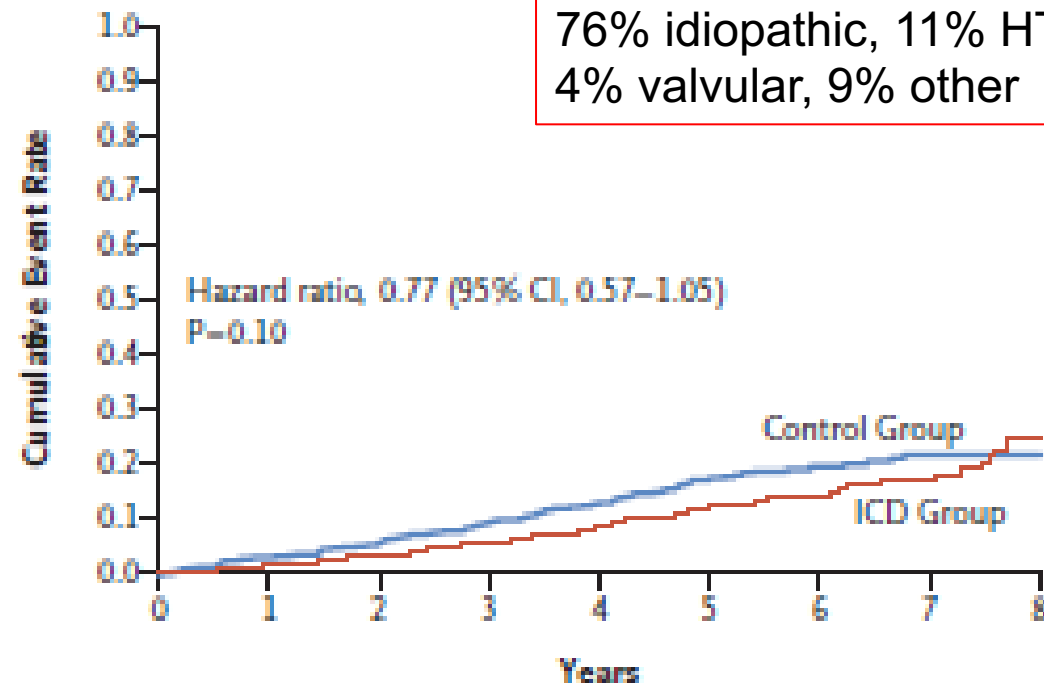
Controversies in electrical therapy for heart failure...made simple!

- 1. ICD implantation in patients with non-ischemic cardiomyopathy
- 2. CRT: who and how?
- 3. Tachycardia-induced myopathy
- 4. Management of atrial fibrillation: drugs, pacing and ablation
- 5. Ambulatory monitoring and physiologic sensors

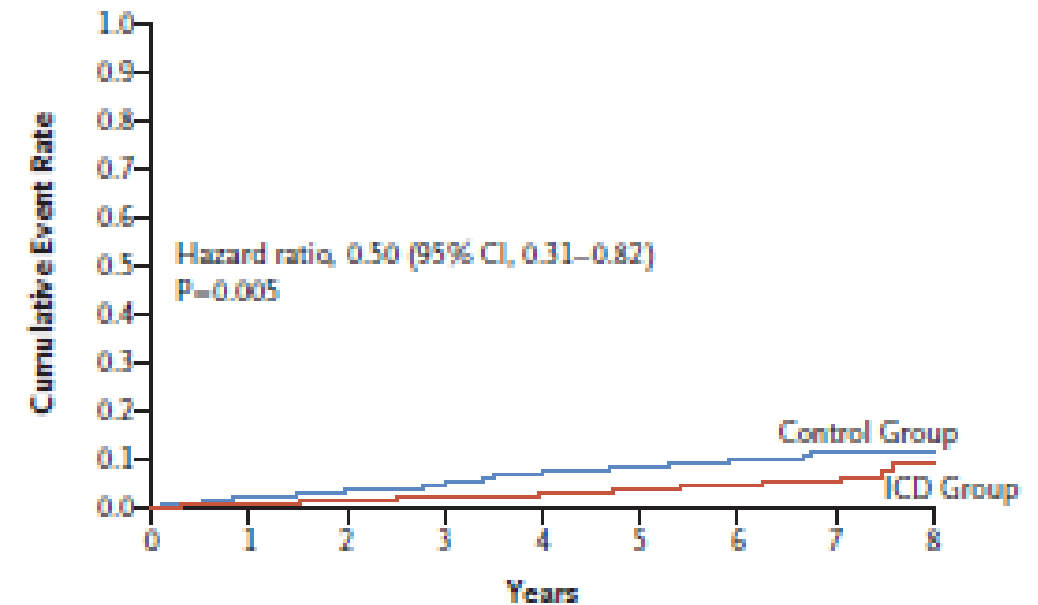
Defibrillator Implantation in Patients with Nonischemic Systolic Heart Failure

Lars Køber, M.D., D.M.Sc., Jens J. Thune, M.D., Ph.D., Jens C. Nielsen, M.D., D.M.Sc., Jens Haarlo, M.D., D.M.Sc., Lars Videbæk, M.D., Ph.D., Eva Korup, M.D., Ph.D., Gunnar Jensen, M.D., Ph.D., Per Hildebrandt, M.D., D.M.Sc., Flemming H. Steffensen, M.D., Niels E. Bruun, M.D., D.M.Sc., Hans Eiskjær, M.D., D.M.Sc., Axel Brandes, M.D., Anna M. Thøgersen, M.D., Ph.D., Finn Gustafsson, M.D., D.M.Sc., Kenneth Egstrup, M.D., D.M.Sc., Regitze Videbæk, M.D., Christian Hassager, M.D., D.M.Sc., Jesper H. Svendsen, M.D., D.M.Sc., Dan E. Høfsten, M.D., Ph.D., Christian Torp-Pedersen, M.D., D.M.Sc., and Steen Pehrson, M.D., D.M.Sc., for the DANISH Investigators*

B Cardiovascular Death

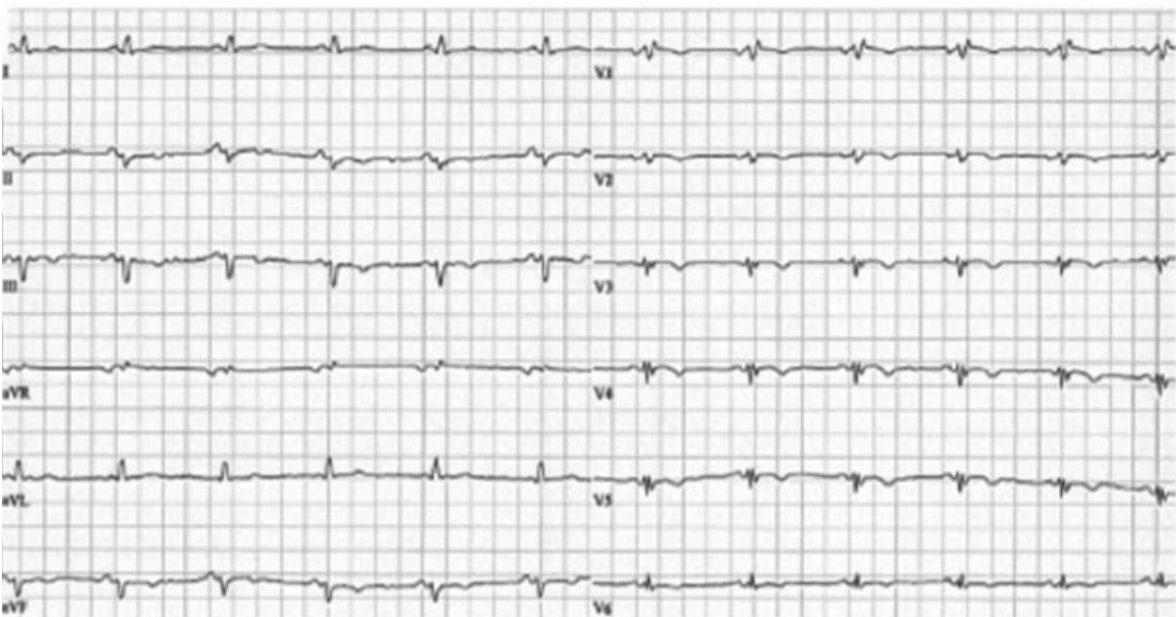


Sudden Cardiac Death

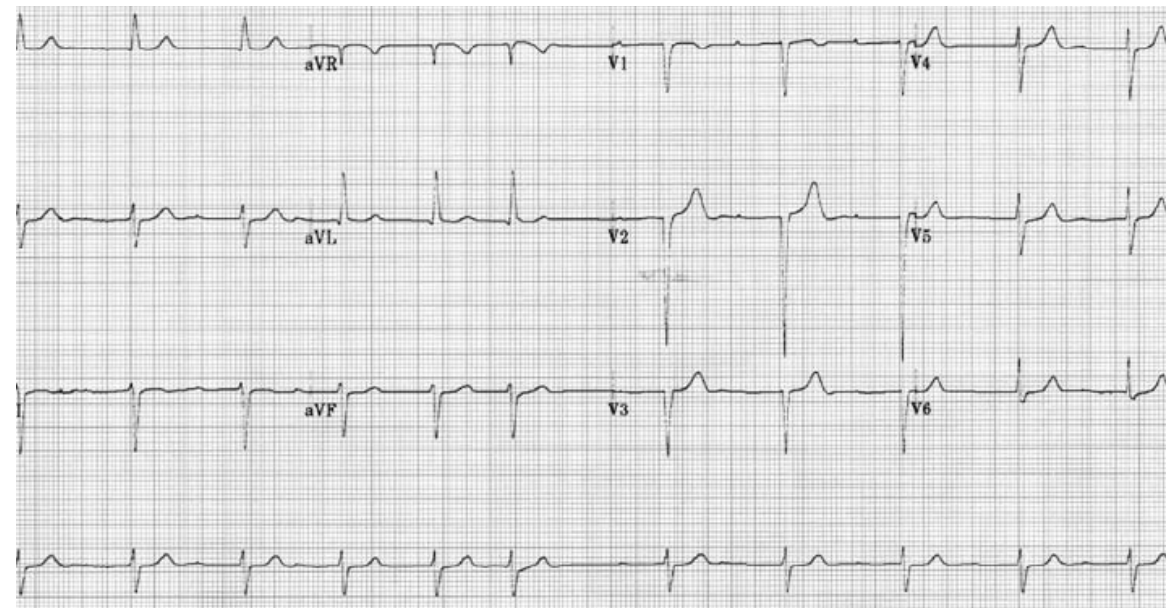


No. at Risk

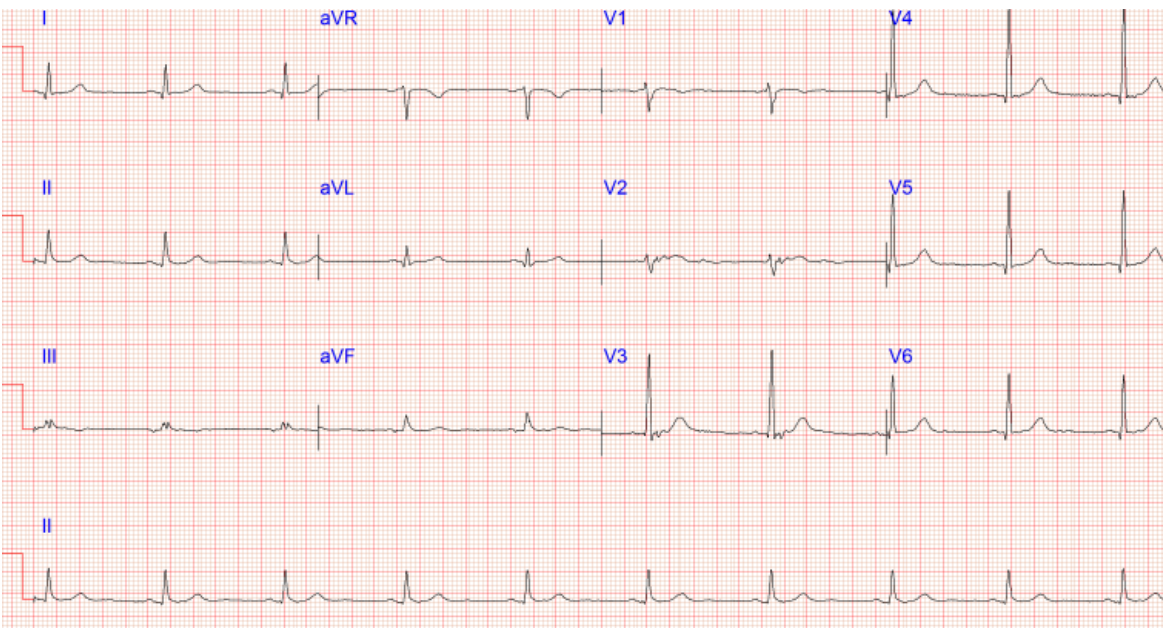
Control Group	560	540	517	438	344	248	169	88	12
ICD Group	556	540	526	451	358	272	186	107	17



Phospholamban (PLN)



Laminin A/C



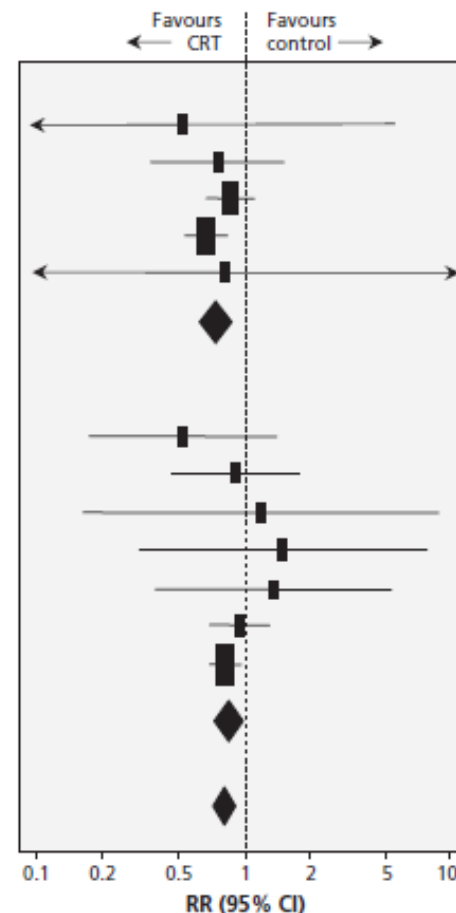
ARVC

Gene-specific prognosis
 Unrecognized Fabry's disease with HCM
 Unrecognized Amyloid
 Unrecognized muscular or myotonic dystrophy
 Unrecognized sarcoidosis

Cardiac resynchronization therapy: a meta-analysis of randomized controlled trials

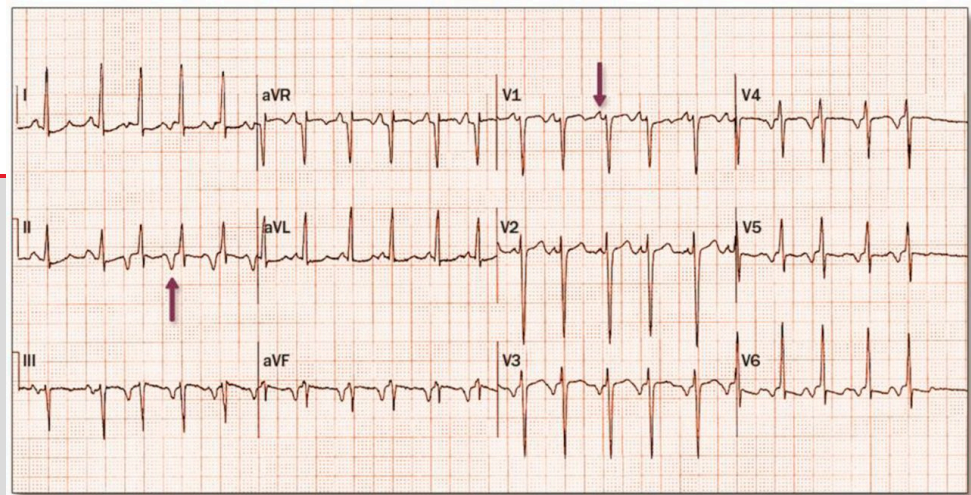
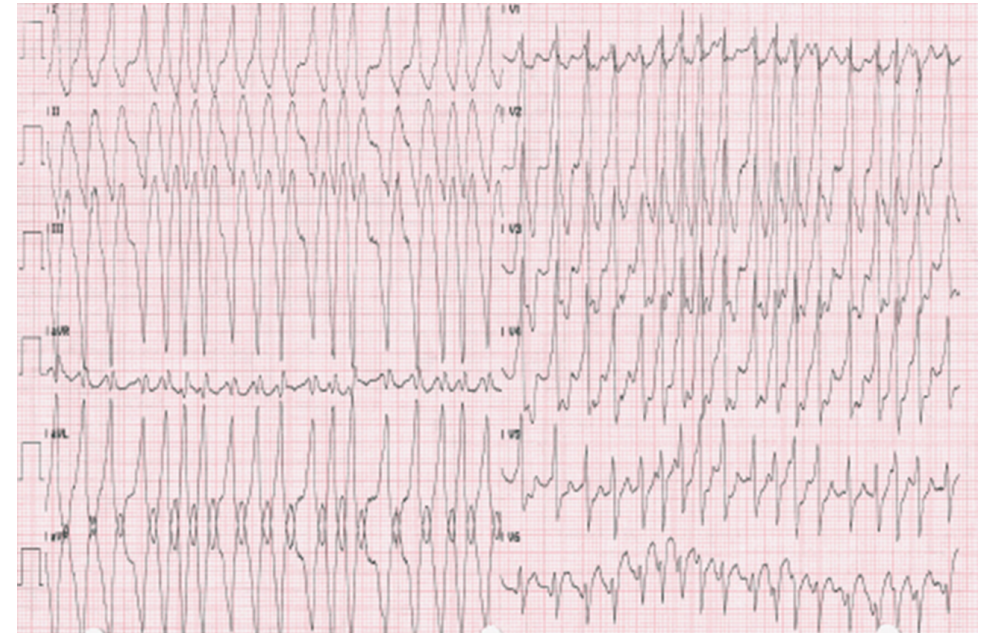
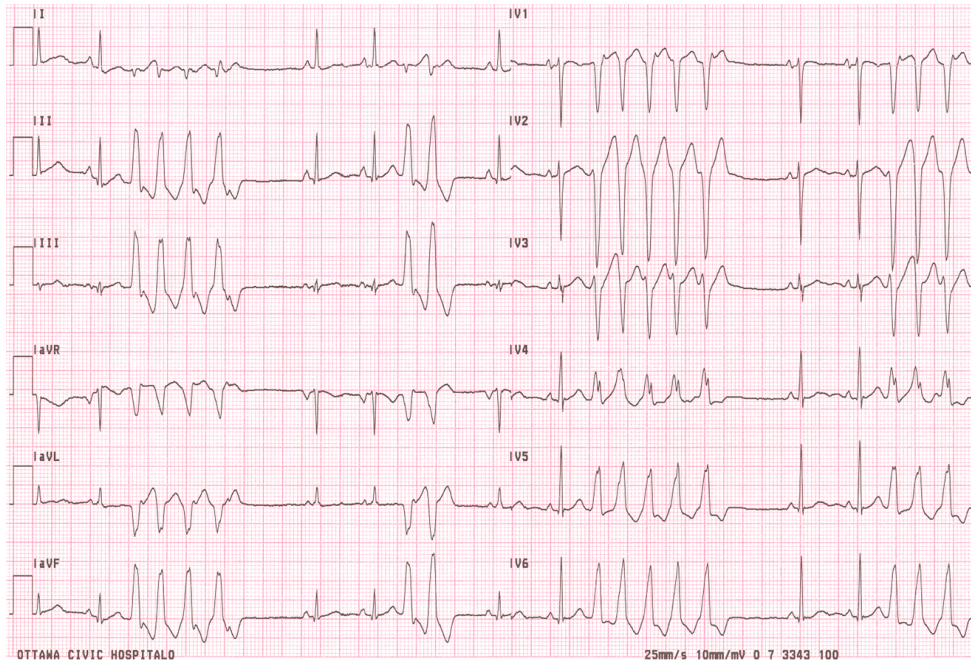
George Wells PhD, Ratika Parkash MD MSc, Jeffrey S. Healey MD MSc, Mario Talajic MD, J. Malcolm Arnold MD, Shannon Sullivan MSc, Joan Peterson BA, Elizabeth Yetisir MSc, Patricia Theoret-Patrick BScRN, Marilyn Luce BScRN, Anthony S.L. Tang MD

Study	Mortality; study group,* n/N		RR (95% CI)
	CRT	Control	
CRT v. OMT			
MUSTIC, 2001 ²⁰	1/29	2/29	0.50 (0.05–5.21)
MIRACLE, 2002 ²¹	12/228	16/225	0.74 (0.36–1.53)
COMPANION, 2004 ²⁴	131/617	77/308	0.85 (0.66–1.09)
CARE-HF, 2005 ²⁶	101/409	154/404	0.65 (0.53–0.80)
VECTOR, 2005 ²⁷	1/59	1/47	0.80 (0.05–12.4)
Subtotal	246/1342	250/1013	0.73 (0.62–0.85)
<i>P</i> = 0			
CRT-ICD v. ICD			
Lozano et al., 2000 ¹⁹	5/109	10/113	0.52 (0.18–1.47)
MIRACLE ICD, 2003 ²²	14/187	15/182	0.91 (0.45–1.83)
MIRACLE ICD II, 2004 ²³	2/85	2/101	1.19 (0.17–8.26)
RHYTHM ICD, 2004 ²⁵	6/119	2/60	1.51 (0.31–7.27)
REVERSE, 2008 ²⁸	9/419	3/191	1.37 (0.37–4.99)
MADIT-CRT, 2009 ²⁹	74/1089	53/731	0.94 (0.67–1.32)
RAFT, 2010 ¹⁴	186/894	236/904	0.80 (0.67–0.94)
Subtotal	294/2902	321/2282	0.83 (0.72–0.96)
<i>P</i> = 0			
Overall	542/4244	571/3295	0.78 (0.70–0.87)



1. RBBB if QRS > 160 msec
2. Permanent AF uncertain
 - RAFT-Perm AF trial
 - role of AVJ ablation
3. Use of direct LBB pacing
4. Endocardial LV pacing
5. Role of optimization
Son-R algorithm

Tachycardia-Induced Cardiomyopathy



Frequency of arrhythmia

Rate of arrhythmia

Duration of arrhythmia

Characteristics (e.g. interpolation)

NICM; chicken or egg?

Atrial Fibrillation and Heart Failure

- Worsen prognosis of the other condition
 - Burden of AF correlates with outcomes
- Possible reduced benefit of HF therapies among AF patients
- Pharmacotherapy
 - Rhythm control no better than rate control
 - Moderate rate control (<110/min) appears sufficient
- Catheter ablation
 - CASTLE-AF results encouraging/provocative
 - RAFT-AF results this summer

SCAF Progression Predicts HF Decompensation

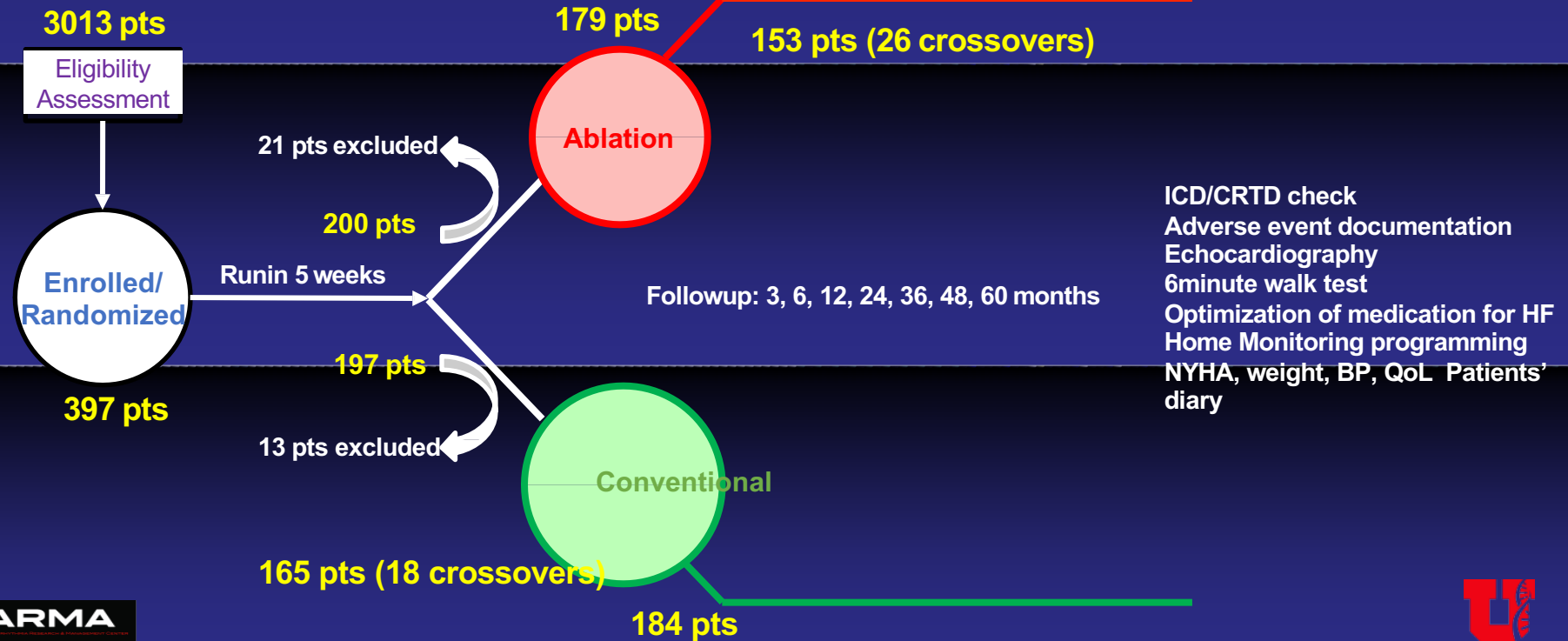
Outcome	Subclinical Atrial Tachyarrhythmia Progression				Unadjusted Risk*			Multivariable Adjusted Risk*		
	Present		Absent		HR	95%-CI	p-value	HR	95%-CI	p-value
	Events/ patient s	%/year	Events/ patient s	%/year						
HF hospitalization	7/60	8.9	18/355	2.5	4.10	1.65 – 10.2	0.002	4.58	1.64 – 12.8	0.004
Any stroke	0/65	0	8/350	1.1	0.00	–	–	0.00	-	-
Vascular death	4/65	4.5	17/350	2.3	1.99	0.66 – 6.02	0.23	1.71	0.53 – 5.58	0.37
MI	1/65	1.1	3/350	0.4	2.40	0.21 – 27.1	0.48	1.94	0.15 – 25.1	0.61
Stroke/MI/Vascular death	5/65	5.7	24/350	3.3	1.55	0.58 – 4.15	0.38	1.51	0.53 – 4.35	0.44

Wong JA, et al. JACC 2018 – In Press

Study Design— CASTLEAF

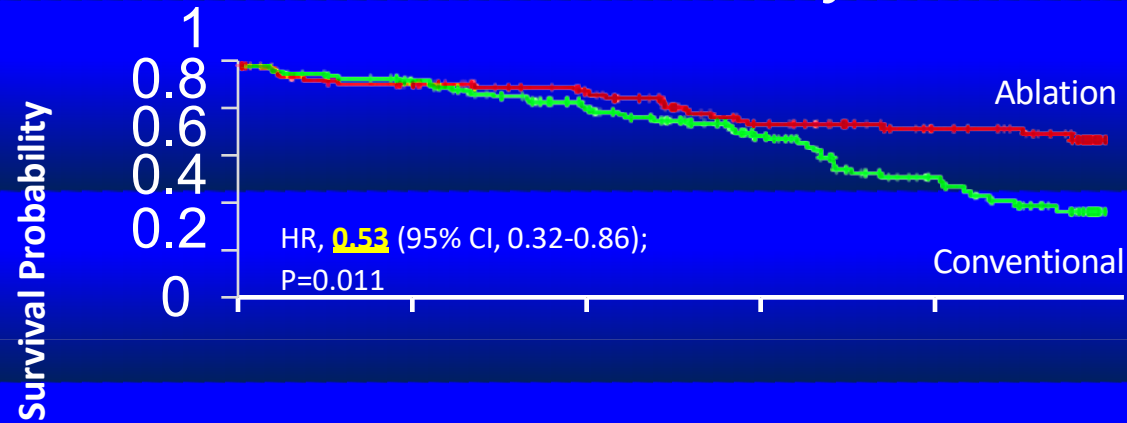


- Investigator initiated, Prospective, Multicenter (31 sites, 9 countries), Randomized, Controlled



Results CASTLE AF

All-Cause Mortality



Risk Reduction 47%

Patients at Risk

Ablation	179	154	130	94	71	27
Conventional	184	168	138	97	63	19

ICD-Base Physiologic Sensors: Heart Logic

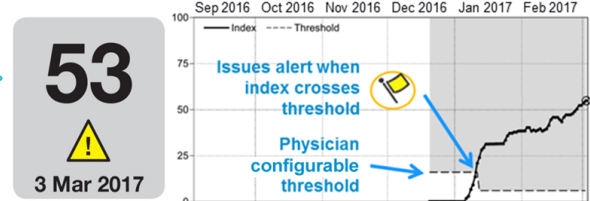
HeartLogic™ shifts heart failure patient management from reactive treatment to **proactive care**, and was validated in the MultiSENSE Study to have:

- **High sensitivity** of 70% for detecting heart failure events
- **Weeks of advance notice** of a potential heart failure event
- **Low burden** of less than 2 alerts per patient per year

HeartLogic™ incorporates multiple sensors with a single composite alert



multiple sensor
measurements
combined into
a single, simple
index with alert



Available on **LATITUDE™ NXT**
for patients with
Resonate™ family of
ICDs & CRT-Ds

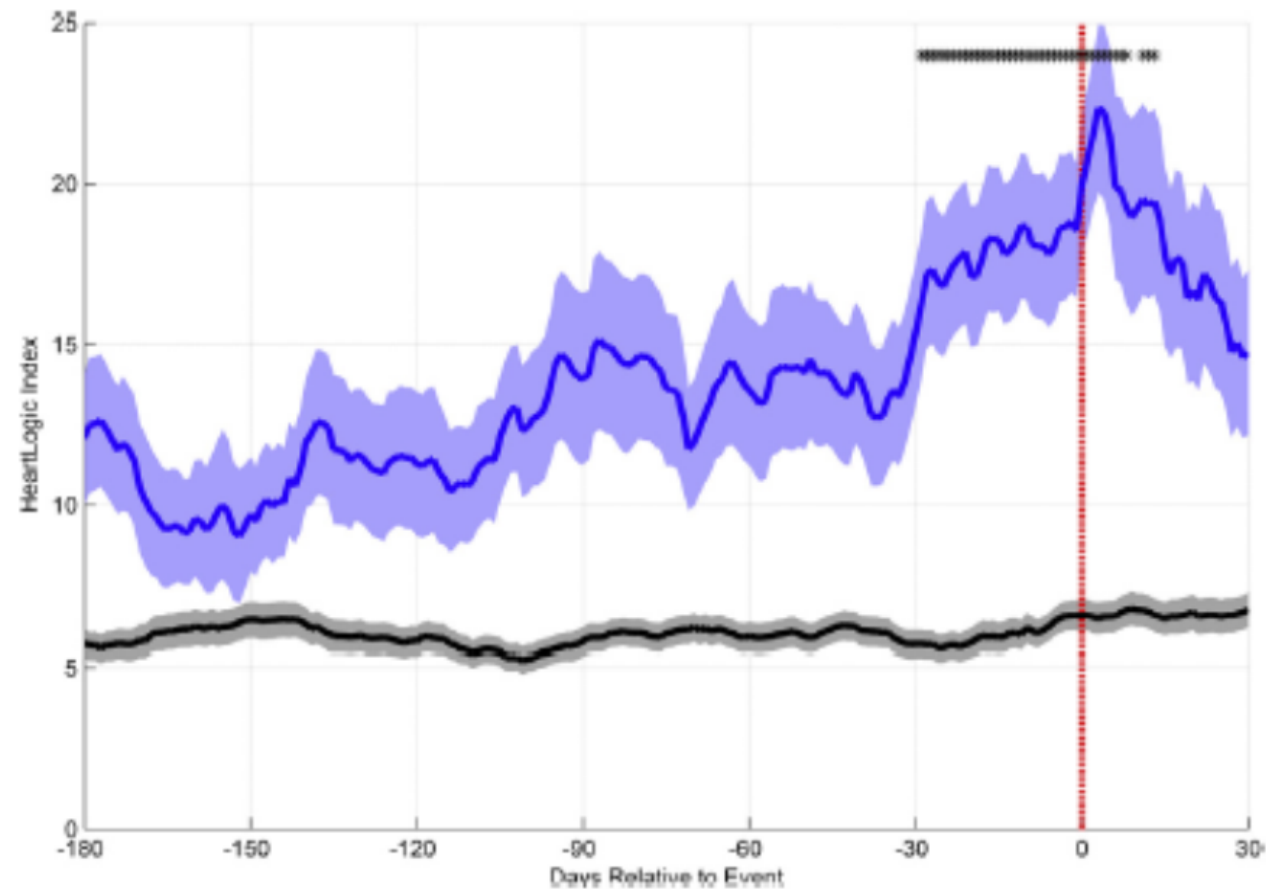


Boehmer, J et al., JACC-HF, 2017;5(3):216–25

MULTISENSE Trial: JP Boehmer

JACC-HF 2018

FIGURE 4 Temporal Profile of HeartLogic Index Trends in Patients With and Without Heart Failure Events



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