

Sex and Racial Differences in the Use of Implantable Cardioverter-Defibrillators Among Patients Hospitalized With Heart Failure

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Sudden cardiac death claims more than 350,000 lives per year, and heart failure resulting from damage in the heart's ability to contract is a major risk factor. Half of all of the deaths from heart failure are sudden. There is strong evidence that implantable cardioverter-defibrillators (ICD) reduce the death rate in heart failure patients who meet specific clinical criteria. The purpose of this study was to examine the rate of use of ICDs in patients with heart failure who are at risk for sudden death. In addition to assessing the overall rate of use, we explored whether there were significant sex and racial disparities in ICD use in eligible patients.

The study analyzed data from 59,965 heart failure patients admitted to 217 hospitals participating in the Get With The Guidelines program registry from January 2005 through June 2007. Of this group of patients, 13,034 were eligible for ICD therapy. Overall, of eligible patients, 4,615 (35.4%) received an ICD. ICDs were used in 43.6% of white men, 33.4% of black men, 29.8% of white women, and 28.2% of black women.

Despite evidence to support the use of ICDs to reduce the risk of sudden death in hospitalized eligible patients with heart failure, the use of this therapy is low overall. Women were significantly less likely than men to receive ICD therapy, independent of other characteristics, and black patients were significantly less likely than white patients.

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