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A DANish randomized, controlled, multicenter study to assess the efficacy of Implantable cardioverter defibrillator in patients with nonischemic Systolic Heart failure on mortality)

Lars Kober

Department of Cardiology

Rigshospitalet

University of Copenhagen



on behalf of the DANISH Study group

Declaration of Interest

- Others (Support from Novartis Healthcare and Sanofy-Aventis
- unrelated to this study)



Background

The indication for primary prophylactic ICD in patients with nonischemic HF is based on small to medium-sized trials with neutral outcomes and subgroup analyses of larger trials.

No trials have reported added benefit of ICDs in patients with CRT.

Medical therapy has improved since the landmark ICD trials.

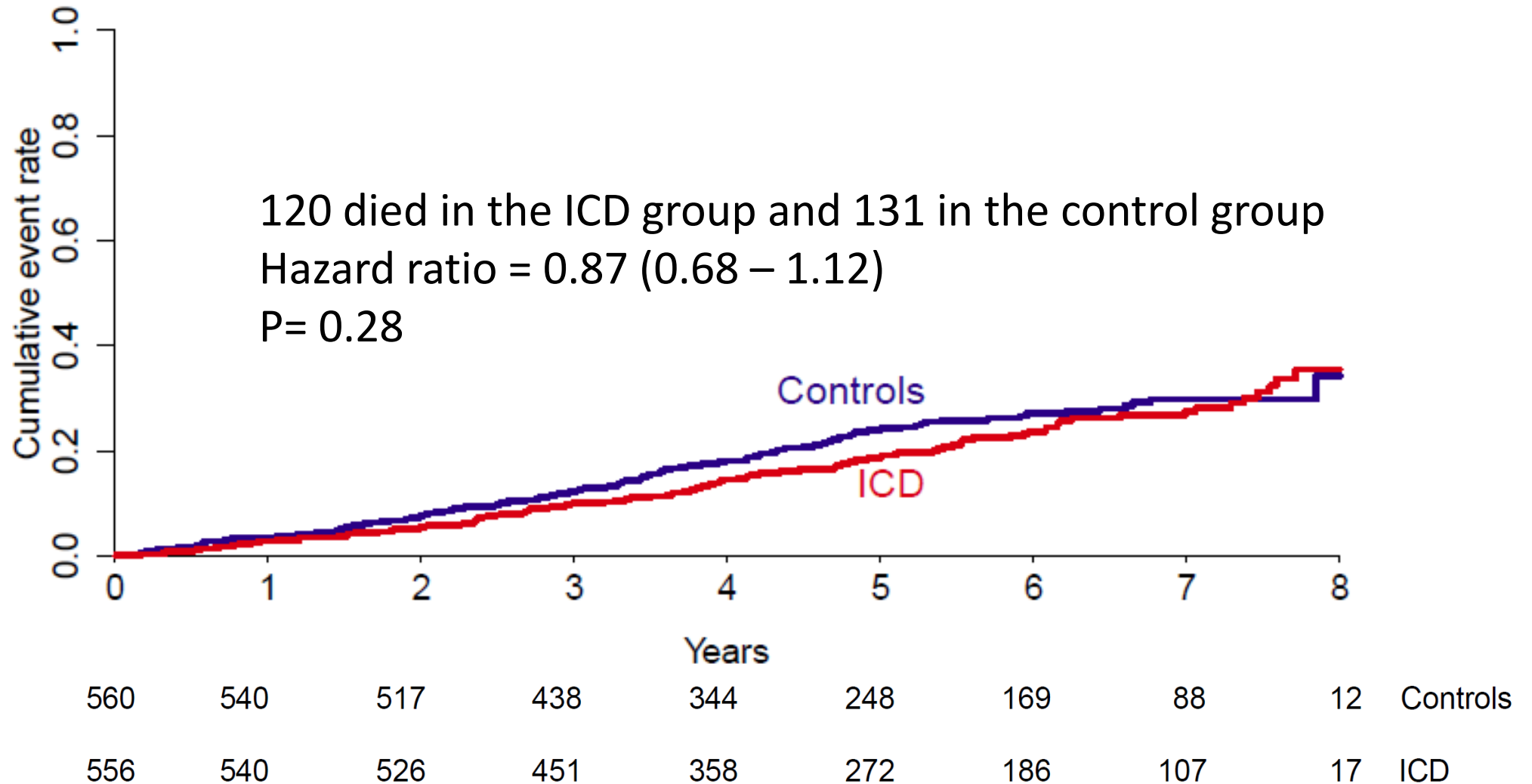
Baseline characteristics



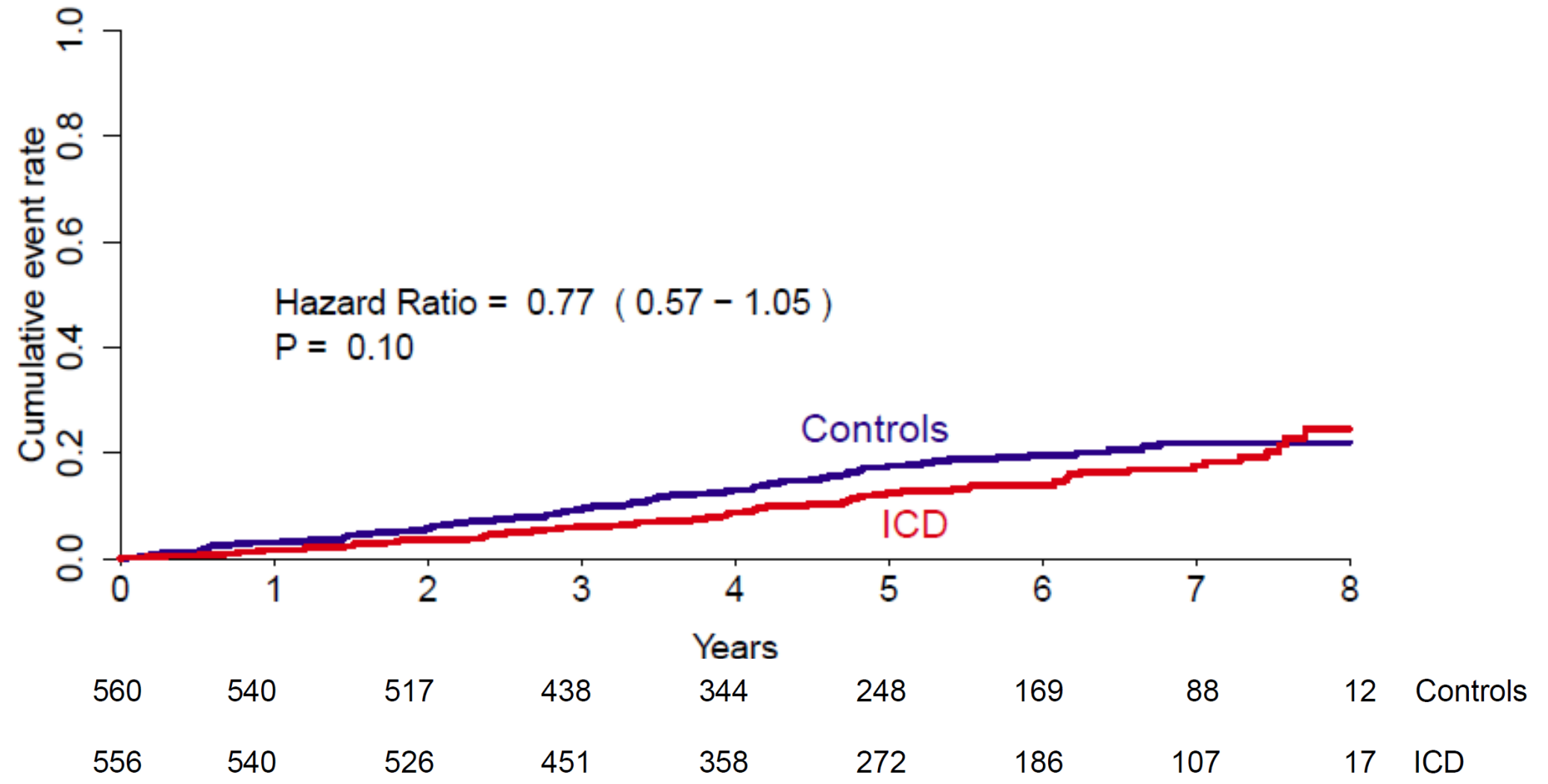
	ICD (N=556)	Control (N=560)
Age (years)	64 (56-72)	63 (56-70)
Female gender (%)	151 (27)	156 (28)
NT-proBNP (pg/ml)	1244 (616-2321)	1110 (547-2166)
LVEF (%)	25 (20-30)	25 (20-30)
Medications (%)		
ACEi/ARB	533 (96)	544 (97)
Beta-blocker	509 (92)	517 (92)
MRA	326 (59)	320 (57)
Planned CRT (%)	322 (58)	323 (58)

Primary outcome - all-cause mortality

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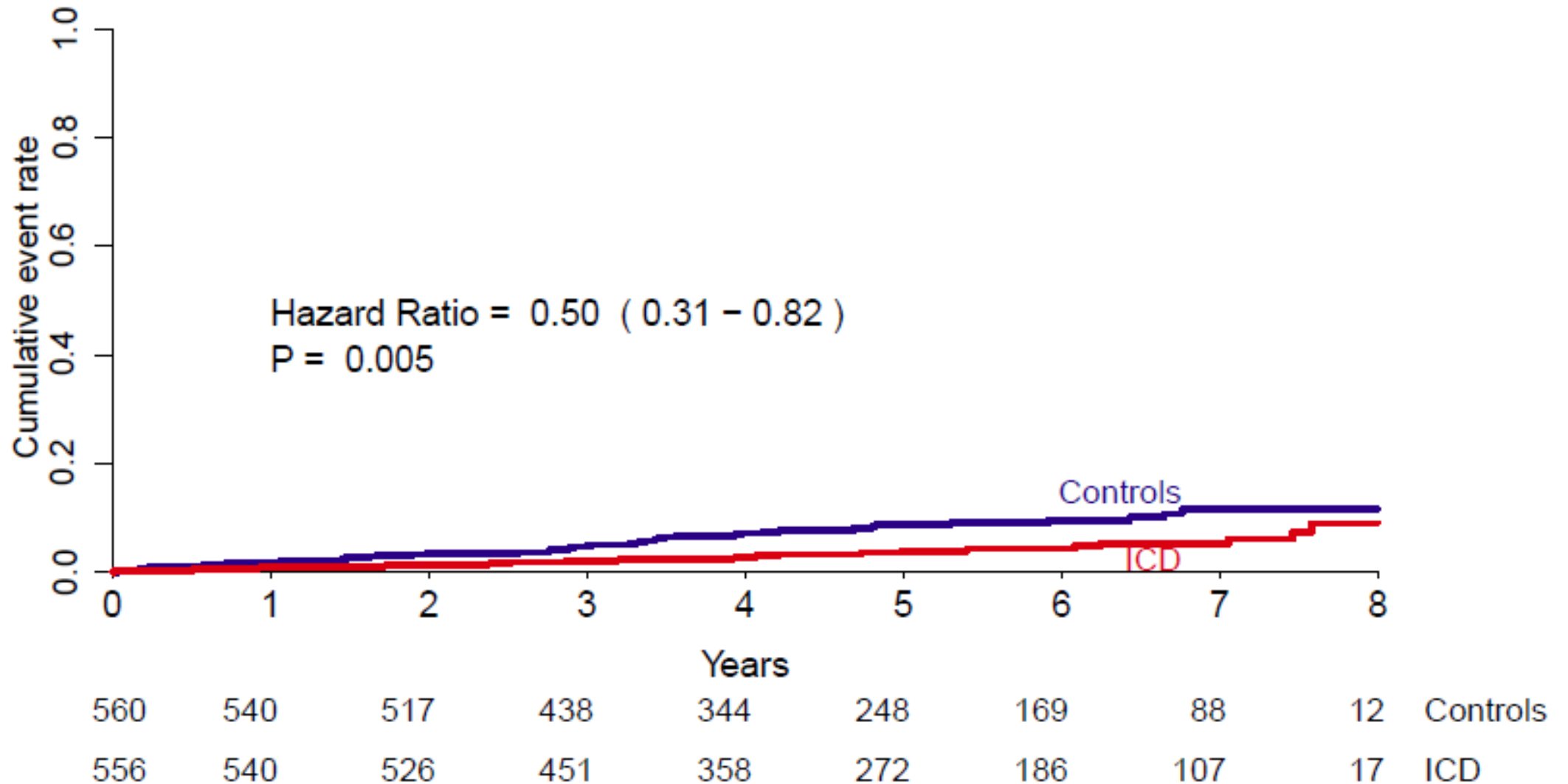
Secondary outcome - Cardiovascular mortality



Secondary outcome

- Sudden cardiac death

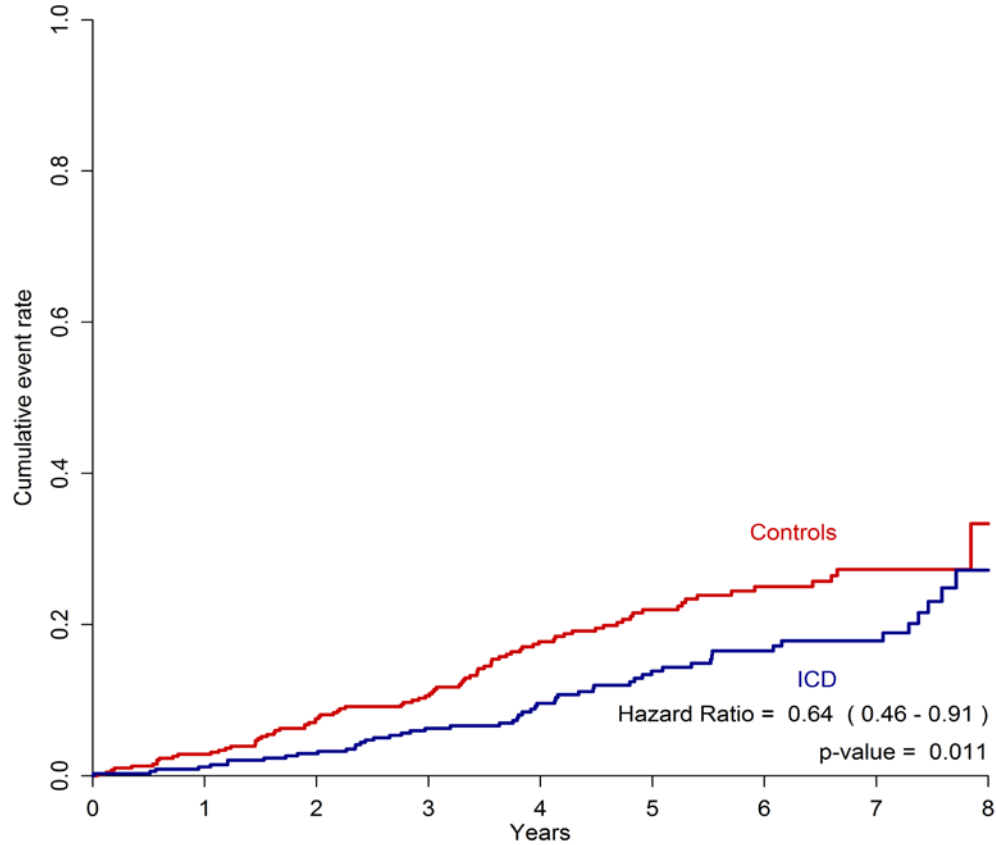
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Mortality by age



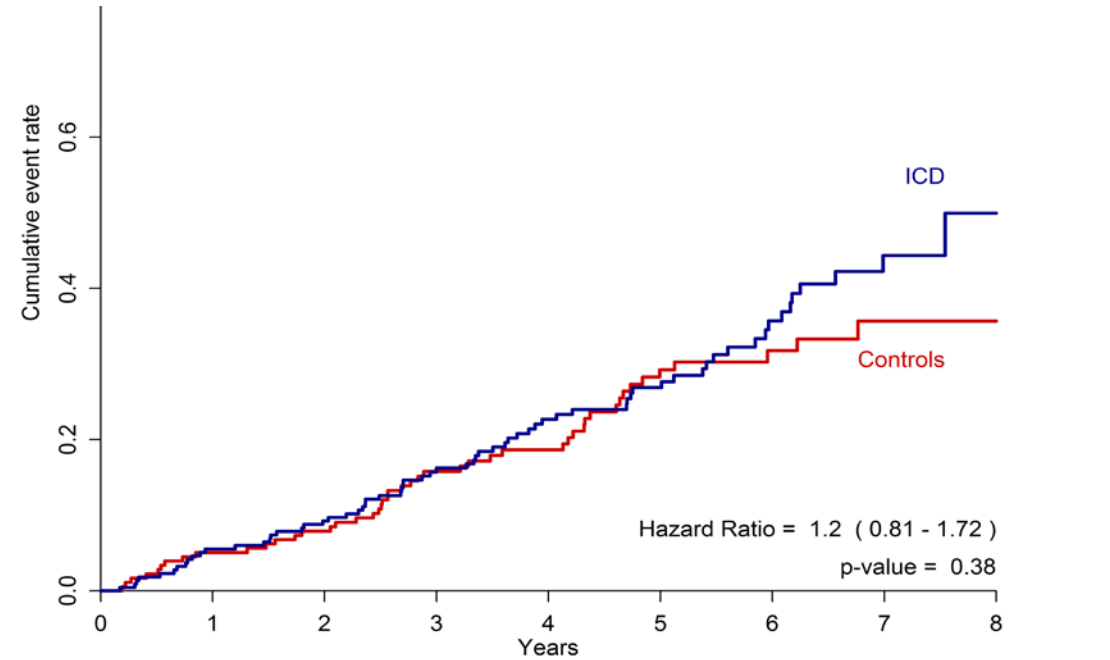
Age – youngest two tertiles < 68 years



383	372	354	308	241	176	123	64	10
340	336	330	294	237	179	132	82	15

Age – oldest tertile - ≥ 68 years

P=0.009 for interaction with age



177	168	163	130	103	72	46	24	2	Controls
216	204	196	157	121	93	54	25	2	ICD

Conclusion

Primary prophylactic ICD in patients with symptomatic systolic heart failure not caused by coronary artery disease did not reduce the primary endpoint of long-term all-cause mortality.

There was a significant interaction with age and younger patients had a significant reduction in all-cause mortality