Implantable devices are not a luxury

European Society of Cardiology

Implantable devices for treating cardiac arrhythmias, which include ICD's, are underused in parts of Europe.
Conclusions of the ICD for Life Summit held in Belgrade, Serbia.

"Implantable devices can save lives and decrease mortality, they are not a luxury" said Professor Angelo Auricchio, President of the European Heart Rhythm Association (EHRA) of the ESC at the ICD for Life Summit (1) which concluded in Belgrade, Serbia, today. "In the face of the impressive rise in cardiovascular related mortality in Central and Eastern Europe, we need to implement a structured approach, starting with primary prevention, but at the same time using all the treatments and devices available to modern medicine in secondary prevention. Existing treatment gaps between East and West should disappear!"

The EHRA ICD for Life initiative began in 2009 when electro physiologists decided to do something about the huge disparities in healthcare across Europe. Data from the EHRA White Book (2) revealed shocking discrepancies in the availability and use of interventional therapies for cardiac arrhythmias. For example, in Eastern European countries with the highest morbity and mortality rates linked to cardiovascular disease, ICD's were used the least.

"The 2012 Summit has been very fruitful", explained Prof Auricchio. "In the coming year we will work along three major lines. First we will implement a Sudden Cardiac Death (SCD) Awareness Day. Secondly we will seek commitment from governments to create at least one "centre of excellence" for the treatment of heart disease in each country. Thirdly, we will work with cardiologists by providing training in the latest treatment and devices for arrhythmias according to ESC Clinical Practice Guidelines (3)."

The Sudden Cardiac Awareness Day initiative was presented to the media by Professor Josef Kautzner : "SCD strikes around one person in a thousand every year. On average, less than one out of ten survive. SCD is due to ventricular fibrillation, it is not the same as a heart attack. Patients need to learn to tell the difference and the public needs to know how to act when SCD occurs. Cardio-Pulmonary Resuscitation (CPR) training and the installation of Automatic External Defibrillators (AED's) in all public places is essential," explained Kautzner who is in charge of the EHRA International Affairs Committee.

"ICD's have been proven to reduce mortality in secondary prevention," said Professor Goran Milasinovic, ICD for Life coordinator. "Unfortunately, device therapy is not used enough in the prevention of SCD due to political and financial reasons, as well as educational disparities in Central and Eastern European countries. EHRA strives to reduce the inequalities in treatment of patients with arrhythmias. In this, everyone needs to help: politicians, physicians, patient organisations and industry

partners. EHRA is coordinating efforts to make the best treatment available to patients everywhere. In Eastern countries, cardiovascular disease is the main cause of mortality (up to 60% of total deaths) so there is some urgency to bring the best treatment to this area."

"Countries need to set up step-by-step plans to bring up the level of their health infrastructure and the education of their professionals. EHRA has distinguished members who were born in the East but exercise their profession in Western Europe, where they have state-of-the art means. We want politicians in the East to commit to creating a favourable environment for these experts to come back and share their knowledge in their countries of origin. Once each country has an established centre of excellence for the treatment of heart disease, other centres can be created in the periphery," explained Prof Auricchio. "The proper use of implantable devices depends on achieving a critical mass of trained experts and on the political will to improve infrastructure."

"Countries such as the Czech Republic and Hungary are good examples of how committed politicians have implemented affordable and reasonable targets. We hope that after the 2012 ICD for Life summit, each country will define its situation and come up with a concrete plan of action which we can evaluate next year," concluded Prof Milasinovic. "There is ample evidence for the use of implantable devices, we now need the commitment of local governments to move forward and provide patients with the best available healthcare."

(1) ICD for Life Summit Programme [1]
(2) The EHRA White Book [2]
(3) ESC Clinical Practice Guidelines [3]
Interview of Prof Goran Milasinovic [4]

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