

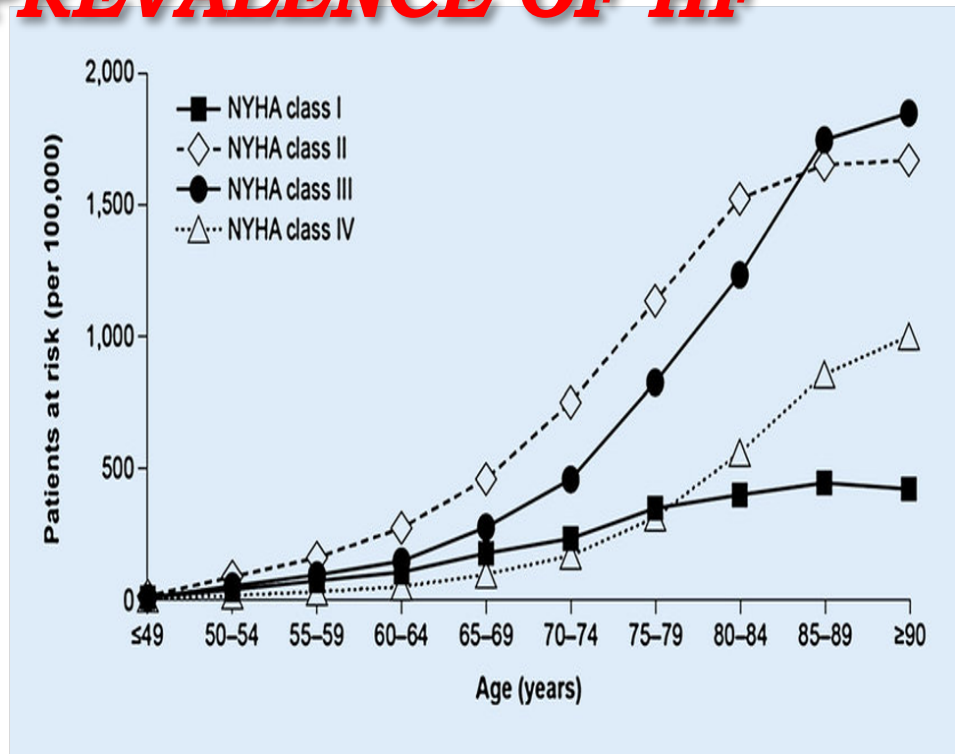
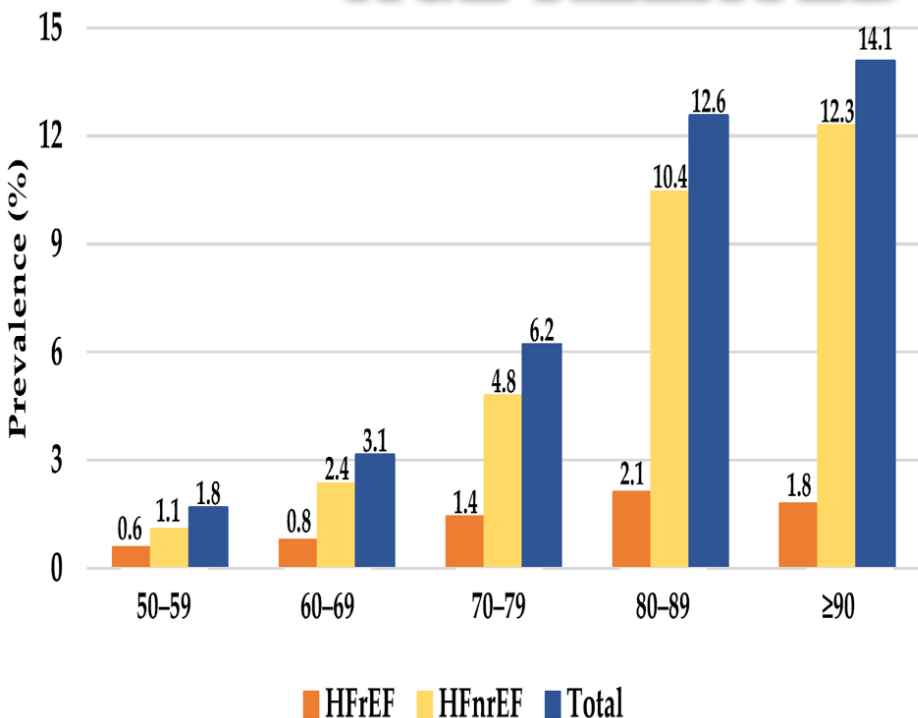
L'ICD OGGI: DECISIONI DIFFICILI TRA TERAPIE DISEASE-MODIFYING, RISCHIO ARITMICO, PROGNOSI E QUALITÀ DI VITA

Gestione del fine vita nei pazienti con ICD: tra terapia dovuta e futilità terapeutica

VETTA Francesco

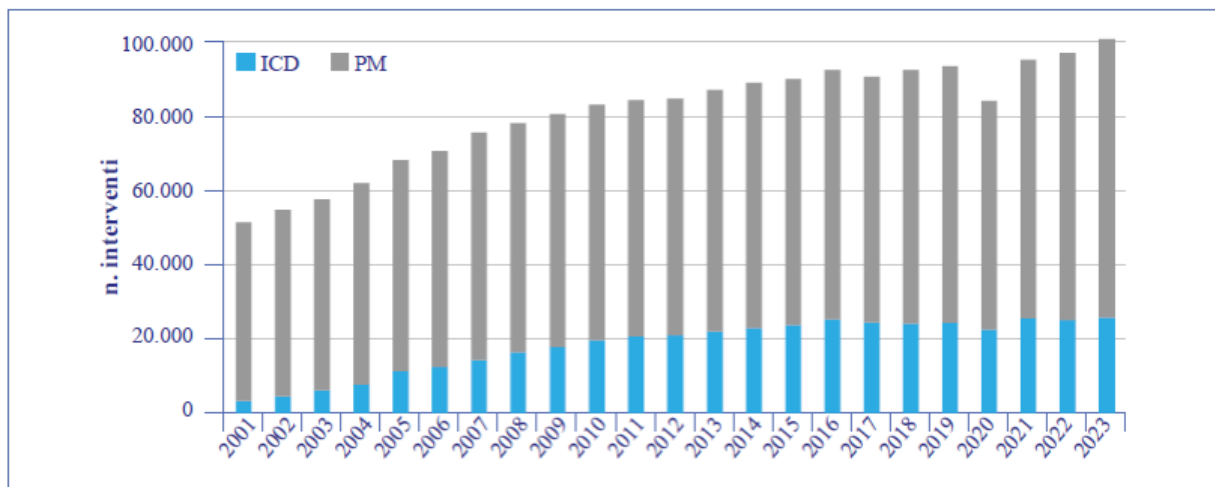


AGE-RELATED PREVALENCE OF HF



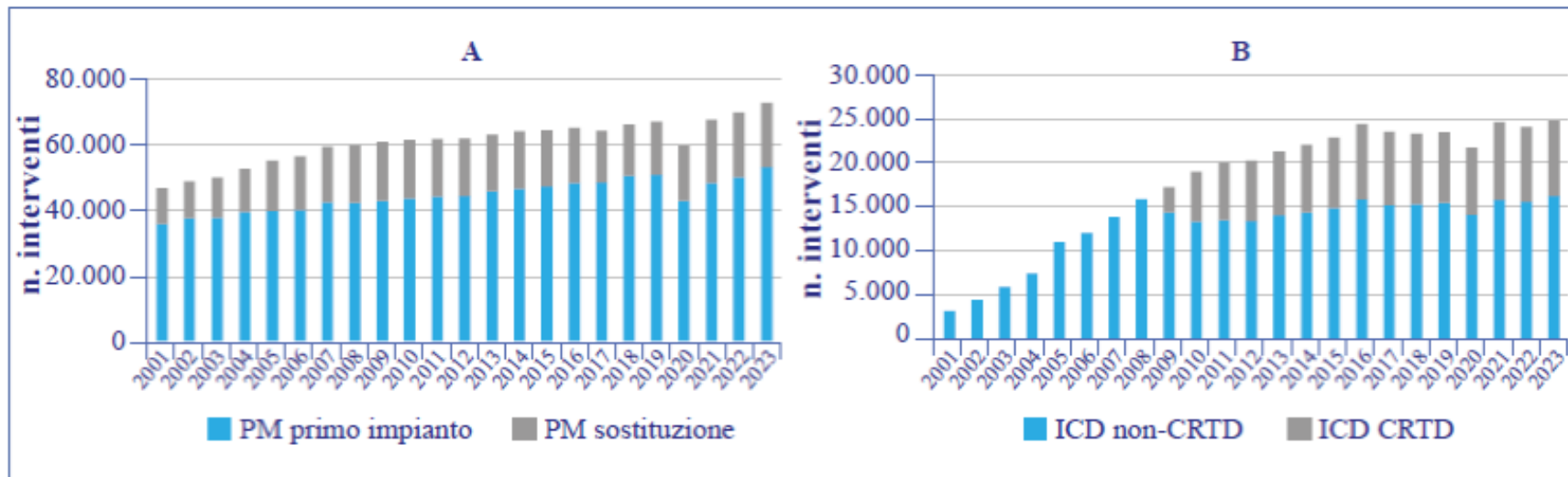
Registro Italiano Pacemaker e Defibrillatori

Associazione Italiana di Aritmologia e Cardioritmiologia



Registro Italiano Pacemaker e Defibrillatori

Associazione Italiana di Aritmologia e Cardioritmiologia



Clinical management of arrhythmias in elderly patients: results of the European Heart Rhythm Association survey

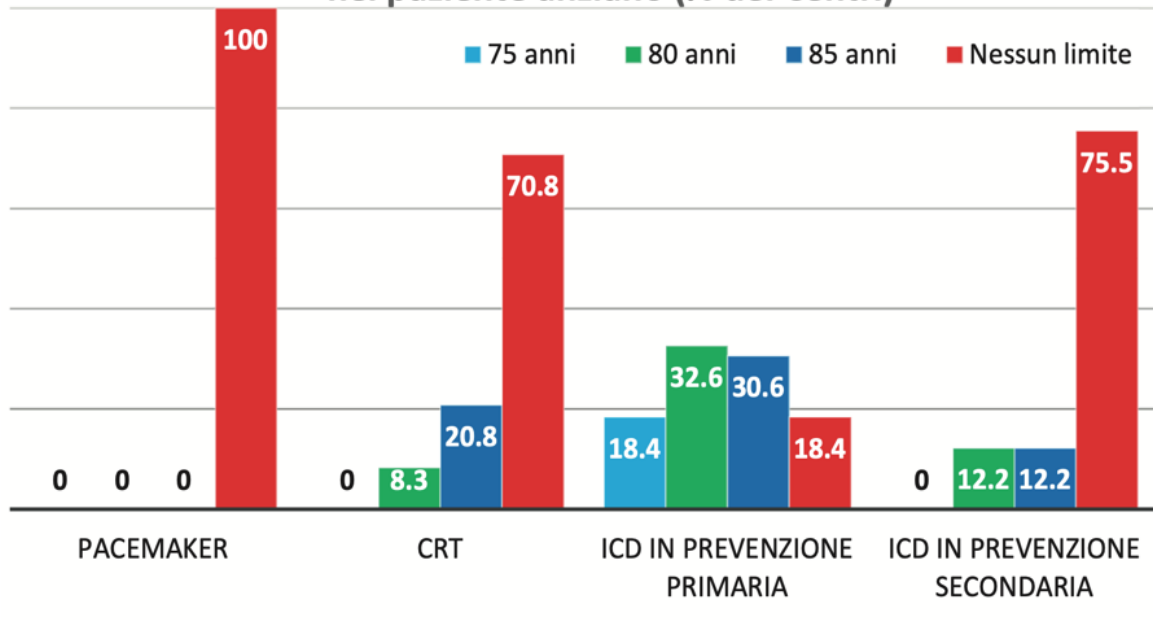
Jian Chen^{1,2*}, Méléze Hocini³, Torben Bjerregaard Larsen⁴, Alessandro Proclemer⁵, Elena Sciaraffia⁶, and Carina Blomström-Lundqvist⁶, for the Scientific Initiative Committee, European Heart Rhythm Association



Europace (2015) **17**, 314–317
doi:10.1093/europace/euv010



Limiti di età per l'impianto di dispositivi nel paziente anziano (% dei Centri)



Major gaps in the information provided to patients before implantation of cardioverter defibrillators: a prospective patient European evaluation

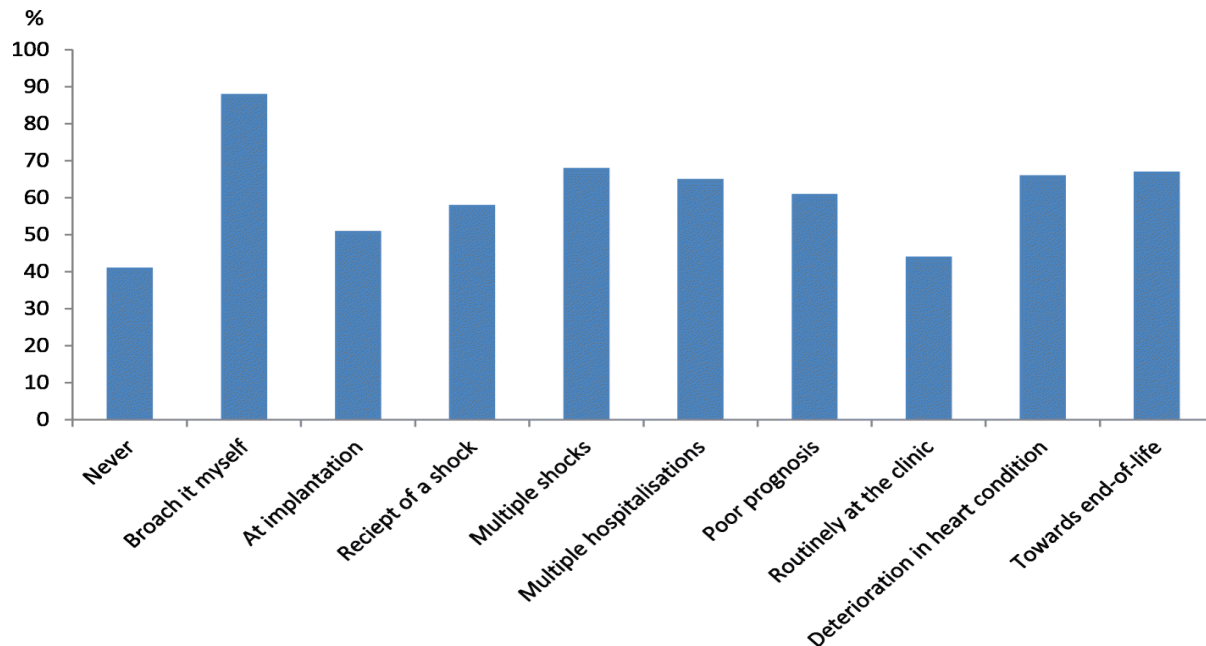


Octo- and nonagenarians' outlook on life and death when living with an implantable cardioverter defibrillator: a cross-sectional study

Ingela Thylén^{1*}, Debra K. Moser² and Anna Strömberg^{1,3}

Thylén et al. *BMC Geriatrics* (2018) 18:250
<https://doi.org/10.1186/s12877-018-0942-9>

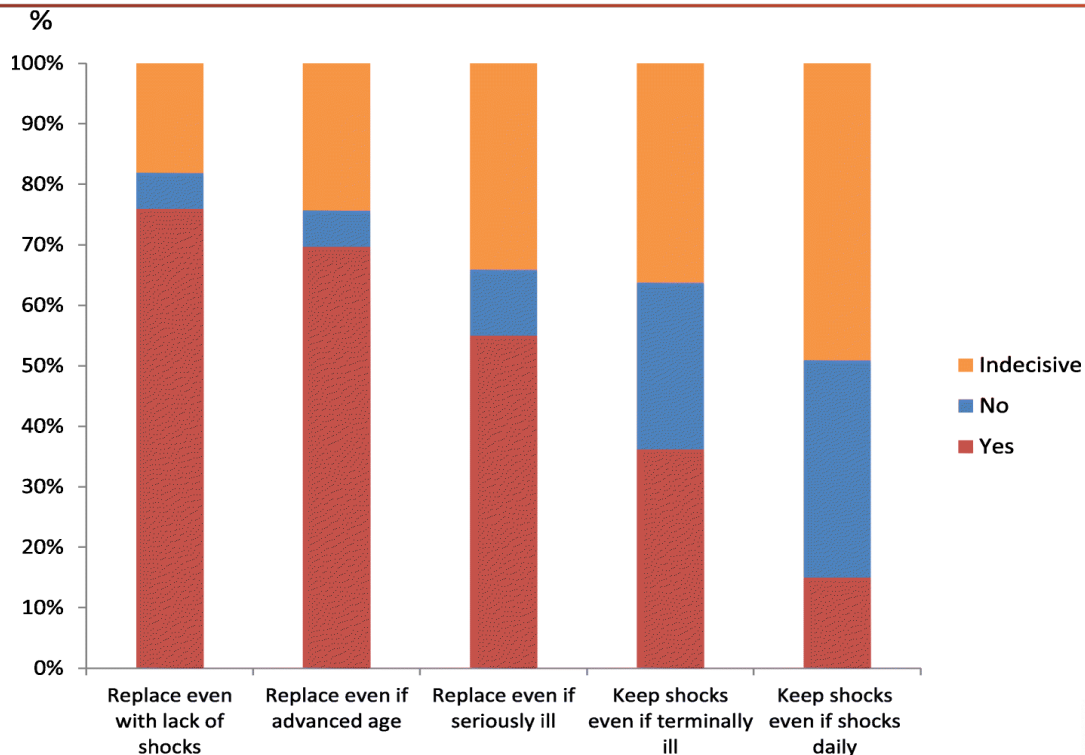
Octo-nonagenarians preferences about the timing to discuss what ICD deactivation involves



Octo- and nonagenarians' outlook on life and death when living with an implantable cardioverter defibrillator: a cross-sectional study

Ingela Thylén^{1*}, Debra K. Moser² and Anna Strömberg^{1,3}

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Implantable cardioverter defibrillators in people dying with cancer: A SEER-Medicare analysis of ICD prevalence and association with aggressive end-of-life care

Cancer. 2025;e35640.

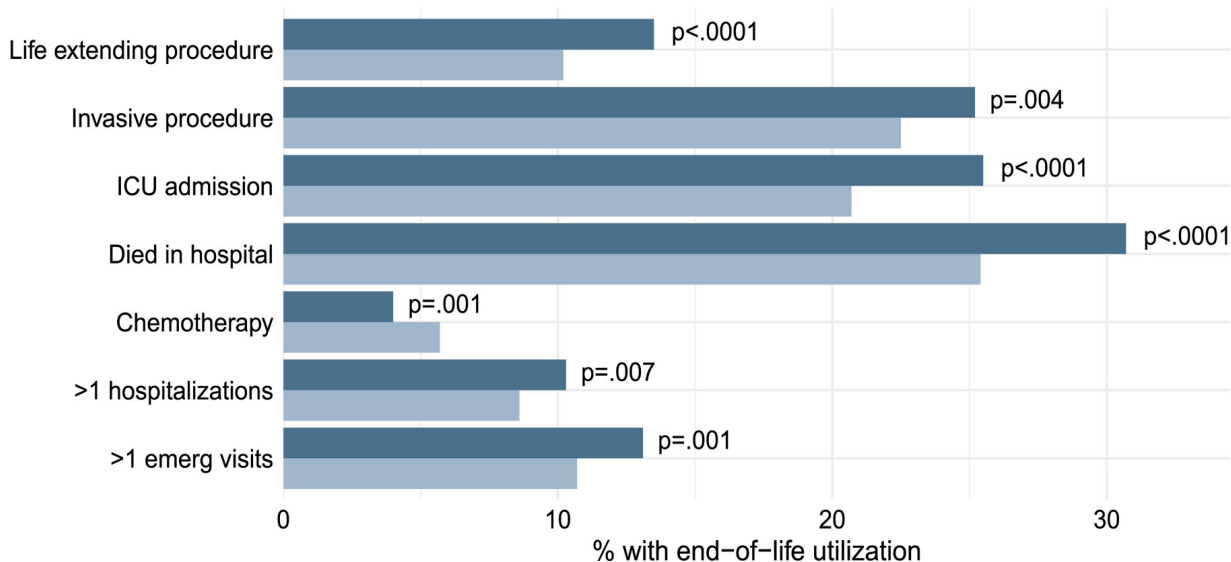
<https://doi.org/10.1002/cncr.35640>

Megan A. Mullins PhD, MPH^{1,2,3} | Tianci Wang MS⁴ | Kathryn Shahan MPH¹

Implantable cardioverter defibrillators in people dying with cancer: A SEER-Medicare analysis of ICD prevalence and association with aggressive end-of-life care



Type of End-of-Life Utilization



Has defibrillator

Yes

No



Defibrillator Implantation in Patients with Nonischemic Systolic Heart Failure

Authors: 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., ⁺¹⁴ for the DANISH Investigators* [Author Info & Affiliations](#)

Published September 29, 2016 | N Engl J Med 2016;375:1221-1230 | DOI: 10.1056/NEJMoa1608029

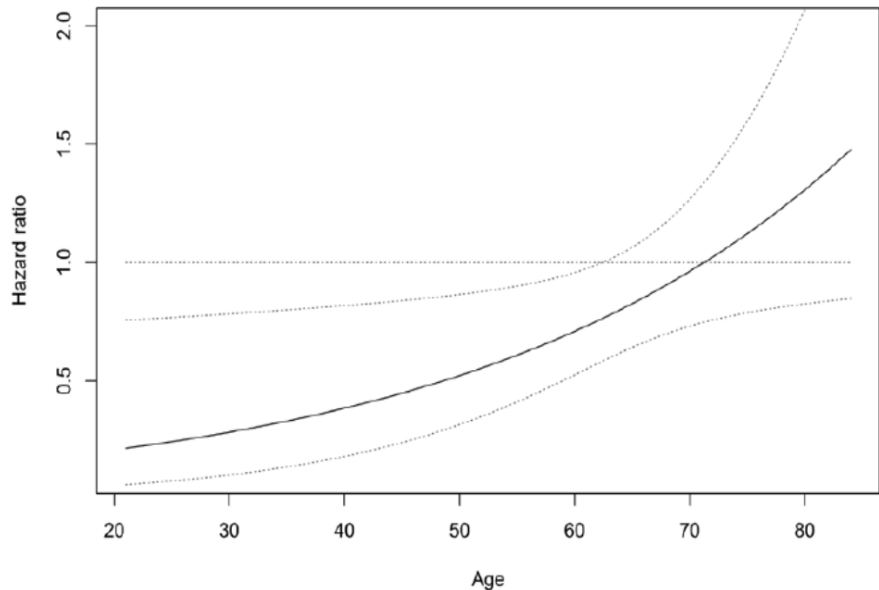
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The NEW ENGLAND
JOURNAL of MEDICINE

NIDCM

Age-specific treatment effect

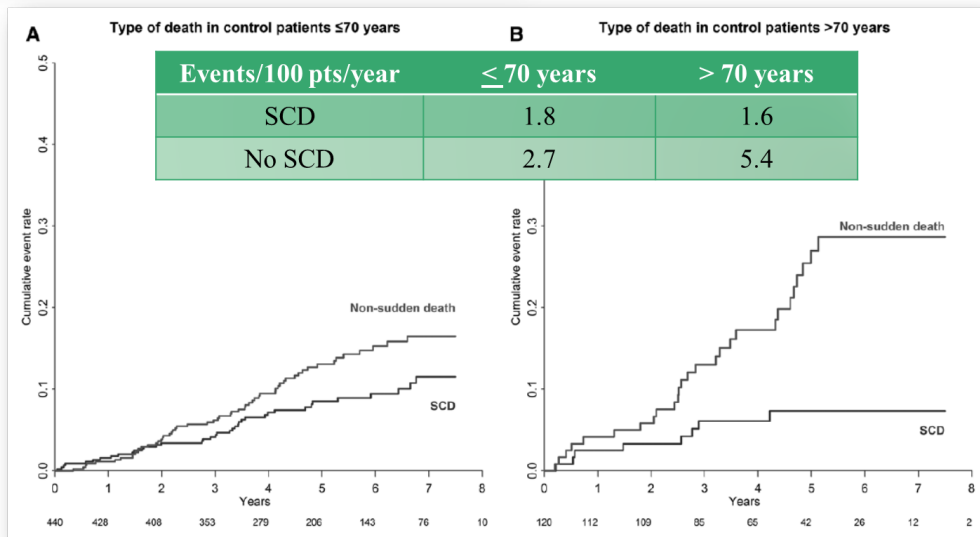


Age and Outcomes of Primary Prevention Implantable Cardioverter-Defibrillators in Patients With Nonischemic Systolic Heart Failure

Marie Bayer Elming, MD
et al

Circulation. 2017;136:1772–1780..

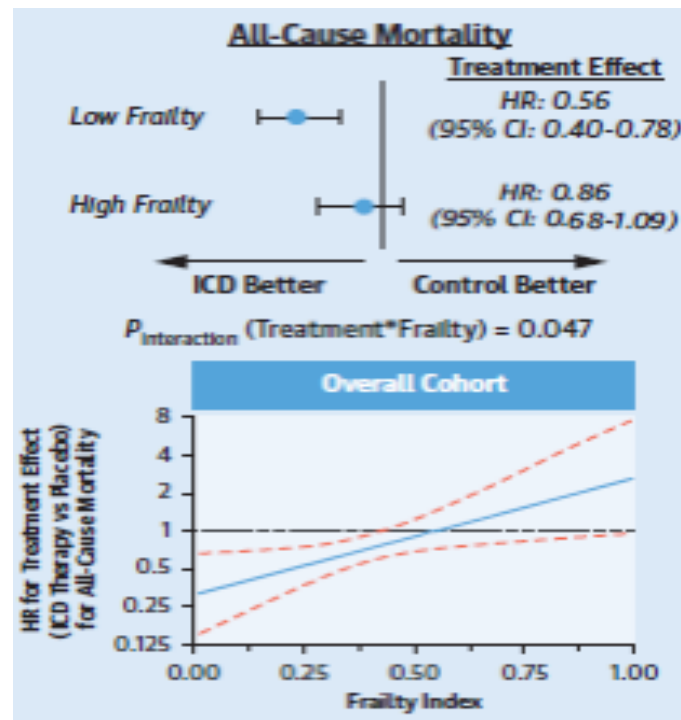
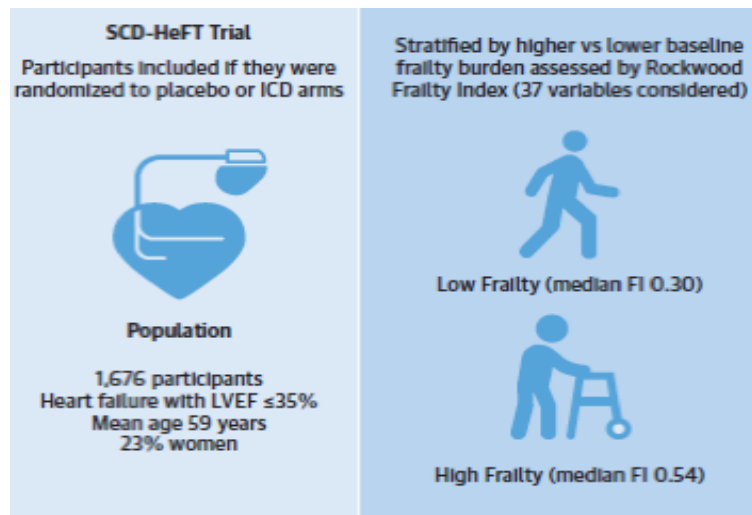
The DANISH Study



Frailty Status Modifies the Efficacy of ICD Therapy for Primary Prevention Among Patients With HF

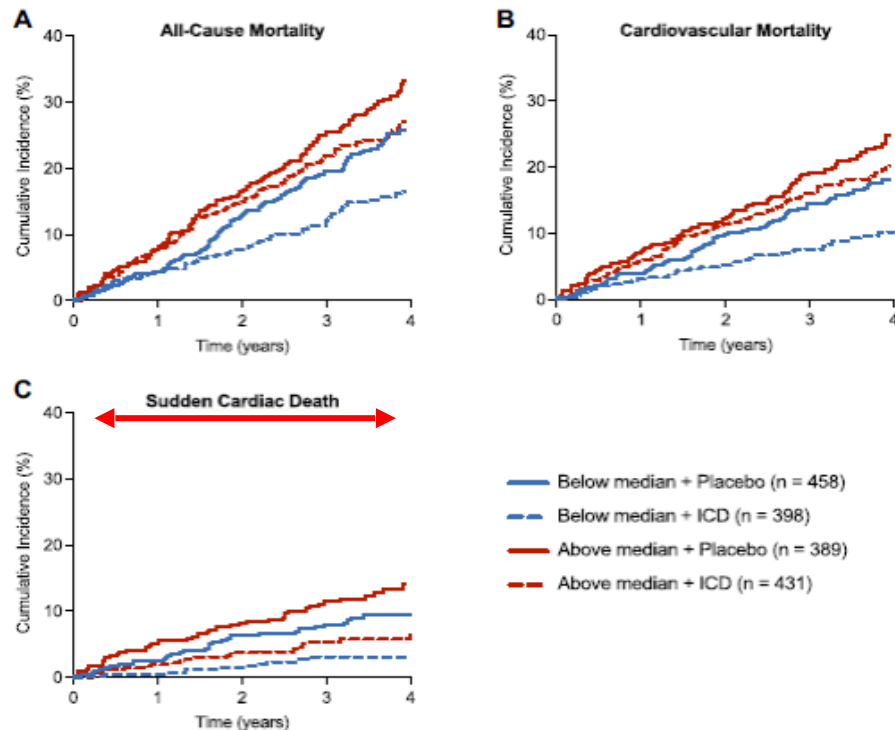
Matthew W. Segar, MD, MS,^{a,*} Neil Keshvani, MD,^{b,*} Sumitabh Singh, MD,^b Lajjaben Patel, MD,^b Shyon Parsa, MD,^b Trad Betts, DPT,^c Gordon R. Reeves, MD, MPT,^d Robert J. Mentz, MD,^e Daniel E. Forman, MD,^{f,g} Mehdi Razavi, MD,^a Mohammad Saeed, MD,^h Dalane W. Kitzman, MD,ⁱ Ambarish Pandey, MD, MSCS^b

Question: Does baseline frailty modify the benefits of ICD in primary prevention in SCD-HeFT Trial?



Frailty Status Modifies the Efficacy of ICD Therapy for Primary Prevention Among Patients With HF

Matthew W. Segar, MD, MS,^{1,2,3} Neil Keshvani, MD,^{2,3,4} Sumitabh Singh, MD,² Lajjaben Patel, MD,² Shyon Parsa, MD,² Traci Betts, DPT,⁵ Gordon R. Reeves, MD, MPT,⁶ Robert J. Mentz, MD,⁶ Daniel E. Forman, MD,^{7,8} Mehdi Razavi, MD,⁴ Mohammad Saeed, MD,² Dalane W. Kitzman, MD,¹ Ambarish Pandey, MD, MSCS⁹



215 Elderly Pts

At enrollment

NYHA

LVEF

eGFR

N° Drugs

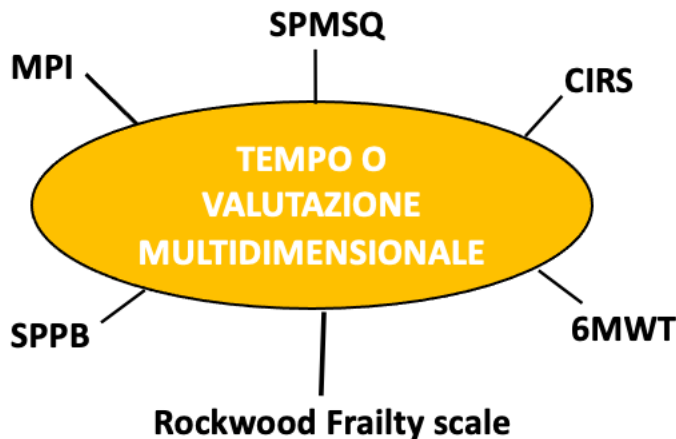
Diabetes

COPD

Cognitive Impairment

116 males

99 females



FOLLOW-UP

Arrhythmias
(NSVT)

ICD therapies

CV Death

NCV Death

68 M

FOLLOW-UP

F. Vetta submitted

	VALORE	Mortality Risk at 12 Months
CLASS I	0-0.33	Basso
CLASS II	0.34-0.66	Moderato
CLASS III	0.67-1	Severo

	<i>MPI</i>	<i>N. pts</i>
CLASS I	0.27± 0.04	78
CLASS II	0.46 ± 0.08	121
CLASS III	0.70 ± 0.03	16

F. Vetta submitted



F. Vetta submitted



	Non CV Death n.37	CV Death n. 28	No death 87	P value Non CVD vs No death	P value CVD vs No death	P value Non CVD vs CV
MPI, media	0.55 (0.50- 0.62)	0.50 (0.37- 0.52)	0.32 (0.28- 0.37)	<0.001	<0.001	0.04
Rockwood Frailty scale, media	4 (4-5)	4 (3-4)	3 (2-3)	<0.001	<0.001	0.021
SPMSQ media	5 (3.5-6)	4 (3-5)	3 (2-3)	0.001	<0.001	0.63
CIRS-CI, media	6 (5-7)	5 (3.3-5)	3 (2-4)	<0.001	<0.001	0.017
CIRS-SI, media	3 (3-4)	3 (2-3)	2 (2-3)	<0.001	<0.001	0.007
SPPB, media	6 (5-7)	6.5 (6-7.8)	8 (7-9)	0.008	<0.001	0.29
6 min W.T	60 (55-67)	67 (62.8-77)	80 (77-90)	<0.001	<0.001	0.042
Walking speed	0.70 (0.62-0.75)	0.75 (0.70-0.79)	0.84 (0.79-0.89)	<0.001	0.01	0.06

	P value Non CVD vs No death	P value CVD vs No death	P value Non CVD vs CVD
Device therapy % (n)	<0.001	<0.001	<0.001

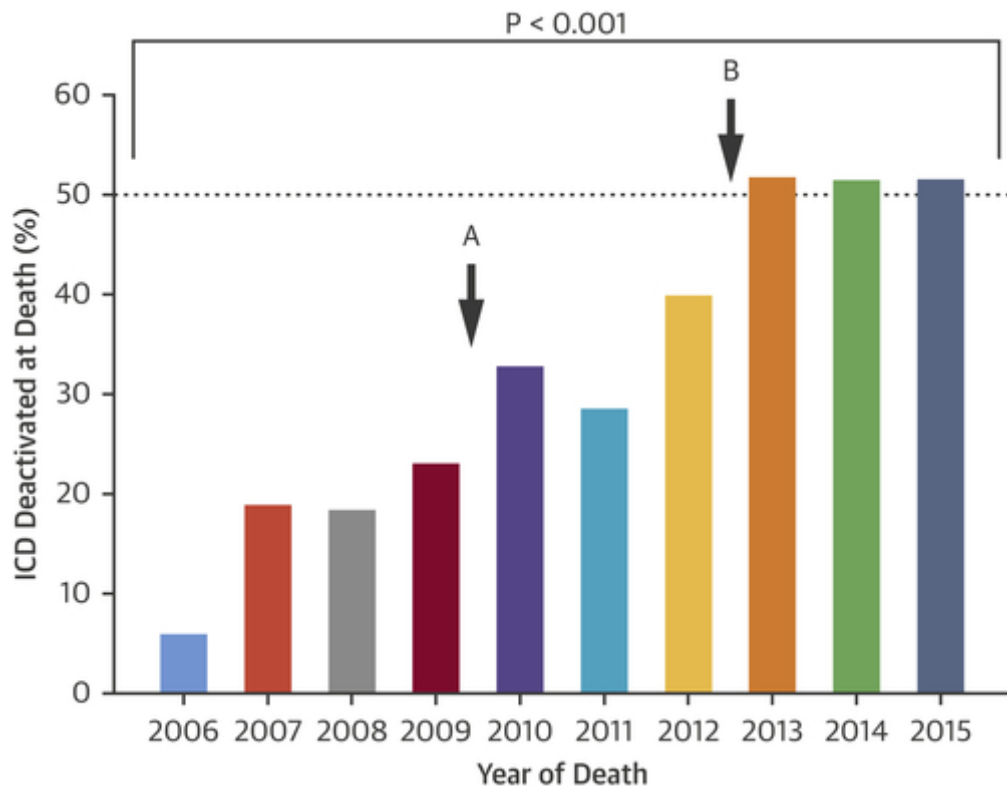


MPI and ICD shock ***(last 6 M of FU)***

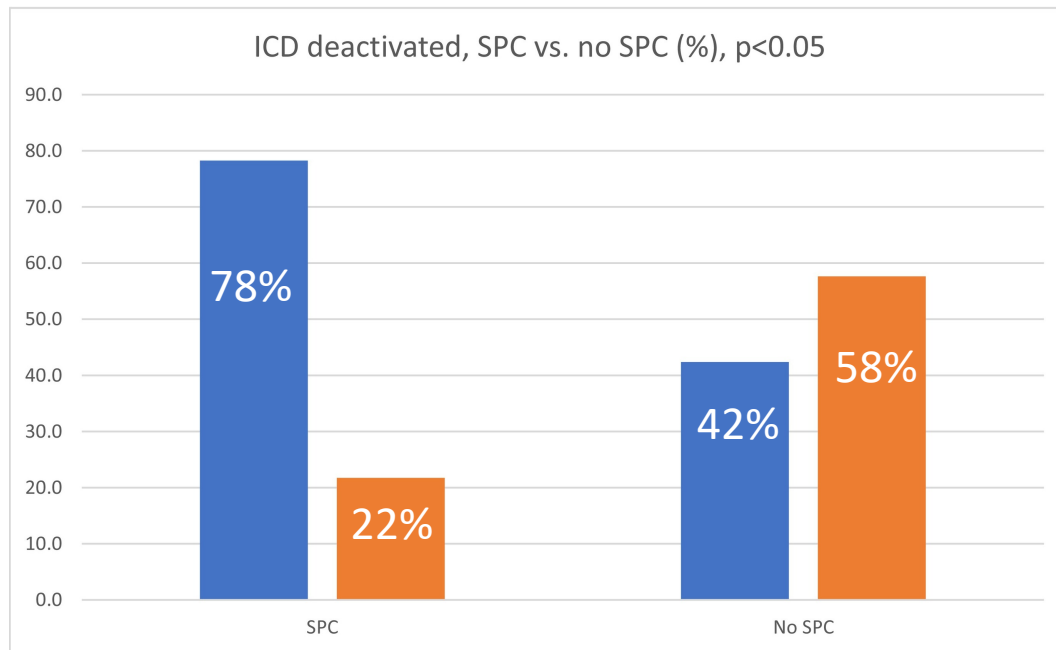
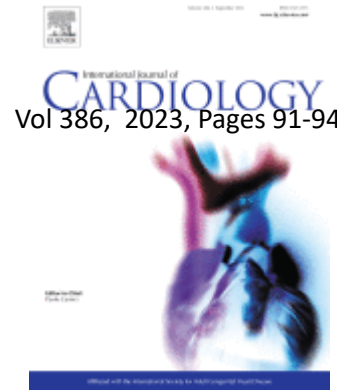
F. Vetta submitted



Patients With an ICD Remain at Risk for Painful Shocks in Last Moments of Life

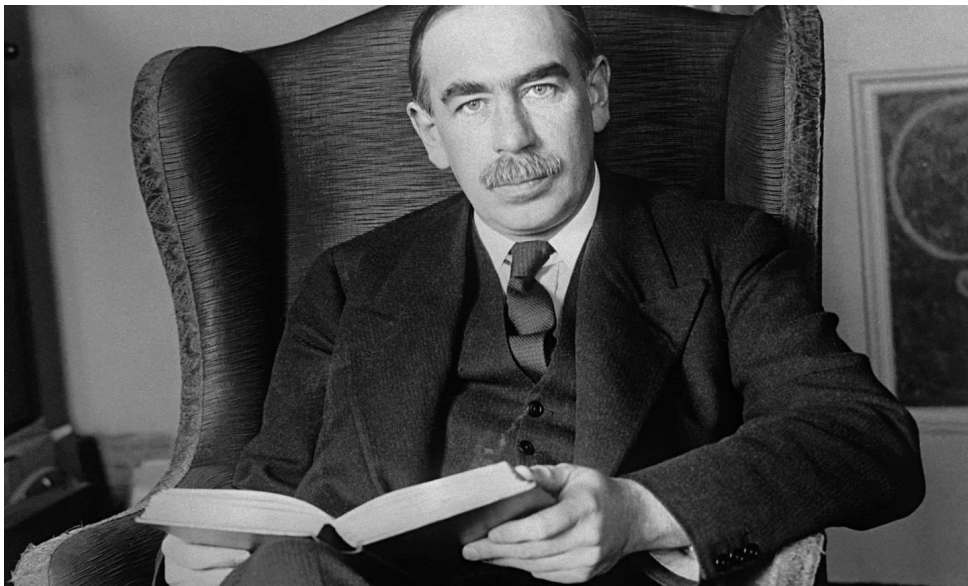


Deactivation of implantable defibrillators at the end of life - A register-based study of ICD-deactivation at home and the impact of palliative care SWEDISDH REGISTER



«La difficoltà non sta nel credere alle nuove evidenze ma nel rifuggire dalle vecchie abitudini»

J. M. Keynes



Flow chart decisionale per la disattivazione dell'ICD

1. presenza di direttive anticipate, secondo la **legge 219/2017**; (Disposizioni Anticipate di Trattamento - DAT)
2. in assenza di direttive anticipate, si deve far ricorso al cosiddetto **giudizio sostitutivo**, vale a dire alle volontà e ai desideri espressi in precedenza dal malato ai familiari o al team di cura, pur tenendo conto delle difficoltà pratiche che talora questa soluzione comporta;
3. in assenza delle due condizioni precedenti va individuato il **miglior interesse del paziente**, basato sul bilancio fra i benefici attesi e la gravosità del trattamento, vale a dire i costi in termini di sofferenza che il paziente deve sopportare a fronte dei benefici attesi, secondo il principio di proporzionalità.
4. Ovviamente **non è eticamente permesso decidere di disattivare l'ICD unilateralmente**, contro il parere del paziente, dei familiari o del fiduciario, anche quando il medico ritenga che mantenerlo attivo rappresenti un atto futile.



Il defibrillatore impiantabile in prevenzione primaria nel paziente anziano

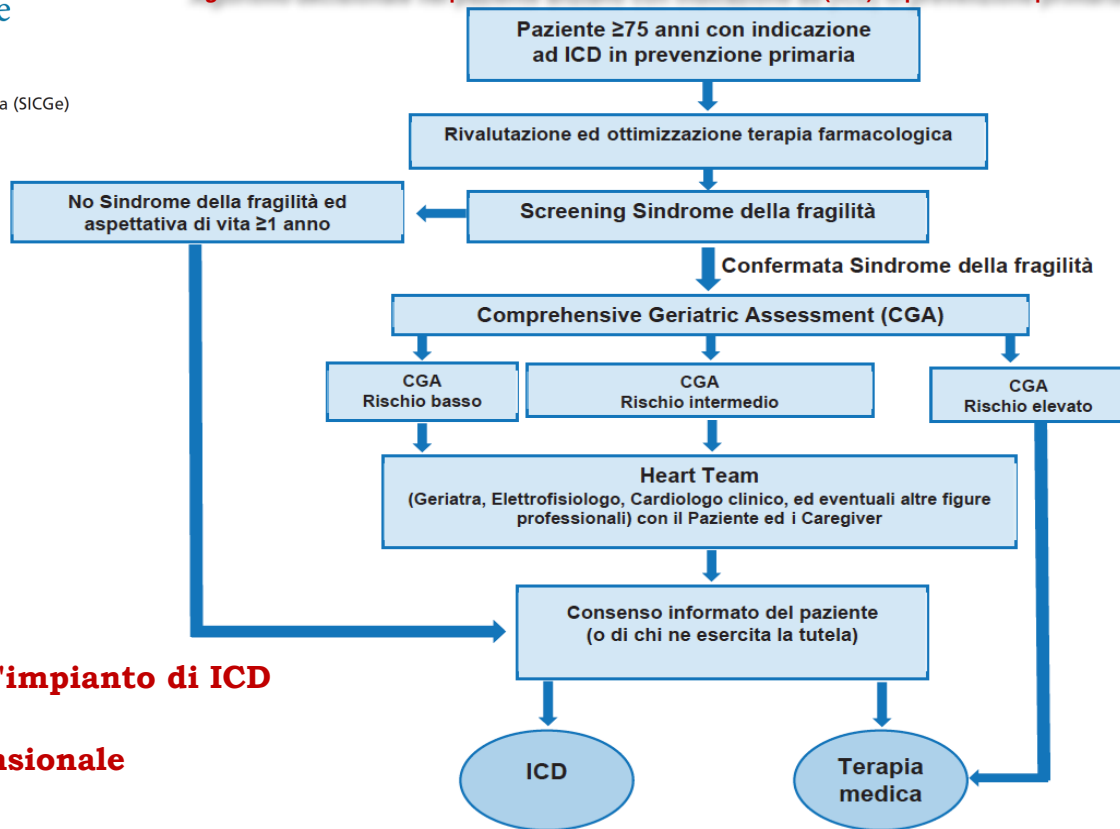
Francesco Vetta, Giampaolo Vetta, a nome della Società Italiana di Cardiologia Geriatrica (SICGe)

Centro di Aritmologia Clinica, Paideia, e U.O. Cardiologia, Ospedale Israelitico, Roma

G Ital Cardiol 2020;21(10):790-800



Algoritmo decisionale nel paziente anziano con indicazione ad (ICD) in prevenzione primaria



➤ **Non è sufficiente l'età per discriminare l'impianto di ICD**

➤ **Necessità di una valutazione multidimensionale**



«Nel fine vita si è chiamati a testimoniare, con parole e gesti concreti, che prendersi cura della vita, sempre e comunque, è la via per custodire la dignità umana e costruire una società autenticamente solidale».







