

## Trendovi u implantaciji kardioverter-defibrilatora: jesu li se ranije uočene razlike po spolu tijekom vremena mijenjale?

### Trends in use of implantable cardioverter-defibrillator therapy: have the previously observed sex disparities changed over time?

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**Uvod:** Mnoge studije su pokazale da liječenje ugradbenim kardioverter defibrilatorom (ICD) statistički značajno smanjuje smrtnost i pobol u visoko rizičnih pacijenata, neovisno o spolu. Međutim, osobe ženskog spola imaju manju vjerojatnost da će dobiti ovu terapiju koja spašava život i značajno su manje uključene u istraživanja s ICD-om.<sup>1,2</sup> Cilj ovog rada je analizirati podatke o razlikama prema spolu u bolesnika liječenih ICD-om.

**Pacijenti i metode:** U retrospektivnoj studiji su uključeni bolesnici kojima je implantiran ICD između 2011 i 2016. godine. Analizirane su demografske karakteristike, kliničke informacije, značajke šoka i komplikacije. Studijska populacija je podijeljena u dvije grupe: *rano* (bolesnici implantirani prije 2013. god.) i *kasno* razdoblje (bolesnici implantirani nakon 2013. god.).

**Rezultati:** Dvadeset i šest bolesnika (srednja dob 57,61 godine, žene 30,76%, srednje vrijeme praćenja 32,37 mjeseci) kojima je implantiran ICD. Dijagnostičke kategorije su bile ishemijska kardiomiopatija (57,69%; žene 20%), neishemijska kardiomiopatija (42,30%; žene 45,45%). U primarnoj prevenciji je implantirano 19,23% (0% u ranom i 27,77% u kasnom razdoblju; žene 33,3%). Kod 38,46% bolesnika je isporučen šok, 70% prikladnih šokova. Dva bolesnika su umrla tijekom razdoblja praćenja.

**Zaključak:** Značajan porast primjene liječenja ICD-om je zamijećen tijekom vremena u oba spola. Ranije opisana razlika u spolu u terapiji ICD-om je bila manje značajna do kraja razdoblja istraživanja.

**Background:** Multiple studies have demonstrated that implantable cardioverter-defibrillators (ICD) provide significant mortality and morbidity benefits to eligible patients irrespective of gender. However, female patients are less likely to receive this life-saving therapy and are significantly under-represented in cardiac device trials.<sup>1,2</sup> We aimed to analyze the data on sex differences in our patients with ICD.

**Patients and Methods:** This retrospective study included patients who were implanted with an ICD between 2011 and 2016. Demographic characteristics, clinical information, shock features and complications were analyzed. The study population was divided into two groups: early-era patients implanted before 2013, and late-era patients implanted after 2013.

**Results:** Twenty-six patients (mean age 57.61 years, women 30.76%, median follow-up 32.37 months) were implanted with an ICD. Diagnostic categories were ischemic cardiomyopathy (57.69%; women 20%), non-ischemic cardiomyopathy (42.30%; women 45.45%). We performed implantation for primary prevention in 19.23% (0% in early-era and 27.77% in late-era patients; women 33.33%). 38.46% patients received shocks, 70% appropriate shock. Two patients died during the follow-up period.

**Conclusions:** A significant increase in ICD therapy use was observed over time in all sex. The previously described sex disparities in ICD use were less significant by the end of the study period.

#### LITERATURE

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