ICDs Don't Save Women With Heart Failure

BY MARY ANN MOON

Implantable cardioverter defibrillators do not reduce all-cause mortality in women who have advanced heart failure, unlike in men, according to a meta-analysis.

"ICDs are being implanted in hundreds of thousands of women without substantial evidence of benefit, apparently based on the assumption that, to paraphrase the old saying, 'What's good for the gander is good for the goose,' " Dr. Rita F. Redberg said in an accompanying editorial (Arch. Intern. Med. 2009;169:1460-1).

This finding is particularly concerning because a "recent analysis of the National Cardiovascular Data Registry found that women have a 70% higher risk of major adverse events after ICD implantation than do men," noted Dr. Redberg, editor of the journal and director of women's cardiovascular services at the University of California, San Francisco.

Dr. Hamid Ghanbari and his associates at Providence Hospital in Southfield, Mich., pooled data from five randomized, controlled clinical trials that compared ICD implantation with medical therapy and included 934 women along with 3,810 men. Men who had heart failure with reduced left ventricular ejection fraction showed a significant decrease in all-cause mortality when they were given an ICD rather than medical therapy to prevent sudden cardiac death.

In contrast, women did not show a mortality benefit, either in the combined data or in any of the five individual trials, Dr. Ghanbari and his colleagues said (Arch. Intern. Med. 2009;169:1500-6).

Neither Dr. Ghanbari nor Dr. Redberg reported any financial conflicts of interest. ■