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some type—say, a viral etiology—that would get better over a short period of time anyway without an ICD,” said Dr. Cannom, director of cardiology at Good Samaritan Hospital, Los Angeles, and a past president of the Heart Rhythm Society.

His cochair, Sanjeev Saksena, M.D., commented that he’d be very interested to see serial ejection fraction data for the DEFINITE participants.

A significant improvement over time would suggest Dr. Cannom’s hunch is correct.

“We are often pressured to intervene to

put in an ICD in these patients with non-ischemic cardiomyopathy [of short duration], and then 3 or 4 weeks later the ejection fraction has improved,” said Dr. Saksena, professor of medicine at Robert Wood Johnson Medical School in New Brunswick, N.J.

Dr. Anderson replied that the investigators attempted to exclude from DEFINITE any patients with myocarditis or other reversible causes of NIDCM, although that can be difficult. He added that the ejection fraction data are still being processed.

But even if it turns out many of these patients have a self-limited, reversible car-

diomyopathy, the challenge will be to protect them from arrhythmic death during those initial months of high vulnerability.

“Maybe one should use a home external defibrillator, or a life vest, or maybe after a period of time explant an ICD,” he said.

In a separate presentation, Kevin J. Makati, M.D., presented a retrospective study involving 131 patients with NIDCM treated at Tufts-New England Medical Center, Boston.

Of the 131 patients, 79 had been diagnosed with the disorder at least 9 months and a mean of 66 months prior to ICD implantation. The remaining 52 had carried the diagnosis of NIDCM for less than 9

and a mean of 1.4 months at the time of implantation.

During 27 months of follow-up, there were no differences between the two patient groups in terms of the occurrence of ventricular arrhythmias or life-threatening ventricular arrhythmias.

“This study shows a clear benefit of ICDs for patients with cardiomyopathy, irrespective of when they were diagnosed,” commented Stephen C. Hammill, M.D., immediate past president of the Heart Rhythm Society.

“CMS may want to revisit the coverage criteria for these patients in light of these findings,” he said. ■

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