Arrhythmia Alliance
The Heart Rhythm Charity

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Promoting better understanding, diagnosis, treatment and quality of life for individuals suffering with cardiac arrhythmia

NICE assessment report: Implantable cardioverter defibrillators for the treatment of arrhythmias and cardiac resynchronisation therapy for the treatment of heart failure (review of TA95 and TA120)

Comments from Arrhythmia Alliance

Arrhythmia Alliance (A-A) welcomes the recent publication of the assessment report produced by the Southampton Health Technology Assessment Centre ahead of the NICE review of TA95 and TA120. We are a coalition of charities, patient groups, patients, carers, medical groups and allied professionals, working together to promote the timely diagnosis and effective management of arrhythmias. By raising awareness and campaigning for the improved detection and care of heart rhythm disorders, A-A aims to extend and improve the lives of the millions around the world affected by these conditions.

We believe NICE's review of TA95 and TA120 comes at a crucial time and we hope the revised guidance reflects accurately the need for life-saving devices for those patients most at risk of sudden cardiac arrest and where drug therapy is failing. The recent publication of the Government's Cardiovascular Disease Outcomes Strategy is welcome; however, we believe it has not gone far enough in tackling deaths from sudden cardiac arrest. Many of those that die would have been saved by a simple implantable cardioverter defibrillator (ICD) but the UK currently lags third from the bottom in a table of Western European ICD use with the UK implanting 70 life saving devices per million people, while Germany implants 200 per million. There is also a wide variation in ICD use across the UK, with patients in North London twice as likely to receive an implant (113 per million) than those in Lancashire and Cumbria (42 per million). We welcome the fact this variation is addressed in page 37 of the assessment report.

The evidence contained within the assessment report clearly highlights the cost effectiveness of the addition of an ICD to optimal pharmaceutical therapy (OPT) and as such, we hope that further evidence given throughout this appraisal process will support our call for an increase in the rates of ICD implants across the UK. A-A consistently campaigns for improved patient access to appropriate therapies resulting in improved patient outcomes. If drug therapy fails to provide optimal treatment or is unable to address the needs of the patient, we advocate the value of introducing a device that is appropriate for the needs of the individual. Some anti-arrhythmic drugs produce negative side-effects, including skin reactions and problems affecting function of the thyroid gland, lungs and liver. Some patients also require regular monitoring for certain types of drug therapy which can have a significant impact upon a patient's quality of life and their ability to conduct day-to-day activities.

In these instances, where a device replaces anti-arrhythmic medication, side-effects can be avoided or minimised. Appropriately fitting a patient with a device should result in symptoms and complications relating to tachyarrhythmia and/or heart failure being reduced. As such, heart failure hospitalisations can be reduced and the NYHA class and changes in left ventricular ejection can be improved.

The most appropriate form of primary prevention must be provided for those at risk of sudden cardiac death, whether this is a device and/or drug therapy. We would emphasise that the most appropriate form of prevention

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and treatment is dependent upon an individual and their own medical circumstances. In addition to the data set out in the assessment report, the benefits of ICD implantation outlined above demonstrate the cost effectiveness of devices and the case must continue to be made for ICD implantation rates to be increased in order to save lives and improve outcomes for those at risk of sudden cardiac arrest.

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