Multiple Technology Appraisal (MTA)

Implantable cardioverter defibrillators for the treatment of arrhythmias and cardiac resynchronisation therapy for the treatment of heart failure

(review of TA95 and TA120) [ID481]

ASSESSMENT REPORT FOR CONSULATION

Clinical Specialist Statement as nominated by Royal College of Nursing.

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Whilst it is appreciated that the appraisal focuses on the efficacy of the cardiac devices within various populations, the following comments are related to the practical issues encountered by clinicians. There is no or very limited evidence supporting these points, however if the appraisal was able to address or make recommendations for change these would be of great use for both patients and front line health care professionals.

ICDs –

1. Prior to implantation, patients and their carer / NOK must be counselled and fully informed about the risks / benefits of living with an ICD. They must also be made aware that they have a choice as to whether or not they agree to have the device implanted.
2. Patients who have received an ICD for secondary prevention, or have experienced multiple defibrillator shocks require access to cardiac rehabilitation services. Sadly, many cardiac rehabilitation services are not funded or do not have the capacity for patients with ICD implants.
3. Patients who have experienced multiple defibrillator shocks or are experiencing psychological distress following a cardiac arrest or syncope (despite having an ICD) require prompt access and treatment by counselling / psychological services.
4. There is an urgent need for education programmes for healthcare professionals in primary, secondary, tertiary care and paramedic services about deactivating (temporarily turning off) the ICD if a patient experiences multiple shocks for ongoing arrhythmia or device/lead failure.

5. There is an urgent need for education programmes for healthcare professionals in primary, secondary, tertiary care and palliative care about the importance of :-

(a) Early discussions about deactivating (permanently turning off) the ICD in end of life care (EoLC). For example when a patient has a terminal illness or advanced stages of a chronic condition such as heart failure, chronic obstructive airways disease or renal failure.

(b) Deactivation of the ICD in EoLC should be accompanied by an authorised Do Not Attempt Resuscitation order (DNAR).

(c) Deactivation of the ICD in EoLC does not equate to "instant death". It is important the patients and their relatives understand that deactivation allows a natural, peaceful death.

6. ICD services must provide a package of care which covers pre ICD counselling, implantation, follow up AND deactivation in end of life care. Deactivation in end of life care MUST be funded and authorised regardless whether the patient is at home, in a residential / nursing home, district general hospital or a hospice.

7. For the safety of allied professions there is a need for greater awareness about the importance of deactivating ICDs prior to post mortem or removal of the device prior to cremation.

CRT

1. Prior to implantation, patients and their relatives must understand there is a chance their symptoms may not improve despite the CRT device.

2. Post CRT implantation patients should have access to cardiac rehabilitation services. Many cardiac rehabilitation services are not funded for or do not have the capacity for patients diagnosed with heart failure +/- CRT devices.

CRT – D

All the above points apply, plus;

1. There is a need for education programmes for healthcare professionals in primary, secondary, tertiary care and palliative care, and patients and their family that deactivating the ICD (permanently turning off) in end of life care does not include the CRT settings.