An implantable cardioverter defibrillator but not amiodarone reduced risk of death in congestive heart failure


Main Results
70% of patients had NYHA class II CHF, and 30% had class III CHF. 188 patients (11%) from the amiodarone and placebo groups crossed over to some form of ICD therapy. 259 patients in the ICD group (31%) received shocks from their device for any cause. Fewer patients who received ICD died from any cause than did those who received placebo (table). Amiodarone and placebo groups did not differ for all cause mortality (table). Compared with placebo, amiodarone increased tremor (P = 0.02) and hypothyroidism (P<0.001). In patients with NYHA class III CHF, ICD and placebo groups did not differ for mortality (hazard ratio [HR] 1.16, 97.5% CI 0.84 to 1.61); amiodarone increased mortality more than placebo (HR 1.44, CI 1.05 to 1.97). In patients with NYHA class II CHF, amiodarone and placebo groups did not differ for mortality (HR 0.85, CI 0.63 to 1.11); ICD decreased mortality more than placebo (HR 0.54, CI 0.40 to 0.74).

Conclusions
In patients with congestive heart failure (CHF), a conservatively programmed, shock only implantable cardioverter defibrillator reduced all cause mortality. Compared with placebo, ICD reduced mortality in New York Heart Association (NYHA) class II but not class III CHF. Amiodarone had no effect in NYHA class II CHF, and increased mortality in NYHA class III CHF.

Abstract and commentary also appear in ACP Journal Club.
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