OPTIMIZED ICD PROGRAMMING TO REDUCE INADEQUATE SHOCKS RESULTS OF THE REDUCEIT STUDY*

Design

The ReduceIT study prospectively examined the performance of the SVT discriminators of Abbott ICDs in 733 patients. The programmed predefined parameters used in the study were different for primary and secondary prophylactic patients. The observation period was 11 ± 3 months.

Endpoint

The endpoint was the proportion of patients without appropriate shock.

Results

- 2071 HV episodes were collected in the observation period
- 12 (1,6%) received inadequate shocks (95% CI: 97.2%–99.2%, p < 0.0001)
- 12 (1,6%) of the patients showed VT below the VT-detection cutoff
- 1 (0,1%) patient had an incorrect SVT diagnosis



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Detection Type	Parameter	Primary Prevention	Secondary Prevention#
All Devices	Zone Configuration	2 Zones	3 Zones
	- VF Zone	240 min ⁻¹ /16 Intervals	240 min ⁻¹ /16 Intervals
	- VT2 Zone	187 min ⁻¹ /30 Intervals	187 min ⁻¹ /30 Intervals
	- VT1 Zone	_	171 min ⁻¹ /40 Intervals
	SecureSense [™] RV Lead Noise Discrimination Algorithm	On	
	SVT Discrimination Timeout	Off	
	Tachy Therapy Timeout	Off	
	Morphology	On	
	- Type	Far Field MD™ Morphology Discrimination	
	- Settings	90%; 3 of 10	
Single Chamber Detection Devices (incl. any ICD/ CRT-D without Atrial Lead)	Onset	On	
	- Type	Sudden Onset	
		20% (adaptive)	
	Stability	On with SIH	
	- Settings	40 ms (12 Intervals) with SIH (2)	
	Logic (diagnose VT)	If 2 of 3	
Dual Chamber Detection Devices (with Atrial Leads)	Onset	On	
	- Type	Chamber Onset	
	Stability	On with AVA	
	- Settings	40 ms (12 intervals) with AVA (60 ms)	
	Logic (diagnose VT)	If all	

