

LETTER TO THE EDITOR

Reply to the Editor — Are we close to a major impact on prevention of sudden cardiac death among coronary artery disease patients?



We thank Doundoulakis and colleagues for their interest in our study demonstrating that ventricular tachycardia or ventricular fibrillation was the presenting rhythm in ~50% of the in-hospital cardiac arrests among patients with heart failure with preserved ejection fraction (EF).¹ Determining whether cardiac arrests occur owing to shockable arrhythmias is a key step in the quest to reduce sudden cardiac death (SCD) in heart failure with preserved EF.² However, more work needs to be done to prevent SCD, particularly in patients with EF >35% who are not eligible for primary-prevention implantable cardioverter-defibrillator (ICD) therapy based on the current practice guidelines.³ Thus, it was with much intrigue that we revisited the PRESERVE EF study by Gatzoulis and colleagues.⁴ Using a 2-step approach consisting of noninvasive risk factors on surface electrocardiogram followed by programmed ventricular stimulation, they identified post-myocardial infarction (MI) patients with EF \geq 40% who had a high risk of SCD. These patients had a high incidence of appropriate ICD discharges during follow-up, supporting this approach. Similarly, we recently published a multivariable risk prediction model for SCD among 31,286 post-MI

patients with EF >35%, using widely available clinical characteristics.⁵ It is conceivable that the combination of our clinical risk model with the 2-step electrophysiological approach proposed by Gatzoulis and colleagues could further define those at the highest risk of SCD post-MI, who may benefit from ICD therapy.

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