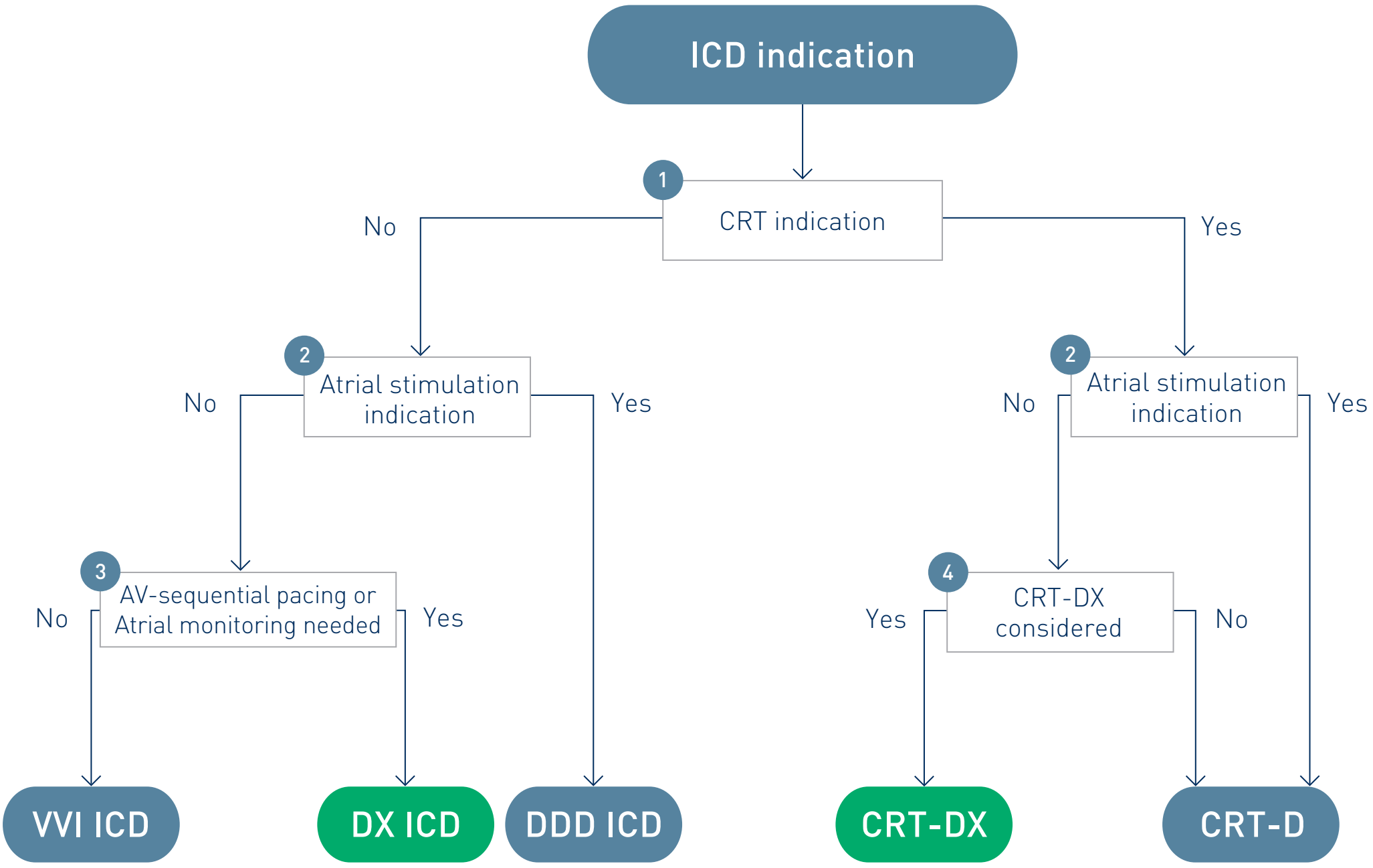
Which ICD for Which Patient?
Device Selection Flowchart

Adapted from Vamos M et al. 2021



1 Indication for CRT

- Symptomatic HF and LVEF ⩽ 35% with LBBB QRS ⩾ 130ms or non-LBBB QRS ⩾ 150ms
- Narrow QRS but LVEF 36–50% and anticipated requirement for significant ventricular pacing

2 Indication for atrial stimulation

- Symptomatic SSS
- Clinically relevant sinus bradycardia limiting beta-blocker therapy

3 Clinical need for AV-sequential pacing

- AV-block indicating AV sequential bradypacing

or Atrial monitoring

- Patients without current need for oral anticoagulation, but ⩾ 65 y of age, or those with elevated risk of stroke

4 CRT-DX considered

- No need for atrial pacing
- Permanent AF but SR may be expected (i.e. planned cardioversion or spontaneous conversion may occur)
- Upgrade from DX ICD

More background information on patient selection? Check out the original publication

Vamos M et al. (2021): Rationale and feasibility of the atrioventricular single-lead ICD systems with a floating atrial dipole (DX) in clinical practice. Trends Cardiovasc Med. DOI: 10.1016/j.tcm.2021.01.003

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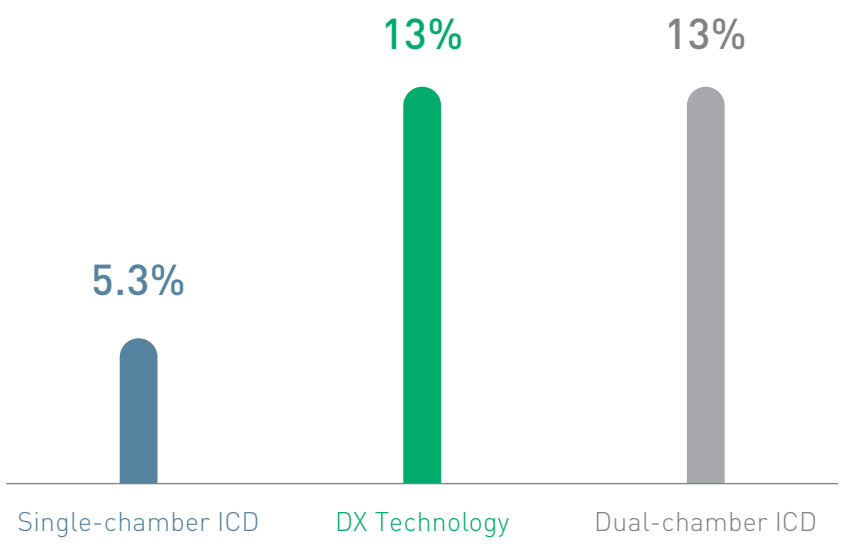
Discover the Most Recent Trials on DX Technology

SENSE Trial

Superior AHRE detection with DX, comparable to dual-chamber ICDs

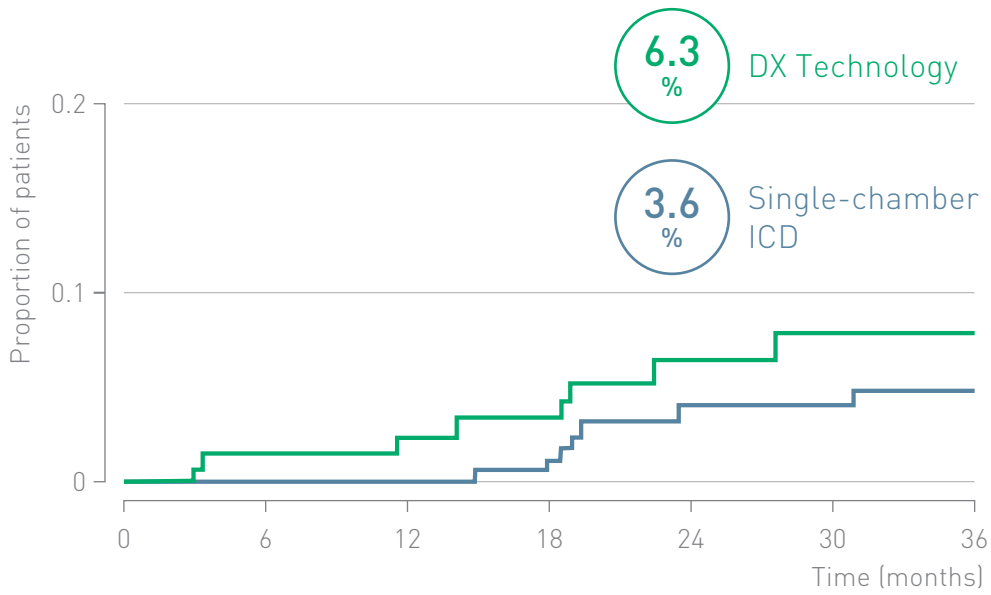


DX superior to single-chamber ICDs (p=0.026) and comparable to dual-chamber (p=1.00)

Thomas G et al. (2019): Subclinical Atrial Fibrillation Detection with a Floating Atrial Sensing Dipole in Single Lead Implantable Cardioverter-Defibrillator Systems. Results of the SENSE Trial. J Cardiovasc Electrophysiol. DOI: 10.1111/jce.14081

THINGS Registry

Incidence of OAC onset in tendency higher with DX



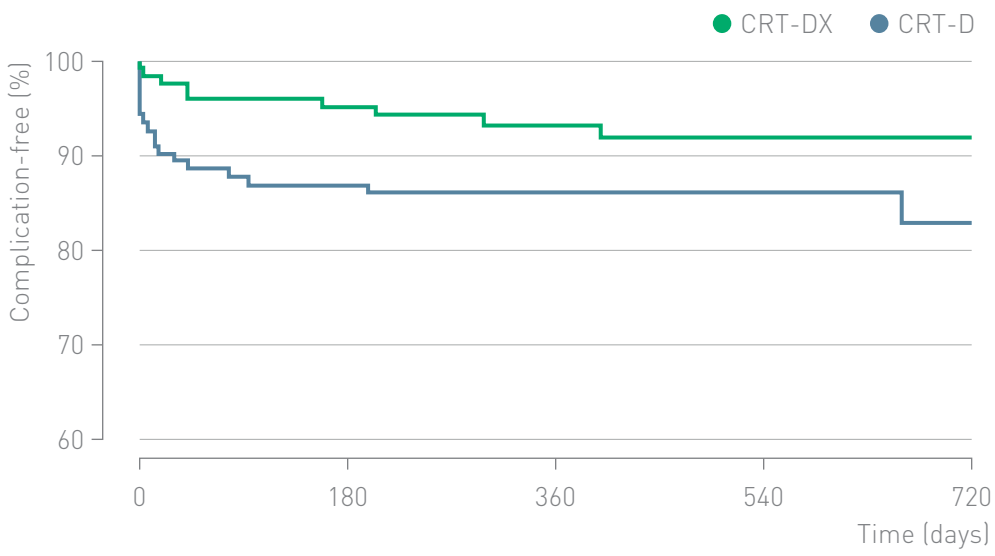
HR 1.99 (95% CI: 0.72-5.56, p=0.184)

Biffi M et al. (2020): The role of atrial sensing for new-onset atrial arrhythmias diagnosis and management in single-chamber implantable cardioverter defibrillator recipients. Results from the THINGS registry. J Cardiovasc Electrophysiol. DOI: 10.1111/jce.14396

Check out also the latest DX Abstract Booklet, reflecting more than 10 years of clinical experience.

QP ExCELs Registry

Significantly lower rate of major complications with CRT-DX



CRT-DX 92.5% complication-free survival vs. 85% in conventional CRT-D (p=0.0495; 95% CI 0.1%—14.9%)

Shaik N et al. (2020): Novel Two-Lead Cardiac Resynchronization Therapy System Provides Equivalent CRT Responses with Less Complications than a Conventional Three-Lead System. Results from the QP ExCELs Lead Registry. J Cardiovasc Electrophysiol. DOI: 10.1111/jce.14552

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