



## Age of cardiac resynchronisation therapy; cardiac resynchronisation therapy in elderly

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I have read the article entitled “Is cardiac resynchronisation therapy feasible, safe and beneficial in the very elderly?” by Olechowski, *et al.*<sup>[1]</sup> with great interest, recently published in *Journal of Geriatric Cardiology*. The investigators reported that implantation of cardiac resynchronisation therapy (CRT) is feasible and safe in very elderly despite extensive co-morbidity.<sup>[1]</sup>

I would like to emphasize some important points to clarify this article. First of all it is well known that patients with non-ischemic heart failure respond better to CRT.<sup>[2]</sup> In this study there was statistically significant higher number of over 80 years-old patients with ischemic heart failure.<sup>[1]</sup> In this case to evaluate the response of two groups to CRT, the number of ischemic heart failure patients should be adjusted. Second, atrial fibrillation (AF) is seen in approximately 32% of heart failure patients<sup>[3]</sup> and the frequency of AF increases with age. No certain information is given for the approach to AF patients. Did they perform AV nod ablation in patients with AF with CRT implantation or strict heart rate control? No answer is addressed for this question. Also no information regarding the approach to patients who developed with paroxysmal or persistent AF during follow-up is given. Already, there are conflicting results from studies for the response to CRT in patients with AF.<sup>[4,5]</sup> As a result, depending on the increase of co-morbidities with age, the

evaluation of response to the CRT in elderly should be done with more detailed subgroup analysis.

### References

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### Authors’ reply

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We thank the authors of this letter for their thoughtful comments. The points made are valid in relation to CRT. However, our study, as we acknowledge, is not randomized and is retrospective and thereby subject to potential bias. As such we do not feel that it would add value to evaluating the data according to aetiology of heart failure or towards

the management of associated atrial fibrillation. The key purpose for the study was to evaluate the complication rate for device implants according to age. Though we really appreciate the fact that randomised study on these topics would give us needed answers and even potentially help in our daily clinical practice.