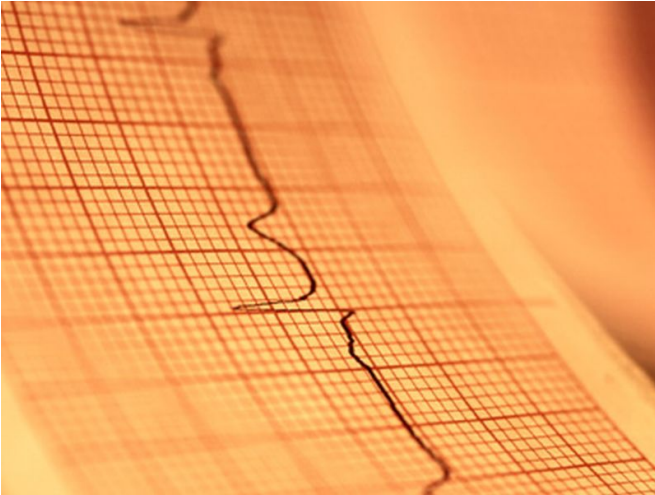


AHA issues advisory on wearable cardioverter-defibrillator tx

30 March 2016



over time or with treatment, use of WCDs may be reasonable. In situations in which nonarrhythmic risk is expected to significantly exceed arrhythmic risk, WCDs should not be used.

"It is our opinion that the final decision on the use of the WCD should be based on shared decision making, which would include a frank risk-benefit discussion between the clinician and the patient that acknowledges the uncertainty surrounding the efficacy and safety of the WCD," the authors write.

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

More information: [Full Text](#)

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(HealthDay)—Recommendations for use of wearable cardioverter-defibrillators (WCDs) are presented in a scientific statement issued by the American Heart Association and published online March 28 in *Circulation*.

Jonathan P. Piccini, Sr., M.D., from Duke University in Durham, N.C., and colleagues explored the use of a WCD, which is designed for patients at risk of [sudden cardiac death](#) (SCD) who are not immediate candidates for implantable cardioverter-defibrillator (ICD) therapy.

The researchers note that indications for WCD therapy suggest their use when there is a clear indication for an implanted/permanent device, which is accompanied by a transient contraindication or interruption in ICD care. Use of a WCD is reasonable as a bridge to a more definitive therapy, or in situations associated with increased risk of death in which ICDs reduce SCD risk but not overall survival. When there is concern about a heightened risk of SCD, which may resolve

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