# SCD accounts for 40–45% of all deaths in HFrEF patients[1]

How do you manage SCD risk for your newly diagnosed HFrEF patients?

ZOLL® LifeVest®

# SCD Management Continuum

For De Novo (Newly Diagnosed) HFrEF

Start GDMT | WCD Protection | WCD Remote Data Insights | ICD Evaluation

Despite progress in pharmacological and device therapy, **SCD remains the most frequent cause of mortality** in patients with HFrEF[1]

## GDMT Takes Time

While new HF drug therapies, such as sacubitril/valsartan, have become increasingly effective, it still takes time for patients to reach optimal doses that can positively impact their SCD risk.

In the PARADIGM-HF trial, sacubitril/valsartan did not impart meaningful mortality benefit until patients tolerated a **6–8 week run-in period and 6 months of treatment**.[2]

## LifeVest provides protection during the period of greatest SCD risk

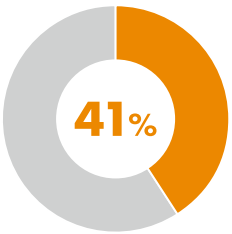
while patients are being medically optimized and awaiting an ICD or reverse remodeling

# De novo HFrEF patients — both ischemic and non-ischemic etiologies — are at increased SCD risk

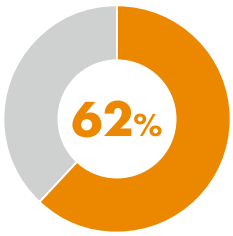
## LifeVest During Medical Optimization

### Benefits of Prolonged Protection

A large number of de novo HFrEF patients recover their EF after initiation of HF therapy.




of patients in the WEARIT-II study recovered their EF >35% at 90 days[3]




of patients in the PROLONG study recovered their EF >35% at the end of the prolonged follow-up period (mean follow-up = 12± months, range 1–36 months)[4]

During prolonged protection with LifeVest, additional reverse remodeling has been achieved with intensified drug therapy, avoiding unnecessary ICD implantation.

### Patient Insights

- ZOLL's online patient data management system provides clinicians with insight into a patient's health status and response to therapy during medical optimization, offering information that can be used to optimize their care.
- Patient information is trended over time, indicating when a change in status may require action.

ECG Review

WalkTest™

Heart Rate

Health Survey

Activity

Body Position

# SCD Guidelines
## for De Novo HFrEF patients

### Shared Decision Making
Clinicians should adopt a shared decision-making approach in which treatment decisions are based not only on the best available evidence but also on the patients' health goals, preferences, and values. (COR 1)[5]

### GDMT
Symptomatic heart failure patients (NYHA Class II–III) with an LVEF ≤35% should be on **GDMT for at least 3 months** before being assessed for an ICD, provided they are expected to survive substantially longer than 1 year with good functional status. (COR I)[6]

### WCD
In patients at an increased risk of SCD but who are not ineligible for an ICD, such as awaiting cardiac transplant, **having an LVEF of 35% or less and are within 40 days from an MI, or have newly diagnosed NICM, revascularization within the past 90 days, myocarditis or secondary cardiomyopathy or a systemic infection**, the wearable cardioverter defibrillator may be reasonable. (COR IIb)[5]

### ICD
In patients with **LVEF of 35% or less that is due to ischemic heart disease who are at least 40 days post-MI and at least 90 days post-revascularization, and with NYHA Class II or III HF despite GDMT**, an ICD is recommended if meaningful survival of greater than 1 year is expected. (COR I)[5]

In **patients with NICM, HF with NYHA Class II–III symptoms and an LVEF of 35% or less, despite GDMT**, an ICD is recommended if meaningful survival of greater than 1 year is expected. (COR I)[5]

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1 Masarone DE, Limongelli G, Ammendola E, et al. Risk stratification of sudden cardiac death in patients with heart failure: An update. J Clin Med. 2018;7(11):436.

2 McMurray JJV, Packer M, Desai AS, et al. Angiotensin-neprilysin inhibition versus enalapril in heart failure. N Engl J Med. 2014;371(11):993–1004.

3 Kutyifa V, Moss AJ, Klein HU, et al. Use of the wearable cardioverter defibrillator in high-risk cardiac patients: Data from the prospective registry of patients using the wearable cardioverter defibrillator (WEARIT-II Registry). Circulation 2015;132(17):1613–1619.

4 Duncker D, Koenig T, Hohmann S, et al. Avoiding untimely implantable cardioverter/defibrillation implantation by intensified heart failure therapy optimization supported by the wearable cardioverter/defibrillator—The PROLONG Study. J Am Heart Assoc. 2016;17;6(1).

5 Al-Khatib SM, Stevenson WG, Ackerman MJ, et al. 2017AHA/ACC/HRS Guideline for management of patients with ventricular arrhythmias and the prevention of sudden cardiac death: A report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. Circulation 2018;138(13):e272–e391.

6 Ponikowski P, Voors AA, Anker SD, et al. 2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure. Eur Heart J. 2016;37(27):2129-2200.




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