LETTER TO THE EDITOR

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Summary statement: EHRA Summit 2010 with the Participation of Central-Eastern European Countries: ‘ICD for Life’ Initiative—Fighting against Sudden Cardiac Death in Emerging Economies

The aim of the summit was to demonstrate the benefit and efficacy of the prevention of sudden cardiac death (SCD). Sudden cardiac death is responsible for a significant number of deaths at an annual level and it is the leading cause of death in industrial countries. Many arrhythmias could be treated by means of device therapy and this would also reduce the death rates. The target of the summit was to build bridges between medical, political, and industrial sectors to procure greater political and economic care and support for the primary and secondary prevention of sudden cardiac death, heart failure, and arrhythmias.

The number of implantable cardioverter-defibrillator (ICD) implantations has increased enormously in the recent years based on the proven efficacy of implantable devices in the treatment of heart failure and heart rhythm disturbances. However, many patients with high risk of SCD still do not undergo ICD implantation. The reason is partly economic, and partly due to the lack of public awareness and the lack of qualified specialists. The conference emphasized that both the theoretical background of device therapy—professional recommendations, choice of implantable devices, programming, and problem solving—and the practical education of implantation methods are important to increase the implantation rates. The paradox of the effort to reduce SCD in economies in transition is that there is a high prevalence of high-risk patients on one side and actual implant rates both for primary and secondary prevention are disproportionally low.

The summit attempted to reflect regional disparities, their political, economic, financial, and, last but not least, educational background through a series of lectures held by the representatives of countries with low, medium, and high implantation rates. The importance of patient organizations was also emphasized; they may play a crucial role in the improvement of patients’ quality of life, in risk reduction, and in prevention of SCD in the European population. At the end of the sessions, Central-Eastern European cardiologists, health-economists, politicians, and journalists discussed the reasons for and the possible solutions to the regional differences within the roundtable discussions. Acknowledging the importance, the timeliness and the message of the topic, Péter Schmitt, President of the Hungarian Republic, and Miklós Réthelyi, Minister of National Resources, undertook the main patronage of the event.

Invitation letters were sent to the presidents of all Cardiology Societies and Arrhythmia Working Groups in the member states of ESC as well as to all decision-makers of EHRA (Board Members and Committee Members). Finally, 197 registered participants from 31 countries arrived.

The programme of the Summit was arranged on the basis of the participants’ feedback; also a teleconference with the leadership of EHRA was organized to discuss the key points programme. The Faculty was composed of 55 renowned cardiologist-arrhythmologists, health-economists, politicians, and journalists who represented current status of cardiac electrophysiology of the member states.

The second session was dedicated to the evidence on device therapy to fight SCD, both in primary and secondary preventions. The reviews by Dr Zoltán Csanádi, Prof. Robert Hatala, and Prof. Andrej Lubinski covered the existing guidelines on ICD implants. Prof. Milos Taborsky presented data obtained during the previous EHRA—Eastern Initiative Meeting held in February 2010 in Pilsen. His lecture was followed by a roundtable discussion.

In the third session on cardiac resynchronizing therapy, Prof. Béla Merkely summarized the latest evidence on efficacy of the treatment. On behalf of the National Health Insurance Fund of Hungary, Dr József Gájdács explained the health economical background, and the financial model of this special, expensive, but cost-effective treatment. He presented the algorithms for decision making in Hungary.

In the fourth session, Prof. Frans Van de Werf focused on the process of establishment and implementation of international guidelines. Then the lectures of Prof. John Camm and Michael Glikson followed emphasizing the costs of ICD treatment and explaining how the expenditure of the treatment influences the number of patients actually receiving it. As implant rates of implantable devices depend also on the critical mass of available specialists in each country, Prof. Josef Kautzner focused on the need for education and outlined the policy of EHRA
regarding the Central-Eastern European education in arrhythmology.

In the next session, Prof. Davor Milicic and George Andrei Dan discussed complex questions such as the treatment of SCD as a screen of patients with high-risk factors, the establishment of proper predictive factors and their possible applications in clinical practice. Prof. Alessandro Proclemer introduced a separate lecture on the Italian Pacemaker/ICD registry. Follow-up data in this registry were considered very important. Prof. Amiran Revishvili closed the session with a talk on ablation of ventricular tachycardias and its importance in management of ICD patients with recurrent and frequent ventricular arrhythmias.

The lectures in the last session dealt with the management of patients with an ICD device and with the role of patient organizations in patient care. Dr Roland Dieckmann, Ms Pavla Kristofova, and Ms Trudie Lobban presented the system and the achievements of the German, Czech, and British models. Ms Trudie Lobban highlighted that the British Arrhythmia Alliance-developed guidelines and supported establishing a patient-focused arrhythmia organization, working in partnership with clinicians. The organization offers website templates and other materials that can be translated into the local language and they offer additional help to establish local alliances. Besides, they can then help identify and train an administrator in the country to move the organizations forward and raise awareness. More information can be found at: www.heartrhythmcharity.org.uk/international-area. A new international site was also launched in March 2011: www.afa-international.org and www.stars-international.org.

Finally, history, goals, and the planned future of the Eastern Initiative within the EHRA were summarized by Prof. Goran Milasinnovic. Prof. Karl-Heinz Kuck projected the future perspectives of the treatment of SCD in Eastern Europe.

The participants had the opportunity to introduce the practice and data of their own countries, and to reflect on their political-economic background in several roundtable discussions. All the roundtable discussions were followed by presentation of a vision of the future and the policy of the given treatment, previously discussed in the section.

As the site of the latest EHRA Summit, Hungary had been chosen by the European Society of Cardiology as one of the countries where the number of implanted cardiac rhythm management devices approaches the healthcare demands. Hungary is part of the ‘green region’ of Eastern Europe where the number of implanted devices grows at an adequate rate and there is an existing infrastructure for this therapy. As organizing the summit, the Hungarian Society of Cardiology could introduce its decennial work, an exemplary in the region.

The main message of the EHRA Summit was that the professional collaboration does not suffice to remain within the country borders for the prevention of SCD. The collaboration has to cross borders to develop unified international professional, health economical, and health political strategy.

Therefore, the summit reached the consensus of creating a working board called ‘Working Board of Eastern Initiative’ (WBEA) within the EHRA, to delegate individual persons for specific tasks. As Prof. Christian Wolpert and Prof. Panos Vardas supported the idea, the WBEA was formed at the end of the summit. The members of the WBEA are Profs. Christian Wolpert, Béla Merkely, Josef Kautzner, Goran Milasinnovic, Robert Hatala, George Andrei Dan, Milos Taborsky, and Zoltán Csanádi.

The tasks of this working board are the following: first, based on personal communication with the cardiologist and arrhythmologist leaders of the specific region, Goran Milasinnovic will define and analyse the specific regional problems and obstacles in each country. The analysis will detail the problems to be solved as to improve the efficacy of the prevention of SCD (e.g., lack of well-trained experts and sufficient knowledge, lack of referrals, infrastructural background, and reimbursement). The report will be sent to WBEA to set the targets for the next 3 years to solve the most urgent problems in each country. Second, WBEA will suggest specific education policy and establish a list of training centres in the Eastern-European countries. Prof. Josef Kautzner will be responsible for creating an educational plan for all regions and for defining the rules and minimal requirements that have to be fulfilled by the Eastern European training centres. Thirdly, to increase awareness of SCD among professionals and in public, EHRA will help to organize lectures at national cardiology and arrhythmology meetings in the region and promote the foundation of patient organizations. Fourthly, together with the EHRA Board they will find the way to support the above educational activities in Eastern Europe.