Authors' objectives

Heart failure is one of the most prevalent diseases and the most frequent cause of hospitalisation in people over 65 years. Classical treatment for heart failure was pharmacotherapy, but the emergence of cardiac resynchronization devices allowed the reduction of overall mortality, as well as, heart failure mortality and number of hospital admissions associated with the disease. There are two types of cardiac resynchronization devices: conventional and one associated with a defibrillator. This second type offers the additional theoretical advantages of preventing arrhythmic events and sudden cardiac death. The aim of our study is to determine the cost-effectiveness of cardiac resynchronization therapy (CRT) compared with drug therapy, based on full economic evaluation studies in the literature, as well as the development of our own economic evaluation for the Spanish healthcare setting.

Authors' conclusions

CRT might be a cost-effective alternative of OPT for the treatment of heart failure in a selected group of patients. But this result is affected by the uncertainty in most of the variables in the model. Furthermore, cardiac resynchronization therapy with defibrillator involves an additional use of resources that are not offset against health benefits, at least for the entire studied cohort. Additional research is required in order to establish whether there is any specific group of patients that may benefit from the addition of implantable cardioverter defibrillator system with a reasonable cost-effectiveness ratio.

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