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Pichon Riviere A, Augustovski F, Regueiro A. Cardiac resynchronization therapy: biventricular or three chamber pacemaker. Ciudad de Buenos Aires: Institute for Clinical Effectiveness and Health Policy (IECS) 2003

Authors' objectives
This report is intended to assess the existing evidence on the use of biventricular or tricameral pacemakers in the management of heart failure.

Authors' conclusions
In the subgroup of patients with severe HF with the described inclusion criteria, BPT decreases the symptoms, hospitalizations and overall mortality and improves the quality of life. Several North American Clinical Practice Guidelines at present accept BPT with level IIa evidence and classify the indication with Grade A (recommendation for which there is acceptable quality evidence). It is worth mentioning that these results cannot be extrapolated to other patients with a less severe HF, for whom resynchronization therapy requires further evaluation. At present, due to the limited longitudinal follow-up of the studies that evaluated biventricular pacemakers and the lack of specially designed economic studies, there is not enough evidence to confirm long-term safety and BPT cost-effectiveness for patients with HF, especially in our country.

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