**HEART FAILURE AND AICDS: TIME TO GO BEYOND THE INITIAL SHOCK**

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More than 200,000 patients with heart failure (HF) have received an automatic implantable cardioverter-defibrillator (AICD) to reduce their risk of sudden death since the guidelines introduced the use of these devices as primary prevention. Data from AICD clinical trials suggest that 30% of patients will receive an appropriate shock for a life-threatening arrhythmia, and as many as 27% of patients will receive an inappropriate shock. Among patients with HF, an AICD shock is associated with a 2- to 5-fold increase in mortality, most commonly due to progressive HF.

HF hospitalizations occur frequently after AICD shocks. It is not known whether the arrhythmia leading to the shock is a marker for worsening HF, or whether the shock itself causes HF to worsen. Patients with ischemic cardiomyopathy who receive ICD shocks have the highest rates of morbidity and mortality as these patients’ risk of sudden death is now transformed to a risk for HF. Patients receiving an ICD shock should be aggressively followed to prevent the progression of their HF.