LETTERS TO THE EDITOR

To the Editor — The promising future of remote monitoring for cardiac implantable electronic devices.

We read with interest the article by Heath and colleagues[1] in which they evaluated the performance of intensive remote monitoring (IRM) in comparison with standard remote monitoring for patients with a cardiac implantable electronic device. With the advancement of technology and its integration into healthcare, we congratulate the authors on this study and raising the awareness of this topic to the readership. The study found that using IRM led to a significant reduction in the number of actionable alerts and the time taken to review them. These results are important and may be relevant to other healthcare systems, for example the UK's National Health Service, in which remote monitoring is increasing,[2] although, as the authors discussed, the single-center nature of this study is a limitation and larger studies would be needed to generalize results beyond this area.

Although the methodology used was robust, they could have mentioned the method of data transmission utilized by patients in this study; for example, it is feasible that having a mobile transmitter, such as via a smartphone, as opposed to a stationary transmitter, perhaps by the patient's bedside, would result in different timings of transmissions. This could therefore impact the time from transmission to review. It could also be explored as to whether Internet connectivity had any impact on transmissions.

While the IRM and RM patient groups were similar in age, gender, body mass index, and indications for cardiac implantable electronic device, other factors such as comorbidities and activity levels were not mentioned. These could have been considered to better compare the groups and ensure that there was no significant difference between them that could have affected the number of actionable alerts.

It is interesting that the total number of transmissions received from implantable cardioverter-defibrillators was decreased in the IRM group, but the total transmissions from permanent pacemaker and implantable loop recorder devices were increased compared with the RM group. We wonder whether the authors can advance any theory for why this might be, or whether it is attributable to random variation.

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Authorship

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