

LETTERS TO THE EDITOR

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

We thank Whitaker and colleagues for their interest in our recent publication on the impact of intensive remote monitoring compared with standard remote monitoring in patients with a cardiac implantable electronic device.¹ The utilization of intensive remote monitoring does provide the opportunity to improve the workflow for clinicians and outcomes for patients. The workload from remote monitoring is becoming burdensome² globally, with future studies aimed to improve reduce the impact worldwide necessary.

Mobile transmitters for more expeditious transmission of alerts have the potential for improving outcomes. However, their use has been limited by the lack of availability across the range of cardiac implantable electronic device manufacturers. In addition, even when available, there are other determinants of their use, particularly that of patient preference. In our study, to mitigate potential bias, we included equal numbers of each manufacturer type. Therefore, we believe that the type of transmitter used in this analysis would not have affected the outcomes. Importantly, the impact of mobile transmitters on clinical endpoints is yet to be evaluated.

The patients were well matched for cardiovascular comorbidities including heart failure, heart disease, diabetes obesity, and sleep apnea. Unfortunately, we were unable to present the physical activity levels in the patients, but given the similarities seen within the comorbidities presented, it is unlikely that this would have been diverse enough to effect the results. In addition, the pilot nature of our study with limited numbers would be prohibitive to undertake meaningful subgroup comparisons as suggested.

The total transmissions received from the implantable cardioverter-defibrillators was decreased in the intensive remote monitoring group, but the pacemaker and loop recorder transmissions were increased in the intensive group compared with the standard monitoring group. We do not have a clear understanding of why this may be and suggest that it is likely due to random variation. A larger study with

more patients and transmissions might provide further insight into this variation or indeed provide a different outcome.

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Authorship

All authors attest they meet the current ICMJE criteria for authorship.

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