

## **Bundle Branch Block and Benefit from Cardiac Resynchronization Therapy**

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Cardiac resynchronization therapy (CRT) is a heart failure therapy that improves heart failure symptoms, decreases hospitalizations and reduces mortality. Current professional society guidelines for CRT, which include minor variations across continents and countries, overall give a Class I indication (highest recommendation) to patients with left bundle branch block (LBBB) and a QRS duration  $\geq 150$  ms while patients without LBBB receive either a Class IIa or Class IIb recommendation indicating that in these patient groups the benefits outweigh the risks. The guidelines were largely based on randomized clinical trials; however, the majority of patients included in the CRT trials had a LBBB while only a small sample of non-LBBB patients were included. In addition, the trials only enrolled approximately 20% women. Therefore, the trials' results and published meta-analyses primarily reflect outcomes in men with LBBB, making it difficult to assess CRT effectiveness in women and patients without LBBB. This presentation will discuss the results of studies of CRT effect in women vs. men, LBBB vs. non-LBBB and shorter vs. longer QRS duration using national registries and large outcome databases.