Our cohort included a total of 23 patients, of which 17 (74%) were male gender. Median age of patients was 71 years with a standard deviation of 8.6 years. Ejection fraction was noted based on echocardiography for all patients. Median EF was 35% consisted of those with NYHA class 3. Patient characteristics were seen in our patient cohort including atrial fibrillation (A-fib) with an associated standard deviation of 6.89%. Range of EF was from 7 to 35%. Overwhelmingly, 74% of our patient cohort (22%), hypertension (HTN) (83%), diabetes mellitus (DM) (30%), and chronic lung disease (17%) (Figure 1).

Analysis showed that amongst those that received CRT, all had a LBBB (Figure 2). In addition, it is interesting to note that patient characteristics (HTN, DM, chronic lung disease), there was no difference between patients with LBBB or RBBB. Amongst those that had RBBB, A-fib was more common compared to patients with LBBB (P<0.05). When looking at other subgroups are still incomplete

### METHODS

Our study was based on a retrospective cohort study of patients with CRT placements from January 2019 to January 2022 at a local community hospital in Connecticut. Data was obtained from the Device Implant Registry. All eligible participants had their ejection fraction (EF) determined via echocardiography.

Demographic data was tabulated based on frequencies and percentages. Statistical significance and correlations were completed via Fisher’s exact test.

### RESULTS

Our cohort included a total of 23 patients, of which 17 (74%) were male gender. Median age of patients was 71 years with a standard deviation of 8.6 years. Ejection fraction was noted based on echocardiography for all patients. Median EF was 35% with an associated standard deviation of 6.89%. Range of EF was from 7 to 35%. Overwhelmingly, 74% of our patient cohort consisted of those with NYHA class 3. Patient characteristics were seen in our patient cohort including atrial fibrillation (A-fib) (22%), hypertension (HTN) (83%), diabetes mellitus (DM) (30%), and chronic lung disease (17%) (Figure 1).

Analysis showed that amongst those that received CRT, all had a LBBB (Figure 2). In addition, it is interesting to note that amongst those that had RBBB, A-fib was more common compared to patients with LBBB (P<0.05). When looking at other patient characteristics (HTN, DM, chronic lung disease), there was no difference between patients with LBBB or RBBB.

### SUMMARY / CONCLUSION

- Non-LBBB patients are a significant component of patients that can qualify for CRT. In current practice, very few patients of this category are considered for this therapy option. It is important to consider these patients when thinking of management.
- Our study demonstrated that A-fib was more common in patients with RBBB. It is vital consider the effects of this on mortality, morbidity and overall clinical prognosis.
- Gaps remain in knowledge about optimal subgroup of patients, and it is important to consider patient characteristics such as this. In the future, larger prospective studies are necessary to assess and understand risk factors associated with such therapies.

### REFERENCES