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This report describes the data of the Spanish Registry of Pacemakers, based on the European Pacemaker Identification Card, and the changes in the use of different stimulation modes since 1994. Of note is the significant and steady change towards more physiological modes of stimulation (which maintain atrioventricular synchrony). These modes accounted in 2003 for 69.9% among patients with sick sinus syndrome and 67.7% among patients with atrioventricular block. In the population less than 80 years of age these percentages were 78% for sick sinus syndrome and 78.7% for atrioventricular block. The vast majority of electrodes implanted for stimulation were bipolar.

Key words: Pacemakers. Registry. Atrioventricular block. Sick sinus syndrome.

INTRODUCTION

The Spanish Registry of Pacemakers (BNDM, Banco Nacional de Datos de Marcapasos) has been compiling data on the use of these devices since 1990. Because of the changes brought about in the computer systems, with improvements and adaptations to the software used in other databases of the Spanish Society of Cardiology (SEC, Sociedad Española de Cardiología), comparative analysis of data from successive years has been possible since 1994.

Prior information on the status of cardiac pacing with the use of pacemakers in Spain was published in 1997 and 2004. This information, which includes the changes in this activity occurring over the years, is available in the Cardiac Pacing Section of the SEC website (www.marcapasossec.org).

In addition to the registry information from 2003, the data now presented focus on changes that have taken place in the pacing modes used for the various electrocardiographic indications prompting the placement of these devices since 1994. The information has been compiled from the European Pacemaker Patient Identification Card notification system, which has been compulsory since 1993 (Spanish Royal Decrees 634/1993 and 414/1996).

The hospitals that reported their data in 2002 and 2003 are shown in Appendix.

POPULATION

In 2003, 8417 cards with data on pacemaker implantation or replacement of pacemaker generators were sent to the BNDM from among an estimated total of 22 098, based on information provided by the various industries implicated (38% of the total). This
implies a rate of approximately 521.85 implanted generators per million population. Among patients receiving their first pacemaker, the rate was 415.4 per million population. These estimations are based on the Spanish population at the end of 2003 (42,345,342 inhabitants, 20,801,989 men, and 21,543,353 women), according to the website of the Spanish Statistics Institute (www.ine.es).

The mean age of patients requiring a pacemaker was 75.1 years, with women showing a slightly higher mean age than men (74.2 years in men and 76.3 years in women). Mean age was 74.9 years in patients receiving their first pacemaker, and 76 years in those requiring generator replacement.

The largest number of indications for pacemaker implantation were produced in patients in their seventies, accounting for nearly 40% of the total, followed by patients in their eighties, accounting for more than 30% (Figure 1).

Among the initial implants, the percentage of men requiring a pacemaker was significantly higher than that of women (Figure 2), with similar figures recorded for pacemaker generator replacements (in 2003, 55% in men, 44.9% in women).

**TYPE OF ACTIVITY**

Initial implantation of a pacing system accounted for 79.6% of the total of units and replacement of a generator or a generator plus electrode encompassed 20.3% of the units. Among the latter, 1.6% included replacement of one or more electrodes, either to change the pacing modality or to add or replace (due to deterioration) leads. These percentages have re-

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**ABBREVIATIONS**

AVB: atrioventricular block.
BNDM: Banco Nacional de Datos de Marcapasos (Spanish Registry of Pacemakers).
SSS: sick sinus syndrome.
IVCD: intraventricular conduction defect.

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![Figure 1. Percent distribution of the population receiving their first pacemaker according to age, 2003.](image1)

![Figure 2. Percent distribution of the population receiving their first pacemaker generator according to sex, 1994-2003.](image2)
mained stable over the last 2 years. Electrode replacement alone accounted for 0.1% of the procedures carried out.

ELECTRODES, POLARITY, AND FIXATION

The vast majority of electrode leads implanted (atrial, 28.5%; ventricular, 71.5%) were bipolar, in keeping with the clear increase in this polarity in recent years, which now accounts for 98.8% of all pacing leads. The small percentage of unipolar types reported (1.2%) mainly correspond to leads, which, by their design or caliber, are intended for special cases or sites: e.g., epicardial pacing through the coronary sinus (28% of all unipolar leads) or unipolar epicardial pacing in cardiac surgery (6%). Bipolar atrial pacing was recorded at 99.7%. Active fixation was used in 41.2% of atrial leads and 16.1% of ventricular leads.

PACING MODES

In 2003, the most frequently used modality was single-chamber ventricular pacing in 42.5%, followed by dual chamber pacing with 2 leads in 37%. Overall, physiological pacing accounted for 57.4% of the total and single-chamber atrial pacing, 0.9% (Figure 3).

From 1994 up to 1999, so-called physiological pacing, in which atrioventricular synchrony is maintained (AAI/R, VDD/R, and DDD/R pacing) showed a considerable increase as compared to single-chamber ventricular pacing. This trend continued thereafter, although to a smaller degree (the ratio changed from 25.8:74.2 to 57.4:42.5). This was mainly a consequence of a notable increase in the VDD/R mode (particularly up to 1999-2000), and a somewhat smaller increase in the DDD/R mode. Single-chamber atrial pacing has remained generally stable, with an approximately 1% decrease since 1999 (Figure 4).

Rate-adaptive pacing, mediated by various sensors, was provided by 72.9% of the generators implanted in 2003. Cardiac pacing to achieve ventricular resynchronization (first implants and replacements) accounted for 0.7% of the generators implanted in 2002 and 1.2% in 2003. The distribution of these devices in 2003 consisted of 1.1% for atrioventricular pacing and 0.2% for biventricular pacing among the total of first implants, and 0.5% and 0.2%, respectively, among the replacements.

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**Figure 3.** Percent distribution of the various pacing modes and rate-adaptive pacing (first implants and generator replacements), 2003.

**Figure 4.** Pacing modes used in patients receiving their first pacemaker, 1994-2003.
ETIOLOGY

The most common reasons for pacemaker implantation were conduction system fibrosis and unknown causes, which together accounted for 73.1% of the total. The group of cardiomyopathies comprised 5.5% of the causes, and among them myocardial hypertrophy reached 0.7%. Pacing for clinical conditions mediated by the autonomic nervous system (carotid sinus syndrome or malignant vasovagal syndrome) represented 0.9%, with a range over the years included in the registry of 0.9% to 1.9% (Figure 5).

SYMPTOMS

The most frequently reported signs and symptoms prior to or prompting pacemaker implantation were syncope, dizzy spells, dyspnea or signs of heart failure, and bradycardia. The incidence of prophylactic pacemaker implantation in asymptomatic patients was 1.8% (Figure 6).

ELECTROCARDIOGRAPHIC ALTERATIONS

Among the electrocardiographic alterations leading to an indication of pacemaker implantation, atrioven-
Intraventricular conduction defects (AVCD) were the most numerous at 47.6%, followed by sick sinus syndrome (SSS) at 24.6% and atrial fibrillation with atrioventricular block (AVB) at 20.8% (Figure 7).

PACING IN ATRIOVENTRICULAR BLOCK

The predominant mode was VDD/R, accounting for 36%, followed by VVI/R at 32.2% and DDD/R at 31.7% (Figures 8, 9, and 10). Among the countries reporting data to the European Working Group on Cardiac Pacing, Spain uses VDD/R pacing more than any other, both in overall terms and specifically for AVB.

The incidence of single-chamber ventricular pacing in AVB is 53.1% in patients 80 years of age or older and 21.2% in patients under 80 years of age.
PACING IN SICK SINUS SYNDROME

Pacing in DDD/R mode accounted for 65.7% of the total in 2003 after showing a steady increase since 1994, and has now duplicated the use reported at that time. Pacing in AAI/R mode has experienced a slow decrease to 4.3% in 2003, even though this mode has been demonstrated to be safe when there are no associated intraventricular conduction defects (IVCD). There has been a clear decrease in the use of the VVI mode, which, however, still holds steady at 25.8% (Figures 11 and 12).

Analysis of the variations in the use of pacing modes according to age (cut-off at 80 years) showed the following results: in SSS patients, VVI pacing was 42% in persons over the age of 80 and 19.1% in younger patients; atrial single-chamber pacing in the 2 groups showed similar rates, at 5.1% and 4%, respectively.

PACING IN INTRAVENTRICULAR CONDUCTION DEFECTS

DDD/R pacing was the most extensively used in patients with IVCD, and there was a high rate of single-chamber ventricular pacing (21.8%), although the trends show a clear decrease in this mode (Figure 13).

Pacing in IVCD patients for ventricular resynchronization has continued to show a slow increase, accounting for 1.2% of the total of pacemakers implanted in 2003 and 13.8% in the subgroup of patients with IVCD.

CONCLUSIONS

– There has been a notable increase in physiologic pacing modes, both overall and in each of the electrocardiographic indications recorded.

**Figure 11.** Pacing modes used in sick sinus syndrome (codes E1-E8, excluding patients with atrial fibrillation plus bradycardia, code E6), 2003.

**Figure 12.** Percent distribution of the pacing modes used in first pacemaker implants in patients with sick sinus syndrome, excluding those with chronic atrial fibrillation, 1994-2003.
– The VDD/R mode, following a significant increase up to 1999-2000 when it reached 25% of the total, has initiated a decrease in favor of DDD/R pacing.
– The rate of AAI/R pacing has remained constant, without major variations over the period analyzed.
– Age was seen to be one of the factors that influences the pacing mode selected.
– Pacing for ventricular resynchronization accounted for more than 1% of the overall activity.
– Bipolar pacing was chosen for virtually all the electrodes used, whether atrial or ventricular.
– Finally, it is important to emphasize the advantages of increasing the use of pacing modes that maintain atrioventricular synchrony, and to send out a call for greater participation in submitting Pacemaker Patient Identification Cards to the pacemaker registry in order to make more complete and reliable information available. The sample obtained to derive the data for 2003 only represented 38% of the total. Further details for the other years cited can be consulted in the Cardiac Pacing Section of the SEC website.

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REFERENCES

APPENDIX

Hospitals That Reported Their Data to the Spanish Pacemaker Registry (Banco Nacional de Datos de Marcapasos) in 2002 and 2003, According to Autonomous Community

Andalucía
  Clínica de Fátima
  Complejo Hospitalario Virgen Macarena
  Hospital Costa del Sol
  Hospital del Servicio Andaluz de Salud de Jerez de la Frontera
  Hospital Infanta Elena
  Hospital Juan Ramón Jiménez
  Hospital Puerta de Europa
  Hospital Reina Sofía
  Hospital San Cecilio
  Servicio Andaluz de la Salud, Cádiz

Aragón
  Hospital Miguel Servet

Asturias
  Hospital de Cabueñes

Baleares
  Hospital Son Llàtzer

Canarias
  Centro Médico Quirúrgico de Santa Cruz de Tenerife
  Clínica La Colina
  Clínica La Orotava
  Complejo Hospitalario Candelaria-OFRA
  Hospital Dr. Negrín
  Hospital Nuestra Señora de la Candelaria
  Hospital General de Palma Hospital Insular
  Hospital Universitario de Canarias
  Hospiten Rambla

Castilla y León
  Hospital de León
  Hospital del Bierzo
  Hospital Río Hortega
  Hospital General Virgen de la Concha
  Hospital General de Yaüe
  Hospital Provincial San Telmo
  Hospital San Juan de Dios de León
  Hospital Universitario de Valladolid

Castilla-La Mancha
  Hospital General Virgen de la Luz
  Hospital La Mancha-Centro
  Hospital Nuestra Señora de Alarcos
  Hospital Nuestra Señora del Prado

Catalonia
  Centro Quirúrgico San Jorge
  Complejo Hospitalario Parc Taulí
  Hospital Clínic i Provincial, Barcelona
  Hospital de Terrassa
  Hospital del Mar
  Hospital Germans Trias i Pujol

Extremadura
  Hospital Clídeba
  Hospital San Pedro Alcántara
  Hospital Universitario Infanta Cristina

Galicia
  Complejo Hospitalario Arquitecto Marcide
  Complejo Hospitalario Juan Canalejo
  Complejo Hospitalario Universitario de Santiago de Compostela
  Complejo Hospitalario Xeral-Cies
  Complejo Hospitalario Xeral de Lugo-Calde
  Hospital do Meixoeiro
  Policlinico Vigo (POVISA)

La Rioja
  Hospital San Millán

Madrid
  Clínica Moncloa
  Clínica Puerta de Hierro
  Fundación Hospital Alcorcón
  Hospital 12 de Octubre
  Hospital Clínico Universitario San Carlos
  Hospital de Móstoles
  Hospital La Paz
  Hospital Príncipe de Asturias
  Hospital Ramón y Cajal
  Hospital Universitario de Getafe

Murcia
  Hospital General Santa María del Rosell
  Hospital General Universitario de Murcia
  Hospital Morales Meseguer

Navarra
  Clínica Universitaria de Navarra

País Vasco
  Clínica Virgen del Pilar
  Hospital de Cruces
  Hospital de Galdakao
  Hospital Txagorritxu

Valencia
  Hospital de San Jaime
  Hospital General de Alicante del Servei Valencià de Salut
  Hospital General Universitario de Valencia
  Hospital Perpetuo Socorro
  Hospital Universitario La Fe
  Hospital de Requena
  Clínica Vega Baja