

Study ID	Description	Type of Study	Results/Conclusion	HCFA Comments
Kusumoto, Fred M, Goldschlager, N. 1996.	This is a review concerning indications for pacemaker implantation.	Review	There have been many advancements in pacemaker technologies. Care for patients has also become more difficult due to the increase in pacing options.	This article was not found to be pertinent in our analysis.
Forsberg, SA, Juul-Moller, S. 1979.	The study followed acute MI patients who developed heart block, and the survival rate of these patients for a period of two years.	Case series	The patients with heart block (3 rd degree AV block) had a significantly lower survival than all the patients in the infarct population.	This article was not found to be pertinent in our analysis.
Lamas, Gervasio A, Orav, E. John, Stambler, Bruce S, et al. 1998.	This study randomly programmed patients with dual-chamber pacemakers to either ventricular pacing or dual-chamber pacing.	Randomized	Patients with sinus-node dysfunction experience better outcomes from dual chamber pacing compared to ventricular pacing. Pacemaker implantation improves quality of life.	This article was not found to be pertinent in our analysis.
The Miami Trial Research Group. 1985	This trial randomized patients with acute	Randomized	The total mortality among all randomised patients with	Patients with severe congestive heart failure

	<p>myocardial infarction to either beta-blocker therapy (Metoprolol) or a placebo in order to determine the impact of Metoprolol.</p>		<p>myocardial infarction was not significantly reduced by Metoprolol. This drug is best to prevent short-term morbidity among all patients and short-term mortality in high risk patients.</p>	<p>hypotension, bradycardia or A-V block were not included. The results emphasized short-term morbidity and short-term mortality rather than long-term use of beta-blockers.</p>
<p>Olsson, G, Wikstrand, J, Warnold, I, et al. 1992.</p>	<p>Five studies on Metoprolol were pooled in order to determine overall mortality rates for patients treated with the drug and those treated with a placebo. The studies were pooled because some of the studies demonstrated inconclusive results due to low statistical power.</p>	<p>Review</p>	<p>There were 223 deaths in the placebo treated patients and 188 deaths in the Metoprolol treated patients. The mortality rate was 97 in the placebo group and 78.3 in the treatment group per 1000 patient years.</p>	<p>This article was not found to be pertinent in our analysis.</p>
<p>Josephson, Mark E. 1985.</p>	<p>This chapter focuses on the pathophysiologic and clinical</p>	<p>Review</p>	<p>Not applicable</p>	<p>This chapter was not found to be pertinent in</p>

	events that immediately proceed sudden cardiac death.			our analysis.
Shaw, David B, et al. 1980.	This is a study of patients with sinoatrial dysfunction who were fitted with pacemakers.	Case series	Pacemaker implantation had little effect on mortality, but did reduce incapacitating symptoms. Pacing should generally be used for patients with troublesome symptoms.	Patients with persistent sinus bradycardia, who suffered from a recent MI, were excluded from the study.
Rubenstein, Joel J, et al. 1972.	The purpose of this article is to describe the clinical spectrum of a group of patients with sick sinus syndrome.	Case series	Pacing was successful in treating symptoms due to bradycardia, but was less successful in preventing tachyarrhythmias.	There is no therapy indicated for patients with asymptomatic bradycardia. There were no cases of patients with second or third degree AV block.