myocardial infarction, and 2.01 (95% CI, 1.50-2.71) for cardiovascular death. Discontinuation of oral anticoagulation after the bleeding event was observed in 22.6% of patients who had a major bleeding and in 11.2% who experienced a CRNMB.

**Conclusion:** Patients with AF who experience a major bleed during follow-up have a greatly increased risk of cardiovascular outcomes after the event. This excess risk was much lower in patients who had a CRNMB.

**ABSTRACT AP-518:**
Optimizing care of the SICD patient: Special programming and management strategies
Saturday, April 30, 2022
3:30 PM - 4:30 PM

**AP-518-01**
SUBCUTANEOUS IMPLANTABLE CARDIOVERTER DEFIBRILLATOR SMART DEACTIVATION INCREASES INAPPROPRIATE SHOCKS, A REAL-WORLD SINGLE CENTRE EXPERIENCE
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**Background:** The SICD has been increasingly used with its addition to the HRS guidelines in 2017. A question mark remains around the burden of inappropriate therapy (IT), which, in PRETORIAN had an IT in 9.6% of patients over 4 years. Importantly, this trial was conducted using devices without the SMART pass (SP) algorithm installed. SP (Boston Scientific Corporation, Natick, MA) is a bandpass filter has been shown to reduce inappropriate therapy. However, a key area under-investigated is the algorithms’ ability to deactivate itself in community.

**Objective:** We aimed to assess: the effect of SP with clinical variables, on inappropriate therapies and oversensing; why the