

**Aim.** To evaluate the impact of remote telemetry monitoring on the course of chronic heart failure (CHF), functional status, and quality of life (QoL) in patients over 60 years of age after dual-chamber pacemaker (PM) implantation.

**Material and methods.** This prospective study included 95 patients (49.5% male), mean age  $72.5 \pm 7.9$  years. The main group of patients ( $n=40$ ) was remotely monitored using the CareLink Network remote monitoring system (Medtronic, USA). Data transmission was performed monthly for one year. The control group ( $n=55$ ) underwent in-person clinical follow-up at 1 month and 1 year after surgery. The study and control groups were comparable in age, sex, nosological forms, clinical and demographic characteristics, and indications for surgery ( $p>0.05$ ).

CHF course was assessed using clinical and instrumental parameters, and QoL was assessed using the Minnesota Living with Heart Failure Questionnaire (MLHFQ).

**Results.** The study found no difference in hospitalization rates based on the follow-up method ( $p>0.05$ ). A significant improvement in the clinical status score was observed in the entire cohort ( $p<0.001$ ). The 6-minute walk test distance significantly increased in the remote monitoring group ( $p=0.011$ ) compared to the control group ( $p=0.229$ ). Quality of life according to the MLHFQ significantly improved in both groups one year after surgery ( $p<0.001$ ). However, the reduction in the total score and among the subscales “Economic aspects” and “Emotional aspects” was significantly greater in the remote monitoring group ( $p=0.002$ ;  $p=0.014$ ;  $p<0.001$ , respectively).

**Conclusion.** In patients over 60 years of age with CHF, pacemaker implantation leads to a significant improvement in clinical status, functional status, and quality of life, regardless of the subsequent follow-up method. At the same time, a significant increase in the 6-minute walk test distance after one year was achieved only with the use of remote monitoring, indicating its advantage in improving exercise tolerance. Comparable hospitalization rates and no changes in echocardiographic parameters in both groups confirm the efficacy and safety of remote follow-up.