Background: The benefits of implantable cardioverter defibrillators (ICDs) have not been fully elucidated in older individuals in whom a comorbidity is relatively high and life expectancy is generally short. We aimed to evaluate the benefits of ICDs in older patients. Methods: Consecutive 171 ICD recipients (male 77.2%, mean age of 63.6 ± 12.4 years old, left ventricular ejection fraction of 44.0 ± 18.8 %, ischemic cardiomyopathy 35.1%, primary prevention ICD 47.4%) were prospectively followed-up for 45.4 ± 34.7 months. The patients ≥ 70 years of age (n=67) were compared with the remaining patients (n=104) in terms of appropriate / inappropriate ICD therapies and the mortality by using Kaplan-Meier analysis. Results: Mortality was 34.4% in the patients ≥ 70 years of age and 13.5% in the others; overall survival was significantly lower in the older patients than in the younger patients (log-rank p=0.0005). However, the proportion of the patients who had appropriate / inappropriate therapies were similar between older and younger patients (30.0% versus 33.7%, 17.9% versus 17.3%, respectively); event-free survival from appropriate or inappropriate therapies did not significantly differ between the two groups (log-rank p=0.39, 0.20, respectively). Conclusions: ICD therapy may be equally beneficial to reduce arrhythmic death in older patients as in younger patients. Keywords: age, ICD