

DRUG TREATMENT FOR HEART RHYTHM DISORDERS (ARRHYTHMIA)

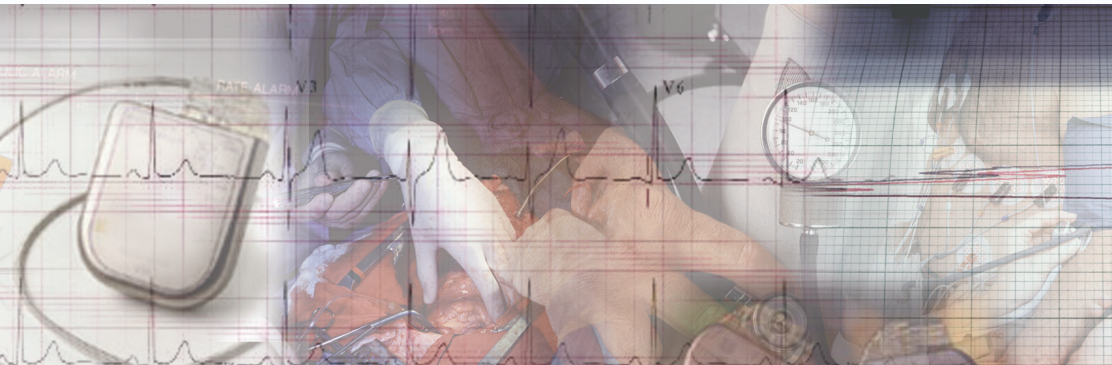
The Heart Rhythm Charity

Promoting better understanding, diagnosis,
treatment and quality of life for individuals
with cardiac arrhythmias



www.heartrhythmcharity.org.uk

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*Arrhythmia Alliance patient booklets are reviewed annually.
This booklet will be next updated June 2008.
If you have any comments or suggestions please contact A-A.*

Glossary of technical terms used

Arrhythmia	Irregular heart beat
ICD	Implantable Cardioverter Defibrillator
Cardiologist	A doctor who has specialised in the diagnosis and treatment of patients with heart conditions.
Amiodarone	An antiarrhythmic drug.

Introduction

Heart rhythm disorders, or arrhythmias, can be treated in a variety of ways. Some require no more than reassurance after diagnosis, but others may need drug therapy, implantation of an electrical device such as a pacemaker or ICD, internal treatment to remove an abnormal circuit (a focus or pathway) within the heart or even a combination of treatments. The correct treatment for your particular problem will have been discussed with you by your cardiologist or arrhythmia nurse; this brochure will attempt to answer any queries or concerns that you may have with regard to drug treatment for arrhythmias.

What do the drugs do?

Just as there are many different antibiotics to treat different infections, there are many different drugs to treat arrhythmias. These drugs tend to be grouped into classes, according to how they act on your heart, but drugs within the same class may affect different people in different ways.

All of these drugs, however, are given with two main objectives in mind.

1. To suppress your arrhythmia, maintain a normal heart rhythm and hence minimise your symptoms.
2. To prevent the development of prolonged or serious rhythm disturbances which might result in you suffering a collapse or coming to harm.

As a general rule, most serious (life-threatening) arrhythmias are treated with an implantable device (ICD) these days, but some patients may need to take medication in addition to reduce the need for the use of this device.

What can I expect?

Before commencing your drug (or drugs), your GP/doctor should explain how many tablets you need to take and any likely or possible side-effects that you might experience. Almost all drugs have some side effects, and these side effects vary from patient to patient, but as a general rule the more potent a drug the more likely it is to produce some side effects. Drugs to control heart rhythm are usually quite potent, so are likely to have some side effects.

As a result, the treatment you are prescribed is very often a compromise between the risks and symptoms associated with your arrhythmia and the side effects of your treatment. “Successful” treatment may mean achieving a situation where you can live with occasional mild arrhythmias in order to avoid constant, unpleasant side effects. Some of these side effects only occur when starting the drug, so your GP/doctor may start at a low dose and build up gradually to get the desired response.

This does not mean that you should suffer in silence, however! If you have side effects that you feel are not tolerable, you should report them to your GP/doctor as he/she may be able to offer another drug that suits you better.

When you receive your drugs, you will find a leaflet enclosed that details all possible side effects of the prescribed drug. It is important to realise that most people get few or no side effects, so don't be put off taking your tablets by reading the leaflet!

Equally important is that you should not stop taking the tablets suddenly without contacting your GP/doctor as this may result in a “rebound” worsening of your arrhythmia.

Occasionally your GP/doctor may give you advice about making small adjustments in your dosage according to your symptoms or side effects. Do not vary outside any agreed variation as this may result in severe side effects or loss of benefit from the drug.

Can I take an antiarrhythmic drug if I get pregnant / wish to breastfeed?

Like most drugs, antiarrhythmic drugs should be used with caution during pregnancy or breast feeding. Although some drugs are quite safe, others

should be avoided as they can have an adverse effect on a baby's development. If you are planning a pregnancy, you should mention this to your cardiologist or arrhythmia nurse. They will be able to advise you what is the safest option. Your pharmacist might also be able to give helpful advice. If you have an unplanned pregnancy, it is important to seek medical advice straight away as there may be a safer alternative drug for you to take.

What about any other medication?

Because arrhythmias often (but by no means always) occur in association with other heart conditions, you may well be on a number of drugs. These drugs are necessary and contribute to controlling your arrhythmia by treating the underlying heart problem, so must be continued. This may mean that you are taking a complicated "cocktail" of drugs and it can be hard to remember which tablets to take and when. Consider investing in a tablet box which sets out all the tablets you need for the day or week and helps you to take them correctly and on time.

Please remember to always take your prescription or the original packets/boxes for ALL your tablets whenever you visit a doctor or nurse. "I take three of the pink ones a day" is not much help when there are hundreds of pink tablets that contain different drugs! This approach helps to reduce mistakes in prescribing and helps when doctors and nurses need to communicate about your treatment.

It is also worth checking your tablets every time you have a new prescription – pharmacists occasionally make mistakes and sometimes your tablets may look different because they have come from a different manufacturer (even though the drug is the same!).

What should I do if I feel really ill with my tablets?

Contact your GP/doctor (ring the surgery or hospital and ask for his/her secretary) BEFORE stopping any medication, as sudden cessation of treatment can sometimes result in an unpleasant return of your arrhythmia, perhaps worse than before treatment.

Your GP/doctor will either see you quickly or send advice about what to do. If you feel very unwell and are unable to contact your GP/Cardiologist, you should consider attending your local Accident and Emergency Unit, taking all of your tablets with you.

Some drugs used for arrhythmias stay in the body for quite a long time after stopping them, so any side effects may take a while to diminish or disappear. Amiodarone (Cordarone X) is the most prominent drug that causes this problem; it takes many weeks to reach stable levels in the body and may take at least 3 months to be removed from your body once stopped. This means, of course, that changes in dose will take some time to take effect as well as side effects continuing for some time after stopping the drug. Most other drugs are not as persistent as this, but it may take several days for a change in dose to have effect. See appendix for more details on this drug.

IF IN DOUBT, CONTACT YOUR GP, CARDIOLOGIST OR ARRHYTHMIA NURSE.

If you have not been referred to a cardiologist specialising in heart rhythm disorders, it is reasonable to request this.

How long will I take these tablets?

Unlike antibiotics or some other drugs, this is not a “course” of drugs as the treatment is intended to suppress, rather than cure, your arrhythmia.

As such, you should expect to continue the tablets indefinitely unless your GP/doctor changes them or recommends another form of treatment.

Remember that new treatments for arrhythmia are being developed all the time, so there may be other options in the future.

What happens if my tablets don't work?

Treatment of arrhythmias has improved enormously in the last decade, with new drugs and other treatments becoming available.

If your first drug does not work or results in intolerable side effects, there is likely to be another one available. It may be that your GP/doctor will need to try several drugs before finding the right one for you. This is not trial and error – he/she will know the right type of drug to use, but predicting which one gives you the least side effects whilst controlling your arrhythmias is rarely possible with any individual patient!

When all suitable drugs have been tried or if your rhythm is considered to be likely to result in you coming to harm, other treatments will be discussed. These include ablation (actually destroying a very small area inside the heart that is causing the arrhythmia) or implanting a device such as an ICD. Because these are more specialised treatments, it may be necessary for you to be referred to another specialist cardiologist at a larger hospital. Your cardiologist will discuss this with you if this situation arises.

Appendix – Amiodarone (Cordarone X)

This is perhaps the most powerful antiarrhythmic drug in regular current use. On the “swings and roundabouts” principle, that power comes at the price of lots of side effects. As such, it is generally used with caution but

many patients gain great benefit from it. You may, however, wish to ask your cardiologist some questions if he/she recommends this drug. If this drug has not been prescribed by a cardiologist, you might wish to ask the prescribing doctor for a review by a cardiologist before commencing this drug.

Questions to consider

1. Is there no other alternative treatment (drug or otherwise)?
2. What advice can be given to minimise side effects (for example, avoiding strong sunlight or using potent sun-block as this drug makes the skin more sensitive to burning, especially in fair-skinned patients).
3. What arrangements will be made to check your thyroid, Liver and Lung function before and during the test.
4. How will the initial (loading) dose be given? (Your body will require approximately 10 grams of the drug before it takes full effect – each tablet is 0.2 grams)
5. Will it influence any other drugs I may be taking?
(It can particularly upset warfarin control)

Do remember, however, that this drug can be a life-saver when used carefully and correctly and so, as with other antiarrhythmic drugs, should not be stopped or the dosage changed without consulting your GP/doctor.

Useful Websites

A list of useful sites can be found at:- www.arrythmiaalliance.org.uk. This list is not exhaustive and it is constantly evolving. If we have excluded anyone, please accept our sincerest apologies and be assured that as soon as the matter is brought to the attention of the [Arrhythmia Alliance](#), we will quickly act to ensure maximum inclusiveness in our endeavours.

If you wish to contact us direct please phone on 01789 450 787 or email hearhythm@stars.org.uk

Finally

This is the list of [Arrhythmia Alliance](#) Patient booklets available by website or emailing.

- Atrial Fibrillation Inc Atrial Flutter
- Bradycardia (slow heart rhythm)
- Cardiac Resynchronisation Therapy ICD/CRT Patient Information
- Catheter Ablation
- Catheter Ablation for Atrial Fibrillation
- Drug treatment for heart rhythm disorders (arrythmias)
- Electrophysiology Studies
- Exercising with an ICD
- Heart Rhythm Charity
- National Service Framework Chapter 8
- Highlighting the work of the Alliance
- ICD Patient Information
- Insertable Loop Recorder
- Pacemaker/CRT Patient Information
- Pacemaker Patient Information
- Sudden Cardiac Arrest
- Remote Monitoring for ICDs
- Supraventricular Tachycardia (SVT) Patient Information
- Tachycardia (fast heart rhythm)
- Testing using Drug injections to investigate the possibility of a risk sudden cardiac death
- Tilt-Test

Please feel free to discuss any concerns at all with your doctor, physiologists or nurse at any time.

Please help us to improve services for all those affected by arrhythmias and to save lives by making a donation today. Please complete the donation form below and return to P.O Box 3697 Stratford upon Avon CV37 8YL or click on www.arrythmiaalliance.org.uk and click the donate icon.

Membership is free to individuals However if you would like to make a DONATION please complete and return.

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I have made a donation to A-A via PAYPAL at www.arrythmiaalliance.org.uk to the sum of:	£
I have arranged a standing order from my Bank/ Building Society Account to A-A. (min amount £10p.a.)	£
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Name of taxpayer:.....

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Please allow Arrhythmia Alliance to claim an extra 28p for every £1 you donate at no cost to you. I want Arrhythmia Alliance to treat all donations I have made since 6 April 2000, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. I currently pay an amount of income tax and/or capital gains tax at least equal to the tax that Arrhythmia Alliance reclaims on my donations in the tax year. I may cancel this declaration at any time by notifying A-A. I will notify A-A if I change my address. Please note full details of Gift Aid tax relief are available from your local tax office in leaflet IR 65. If you pay tax at a higher rate you can claim further tax relief in your Self-Assessment tax return.

Standing Order Authority

My Bank:	
Bank Address:	
Please Pay: A-A, Account: 02685818 Sort Code: 30-98-26, Lloyds TSB Plc, 22 Bridge St, Stratford upon Avon, CV37 6AG	
The Sum of £/E/\$:	On (1st Date): / / 200....
And after this, every: Month / Year (delete)	Account No.:
Sort Code:	Signature:
Date:	Please hand this form in to your Bank

Credit Card Payment

Card Type:	Expiry Date:
Card Number:	Amount of £/E/\$:
Name on Card:	Address:

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Please remember these are general guidelines and individuals should always discuss their condition with their own doctor.



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