

<p>Amiodarone ايبي دارون عمية ما بتتنفس و كبدها خرابان مع ذلك هي فاندتها بتاع كلو</p>	<p>3K channel blockers→ prolongs phase 1, 2 & 3 of AP& increases refractory period ايبي دارون جميل</p>	<p>–Corneal microdeposit (photophobia), photosensitivity ,Thyroid disorders Pneumonitis or pulmonary fibrosis & hepatitis</p>	<p>-SVT, AF and VT when other safer agents are ineffective +WPWS . –daily orally or by injection –It is highly lipid-soluble & has very large volume of distribution & long t_{1/2} of about 54 days. -It causes no myocardial depression.</p>
<p>Bretylium جميل الو دخل حاد بالبطن (بطين)</p>	<p>3</p>		<p>IV in resistant ventricular arrhythmias after AMI like VF & VT.</p>
<p>Verapamil</p>	<p>4Ca-channels blockers→ phase 2→blocking influx of calcium through L-type</p>	<p>--Headache, constipation, Hypotension, bradycardia --contraindicated in heart failure and after AMI</p>	<p>--ve (inotropic & -ve chronotropic) (acts on SA node & impairs conduction in AV node). --It is useful mainly in SVT and AF فوق مع انه بحرف الفي</p>
<p>Adenosine</p>	<p>Other Anti-arrhythmic agents→slow s & inhibits AV nodal conduction.</p>	<p>bronchospasm (avoided in asthma), flushing and chest pain</p>	<p>--It occurs naturally in the body. (ATP) -IV injection in SVT - t_{1/2} is 10 seconds & is rapidly metabolized by circulating adenosine deaminase</p>
<p>Digoxin</p>	<p>Other Anti-arrhythmic agents→inhibiting ATPase (Na-pump) in cardiac cells: →(+ve inotropic→ increase cardiac output and decrease sympathetic tone →indirect -ve chronotropic</p>	<p>has a narrow therapeutic index. Manifestations of digoxin toxicity include: Cardiac effects: arrhythmias and heart block GI effects: nausea and vomiting. CNS effects: headache, confusion, nightmares, psychosis, coloured vision Treatment of digoxin toxicity: Stop + correct hypokalemia Correct arrhythmias using phenytoin or atropine Give digoxin antibody infusion</p>	<p>-- orally or IV. →excreted unchanged in urine (85 %) with a t_{1/2} of 36 hours --Arrhythmias as AF & SVT Heart failure particularly when associated with arrhythmia like AF. Smaller doses of digoxin are used in: Elderly, renal disease, hypothyroidism, in the presence of hypokalemia</p>

Drug	class	Main adverse effects	Used in
Diso-pyramide اهرمات اسطورة الأهرمات و الذناب (بتقل القلب)	1A(Na channel blockers)→phase 0→ increase AP duration بكندا في اهرمات و ملاريا	.Anti-muscarinic effects <u>.hypotension</u>	-Ventricular arrhythmias (after AMI) -SVT of Wolf Parkinson White syndrome
Quinidine ملاريا	1A	Its use has declined because of its SE . Hypotension and heart failure may occur. شغلها فوق تحت قليل	-Atrial fibrillation or flutter -Resistant SVT -Occasionally in ventricular tachycardia It blocks conduction
Pro-cainamide كندا	1A	.with prolonged (drug-)use induced SLE <u>.Hypotension</u>	- ventricular arrhythmias after AMI; IV then orally
. Lignocaine (Xylocaine) لين نعسانه و مشوشة و كسلانة فباخذها بابرّة	1B→ decrease فين لين بالمكسيلا	<u>hypotension</u> , sleepiness, confusion and convulsions with high doses.	-ventricular arrhythmias after AMI IIV (infusion or injection) has high 1 st pass metabolism and low bioavailability.
Mexiletine بالمكسيلا	1B	tremor, ataxia, dysarthria & <u>hypotension</u>	- ventricular arrhythmias after AMI(orally)
Phenytoin <u>Note :useful in digitalis induced arrhythmia</u> Phenytoin	1B فين		It is useful in digitalis-induced arrhythmias
Flecainide	1C	الخطة سي بس يخرّب الكل و يستخدم فوق و تحت	VPC , ventricular tachycardia & in SVT when others are ineffective.
Propranolol, Esmolol اسمو	Class II (Beta-blockers)→ all phases		

Summary of drug therapy of main types of arrhythmias:

- **APC:** choice: a **beta-blocker** if symptomatic
- **PVC:** choice: **Disopyramide**, Lignocaine, Flecainide
- **Atrial fibrillation:** choice: **Propranolol**, **amiodarone**, **digoxin**
- **SVT:** choice: **Beta-blocker**, **verapami**, adenosine
- **Ventricular tachycardia:** choice: **Lignocaine**, **amiodarone**