CENTRA
MEDICAL GROUP

Stroobants Cardiovascular Center

Guidelines
For Antiarrhythmic Drug Selection
For Atrial Fibrillation

Remember that first line agents for patients with no or minimal structural heart disease are flecainide, propafenone or sotalol (not amiodarone).

- R.A.F.T. trial of Rythmol SR-70%pts on the 425mg bid dosing had no recurrences over a 40 week period. Very well tolerated. It comes in 225mg, 325mg and 425mg doses and is dosed twice daily. There were no incidences of proarrythmia.
- Remember to use an AV nodal blocking agent with flecainide
- Remember sotalol is renally cleared. It should not be used in patients with significant LVH b/c of an increased risk of torsades de pointe.

For patients with structural heart disease remember that dofetilide is a good option but does have many drug interactions and is renal cleared but can be used to keep patients from being exposed to amiodarone. For patients in whom amiodarone is the only option, left atrial ablation can be used as first line therapy.

Patients who have failed first line therapy, especially those with paroxysmal or recent onset persistent atrial fibrillation are good candidates for ablation.

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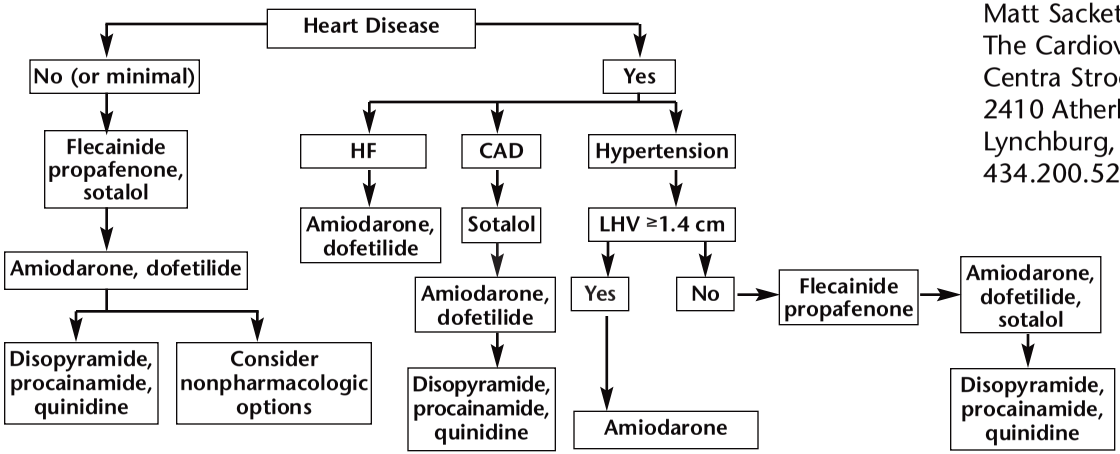

For patients requiring amiodarone, remember to screen regularly (every 6 months) for liver and thyroid abnormalities as well as a chest x-ray to look for pulmonary toxicity. Consider having the x-ray over-read by radiology for consistency and legal backup. I would also recommend getting a yearly PFT with a DLCO to help rule out pulmonary toxicity.