

## ... about amiodarone

- ◆ Oral amiodarone is only indicated for the treatment of severe rhythm disorders that are not responding to other therapies or when these cannot be used.
- ◆ A loading dose is needed when initiating therapy, which should be done in hospital and/or under specialist supervision. In Wales, prescribing should only be transferred to primary care under shared care arrangements when a patient is established on a maintenance dose (usually 200mg daily).

[A shared care template is available at www.awmsg.wales.nhs.uk](http://www.awmsg.wales.nhs.uk)

- ◆ Specialists should advise on ALL dose changes and should be consulted before therapy is stopped (unless this is done according to a locally approved protocol). When there are concerns about adverse effects in a patient, advice should be sought urgently.
  - ◆ For a safe amiodarone service consider:
    - Do you have a patient register?
    - Do you have a safe recall system?
    - How do you identify non-attenders?
    - How do you ensure that abnormal results are always followed-up?
    - Have all patients had a face to face annual review documenting details relating to their therapy?
  - ◆ Amiodarone has a very long half-life (20-100 days, average 50 days), therefore:
    - the blood concentration takes several weeks to stabilise.
    - interactions with other medicines may occur several weeks (or even months) after treatment is stopped.
  - ◆ Amiodarone is contraindicated in patients taking medicines that prolong the QT interval. Prescribers should check on potential interactions with other co-prescribed medicines. Some of these include:\*
- Digoxin* - halve the dose when starting amiodarone
- Warfarin* - consider dose reduction and weekly INRs in the initial weeks/months

*Statins* – restrict simvastatin dose to 20 mg

*Beta-blockers, diltiazem, verapamil* (risk of bradycardia / AV block)

*Diuretics* (risk of hypokalaemia leading to increased cardiotoxicity)

*Stimulant laxatives* (risk of hypokalaemia)

- ◆ Most serious toxicity with amiodarone is associated with long-term use and may therefore present in primary care. Prompt recognition and action usually reverses toxicity, although the process may be slow.
- ◆ Patients receiving amiodarone require regular monitoring for clinical effectiveness and adverse effects as well as regular blood testing.
- ◆ Blood monitoring should involve checking electrolytes, and testing liver and thyroid function every six months (the frequency of TFTs varies with the results).
- ◆ Patients should be advised to report:
  - increasing breathlessness /dyspnoea
  - loss of appetite / weight loss
  - sleep disturbance, nightmares
  - tremor, loss of co-ordination
  - non-productive cough
  - dizziness, blackouts
  - altered vision
- ◆ “Common” (1%-10%) adverse reactions reported include:

<i>Thyroid</i>	hyperthyroidism and hypothyroidism
<i>Lung</i>	breathlessness, cough
<i>Heart</i>	blackouts, bradycardia
<i>Eyes</i>	corneal microdeposits
<i>GI/Liver</i>	nausea, taste disturbance, hepatotoxicity
<i>Skin</i>	photosensitivity, slate grey discolouration
<i>Neuro</i>	sleep disturbance, tremor (also rare reports of optic neuritis, peripheral neuropathy)
- ◆ Amiodarone can be used for short-term therapy, e.g. for three months post-CABG or cardioversion. The planned duration should be clear in all correspondence regarding a patient's management so that amiodarone is not inadvertently continued.

\* The Summary of Product Characteristics should be consulted for full prescribing information.