* Drugs used to treat cardiac arrhythmias
* Objectives

At the end of this session you should be able to:

* Classify anti-arrhythmic drugs.
* Describe the electrophysiological effects of the major groups of antiarrhythmic drugs.
* List the uses and toxicities of these drugs
* Explain how hypo- or hyperkalemia and antiarrhythmic drugs can cause arrhythmia
* The Basics
* SA Node and AV node cells are slow conductors activated by calcium, thus blocked by calcium channel blockers such as verapamil
* Atrium, Bundle of His, and ventricle cells are fast conducting and activated by sodium, thus blocked by sodium channel blockers (class 1 anti-arrhythmics) such as quinidine, lidocaine and propafenone.
* Normal Sinus Rhythm
* Antiarrhythmia Agents
* Classification of Anti-arrhythmics
* Anticoagulation Rules for A-Fib
* Everybody who has rheumatic heart disease should be anticoagulated
* If <65 yo and with h/o DM, HTN, CHF, CVA, prosthetic valves, thyrotoxicosis, LV dysfunction or LA enlargement, then give coumadin
* If no risk factors, do nothing.
* 65-75 yo with any of above risk factors, give coumadin; if no additional risk factors, give coumadin or aspirin
* >75 yo give coumadin but keep INR 2-2.5 due to increased risk of bleed