

### Heart Rhythm Congress October 2016



# GUCH Arrhythmias

why, what and which drugs are best...

Dr Graham Stuart
Bristol Congenital Heart Unit

why, what , which drugs are best



Darwin at the lady's house. I found her nearly in a state of suffocation; her pulse extremely weak and irregular, her breath very short and laborious, her countenance sunk, her arms of a leaden colour, clammy and cold. She could not lye down in bed, and had neither strength nor appetite, but was extremely thirsty. Her stomach, legs, and thighs were greatly swollen; her urine very small in quantity, not more than a spoonful at a time, and that very seldom. It had been proposed to scarify her legs, but the proposition was not acceded to.

Digitalis 1785

Withering W An account of the Foxglove and its medical uses. Birmingham England 1785

why, what , which drugs are best



It is now almost nine years since the Digitalis was first prescribed for this lady, and notwithstanding I have tried every preventive method I could devise, the dropsy still continues to recur at times; but is never allowed to increase so as to cause much distress, for she occasionally takes the infusion and relieves herself whenever she chooses. Since the first exhibition of that medicine, very small doses have been always found sufficient to promote the flow of urine.

Digitalis 1785

Wiithering W An account of the Foxglove and its medical uses

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why, what , which drugs are best



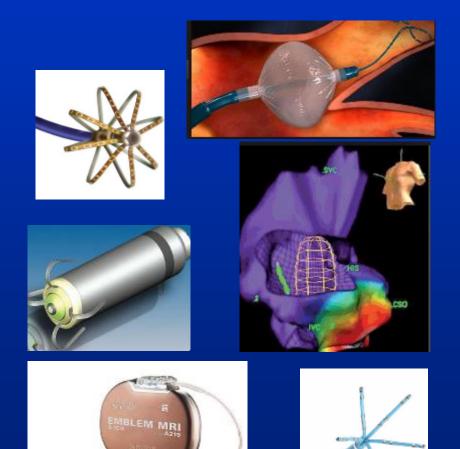
Digitalis 1785

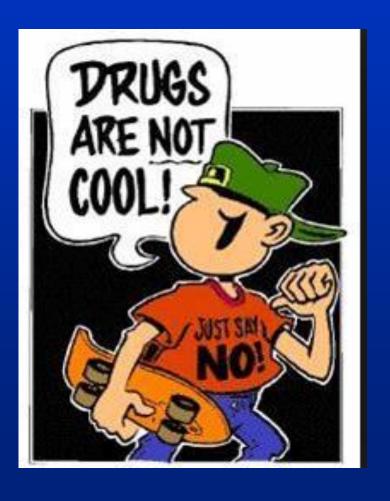
Wiithering W An account of the Foxglove and its medical uses



DC Ablation 1982

Gallagher et al Catheter technique for closed chest ablation NEJM





- When / what drugs should we not use
- Drugs for Supraventricular arrhythmias
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- Do patients take the drugs we prescribe

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drugs we should not use...



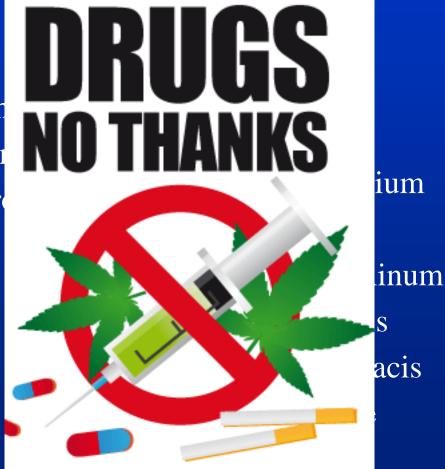


John Moore's University 2015

# Street drugs

contaminants, adulterants, bulking agents

- Clembuterol
- Dextromorph
- Dexamphetar
- Lidocaine/pre
- Strychnine
- Diltiazem
- Ketamine
- Ephedrine
- scopolamine



# "Energy Drinks"





- 30% of 12-19yr olds regularly consume energy drinks
- > 5000 overdoses per annum in USA
- Similar caffeine content to percolated coffee (90mg)

Caffeine = guaranine=theine=maurine

# "Energy Drinks"



Am J Cardiol 2014;114:1124-5

#### Energy Drink—Induced Near-Fatal Ventricular Arrhythmia Prevented by an Intracardiac Defibrillator Decades After Operative "Repair" of Tetralogy of Fallot

Alexandra E. Ward, MDa, Steven E. Lipshultz, MDb, and Stacy D. Fisher, MDc

45 yr old Man 3 energy drinks after waking "tired" for morning shift

250mg caffeine .....

### Energy Drink Overconsumption in Adolescents: Implications for Arrhythmias and Other Cardiovascular Events

Fabian Sanchis-Gomar, PhD, MD,<sup>a</sup> Helios Pareja-Galeano, PhD,<sup>a,b</sup> Gianfranco Cervellin, MD,<sup>c</sup>

Table 1. Possible manifestations of energy drink abuse in adolescents				
Tachycardia	*			
Atrial fibrillation or flutter	* * * *			
Ventricular arrhythmias	*			
QT prolongation	*			
ST-segment elevation	*			
Increased anxiety and depression				
Dizziness				
Sleeplessness	W CIVIC CC			
Shortness of breath	* CVS effects			
Loss of control and a feeling of imminent death				
Development of uncontrollable phobias and fears				
Increased platelet aggregation	<b>N</b>			
Decreased endothelial function	* *			
Myocardial infarction	*			
Hemodynamic failure	•1•			
Syncope	*			
Sudden cardiac death	*			
Cumulative cardiovascular load	*			
Cerebral blood flow reduction				

"Normal heart": restrict to one drink per day Sanchis-Gomar

"ACHD heart": ? No safe level. Rx as per coffee



½ can Red Bull ½ ounce jagermeister







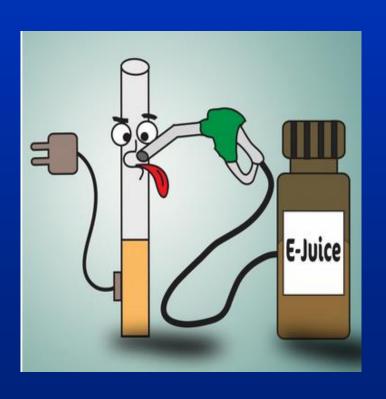
Got a story, picture or video to share?

# 'Jagerbombs left me for dead': Teenager suffered three heart attacks before being saved by defibrillator 4th March 2015



A teenager was left "dead on the bathroom floor" by an energy drink after downing Jagerbombs on a night out with friends and had to be resuscitated with a defibrillator.

drugs we should not use...



The Health Effects of Electronic Cigarettes

Chitra Dinakar, M.D., and George T. O'Connor, M.D.
N Engl J Med 2016;375:1372-81

Cause endothelial cell death
Increase oxidative stress
Toxic to cardiomyoblasts
depending on flavour

drugs we should not use...

Negatively inotropic

Flecainide

Alters pacing thresholds

proarrhythmic?

flecainide and proarrhythmia

- CAST study
  - − Ischaemic heart disease study (50% EF <40%)
  - ( arrhythmia event rate = placebo if EF >40%)
- Conversion of afib to conducted atrial tachycardia use with av node blocker
- Interactions

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Drug Melab Pharmacokinet. 2015 Aug; 30(4):257-62. doi: 10.1016/j.dmpk.2015.04.001. Epub 2015 Apr 11.

Serum flecainide S/R ratio reflects the CYP2D6 genotype and changes in CYP2D6 activity.

Doki K<sup>1</sup>, Sekiguchi Y<sup>2</sup>, Kuga K<sup>3</sup>, Aonuma K<sup>4</sup>, Homma M<sup>5</sup>.
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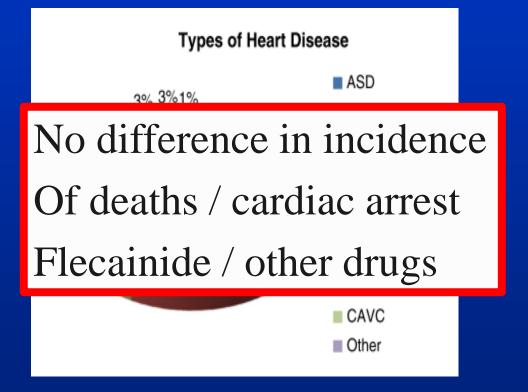
- Cytochrome P450 eg statins, prozac, citalopram

#### Flecainide Use in Children with Cardiomyopathy or Structural Heart Disease

Brady S. Moffett · Santiago O. Valdes · Philip J. Lupo · Caridad delaUz · Christina Miyake · Michele Krenek · Jeffrey J. Kim

Ped Cardiol 2015;36:146-150

- 2004-2011
- 43 hospitals PHID
   Pediatric health Information database
- 3,144 children 0-18yrs
- 229 on flecainide
- 126 deaths!
- 60 Cardiac arrests



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# Flecainide **may be reasonable** option in some ACHD patients *if ventricular function good*

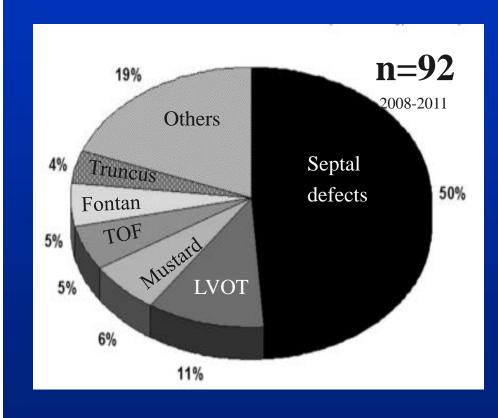
- When / what drugs should we not use
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- Drugs for Ventricular arrhythmias
- Do patients take the drugs we prescribe

Koyak Z et al Am J Cardiol 2013;112:1461-1467

- Multicentre study/ retrospective
- Efficacy of AAD in SVT
- 2008-2011 CONCOR Database
- All new onset SVT in ACHD
  - excluded non cardiac causes of arrhythmia eg hypoT4

Koyak Z et al Am J Cardiol 2013;112:1461-1467

Mean age at first-onset SVT in yrs (SD)	$51 \pm 16$
Men	48 (52)
Surgical repair of CHD	67 (73)
Concomitant conditions	57 (62)
HF	26 (28)
Systemic hypertension	25 (27)
Smoking	13 (14)
Obesity (body mass index ≥30 kg/m <sup>2</sup> )	9 (10)
Diabetes mellitus	8 (9)
CVA	6 (7)
Myocardial infarction	2(2)
Medication at baseline	58 (63)
Antiarrhythmics	_
β Blocker	6 (7)
Diuretics	17 (19)
ACE inhibitors	15 (16)
Warfarin	10 (11)
Aspirin	10 (11)
Echocardiogram available	58 (63)
At least moderately impaired SVF	6 (10)
At least moderately impaired PVF	9 (16)
At least moderate SAVR	14 (24)
At least moderate PAVR	19 (33)
Dilated left or right atrium	32 (55)



Koyak Z et al Am J Cardiol 2013;112:1461-1467

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Mean age 51 yrs

73% post-op.

Sick patients 62% comorbidity

Poor ventricles 5-10% Big atria >50%

Koyak Z et al Am J Cardiol 2013;112:1461-1467

Acute treatment of first-onset supraventricular tachycardias (n = 92)			
Treatment Method	Patients (%)	Success Rate (%)	
Electrical cardioversion	35 (38)	31 (89)	
Vagal manauware*	2 (2)	0 (0)	
muravenous drug merapy	14 (13)	14 (100)	
Adenosine	3 (21)	3	
Amiodarone	3 (21)	3	
Sotalol	2 (14)	2	
Flecainide	2 (14)	2	
Verapamil	2 (14)	2	
Metroprolol	1 (7)	1	
Procainamide	1 (7)	1	
Orar drug therapy	34 (37)	30 (88)	
Sotalol	14 (41)	14	
Amiodarone	2 (6)	2	
Metroprolol	10 (29)	6	
Verapamil	4 (12)	4	
Procainamide	4 (12)	4	
Spontaneous conversion	9 (10)	9 (100)	

Koyak Z et al Am J Cardiol 2013;112:1461-1467

Long-term management of first-onset supraventricular tachycardias in 83 patients to maintain sinus rhythm; drugs and dosages used in patients				
Drug	No. of Patients (%)	Mean Dosage (mg/day)		
No antiarrhythmic drugs Class I	13 (16)	_		
Propafenone	4 (5)	$563 \pm 309$		
Flecainide	5 (6)	$120 \pm 45$		
Class II Metoprolol Class III	22 (27)	69 ± 44		
Sotalol	28 (34)	$156 \pm 51$		
Amiodarone	4 (5)	$350 \pm 191$		
Class IV Verapamil	7 (8)	166 ± 75		

Koyak Z et al Am J Cardiol 2013;112:1461-1467

#### Side effects / recurrence

22% had side effects

75% on class III drugs

85% changed AAD

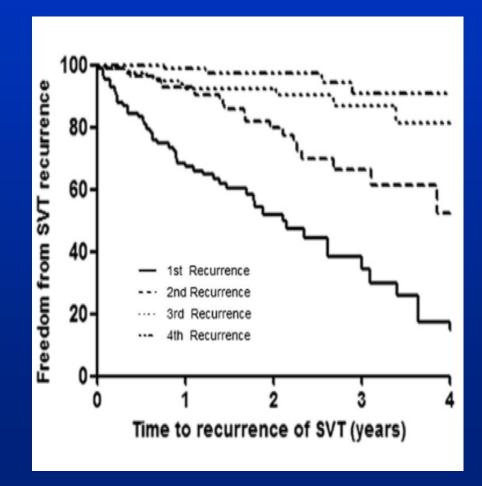
22% adverse events

Pacemaker 9, admission 8

Death 2, CVA 1

50% recurred by 2yrs

80% recurred by 4 years



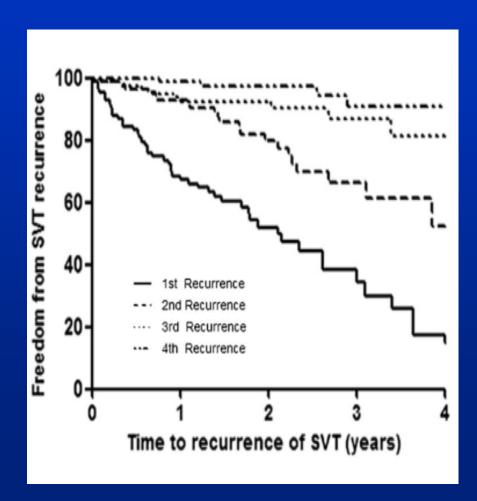
Koyak Z et al Am J Cardiol 2013;112:1461-1467

#### **Ablation**

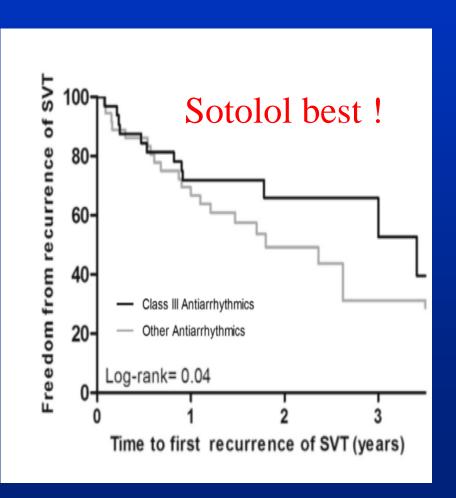
26 ablations in 23 patients Mostly after 1<sup>st</sup> recurrence

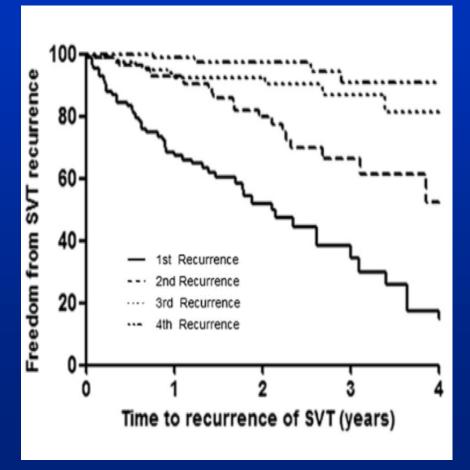
- RF in 31%
- others Maze/mini maze
- 55% Afib +AVRT/Flutter/AVNRT

Acute success 78% (67% at 1yr)



Koyak Z et al Am J Cardiol 2013;112:1461-1467

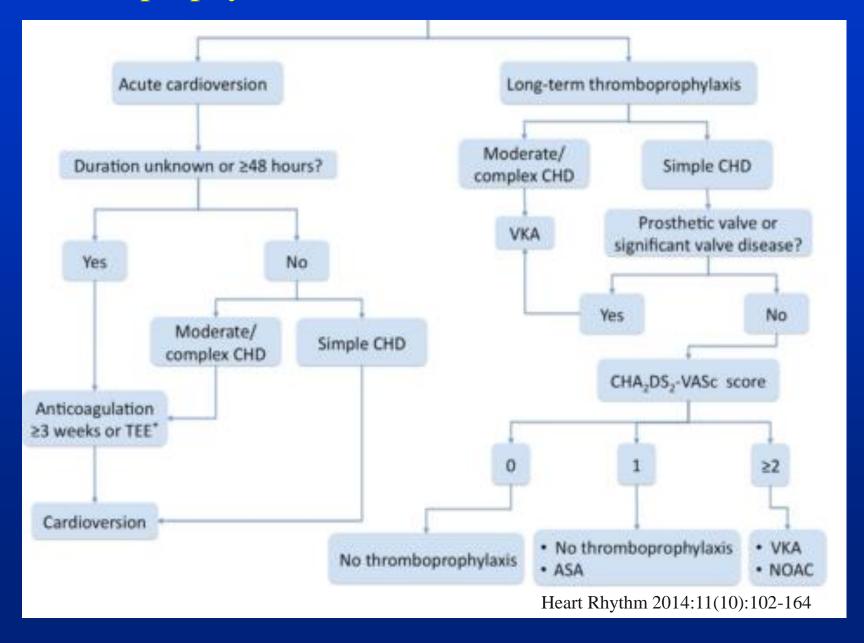




Koyak Z et al Am J Cardiol 2013;112:1461-1467

# Conclusion Class III most effective for SR Sotolol should be Ist choice for SVT

#### Thromboprophylaxis in adults with CHD and IART /AFib



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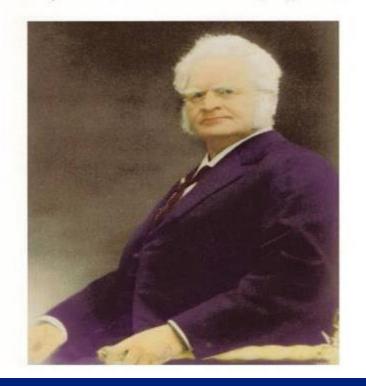
ventricular tachycardia- which drugs are best

Many of our public debates are happening in what I like to call an evidence-free zone, where ideology trumps data and common sense. That is a recipe for paralysis, not progress. -Hillary

- Evidence free zone
- Treat haemodynamics
- Try a beta blocker if symptoms rarely helps..
- Consider ICD/ablation

why, what, which drugs are best

Everyone is entitled to my opinions



If it doesn't make your patient feel better or live longer...

DON'T do it!

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#### **Key Issues in Outcomes Research**

Circulation 2009;119:3028-3035

### Medication Adherence Its Importance in Cardiovascular Outcomes

P. Michael Ho, MD, PhD; Chris L. Bryson, MD, MS; John S. Rumsfeld, MD, PhD

- No Data in ACHD
- After Myocardial infarction
  - 25% stopped taking some drugs by day 7
  - 34% stopped >1 drug by 1 month
  - 12% stopped ALL drugs by 1 month

### Drugs are not without problems!



- When / what drugs should we not use
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# GUCH Arrhythmias why, what and which drugs are best...?



Maybe, with the right ablation techniques we might not need drugs...



# Any Questions?





# GUCH Arrhythmias Drugs for SVT

- Flecainide
- Propafenone
- Digoxin
- Propranolol / Bisoprolol / Atenolol/ metoprolol
- Amiodarone
- Mexilitine
- Sotolol

• Use drugs you are familiar with (dose/side effects ...)

why, what , which drugs are best

Rosenthal

Lowe



**Ernst**