

Amiodarone therapy

Introduction

This leaflet has been created as an information resource for patients who have been advised to begin amiodarone therapy. The information outlined in this leaflet should help guide individuals to make informed decisions about their care, and instruct them on how to escalate adverse effects appropriately.

What is amiodarone and what is it used for?

Amiodarone is an anti-arrhythmic medication and is used to regulate a rapid or irregular heart rate. This can help alleviate symptoms associated with heart rhythm disturbances and provide effective heart rate control. Amiodarone is sometimes used as an interim therapy, for example whilst waiting for a procedure. Alternatively, it can be used as a long-term therapy in specially selected patients.

Pre-initiation

Prior to starting amiodarone, your specialist will organise several baseline checks. These include bloods tests, an electrocardiogram (ECG) and a chest X-ray. These checks are part of a monitoring protocol that aims to minimise the risk of adverse reactions. If these tests are satisfactory, you will be issued with a prescription.

Dosage

Initially, your specialist will prescribe amiodarone at a high dose in order to achieve a therapeutic tissue level quickly. This is known as a 'loading' dose and the most common regime is outlined in the table below. Once the loading period is completed, the maintenance dose should be taken continuously for a duration outlined by your specialist.

Amiodarone 200mg	Three times daily	One week
Amiodarone 200mg	Twice daily	One week
Amiodarone 100-200mg	Once daily	Ongoing

Sometimes amiodarone is prescribed without a loading dose or with a different loading regime – your clinician will advise you about this.

Amiodarone tablets should be taken by mouth and at the same time every day. Whilst your GP will take over prescribing amiodarone, do not abruptly stop unless advised by your specialist. If a dose is missed, patients should not double the dose. Instead, take the next dose at the following scheduled time.

Contraindications

- Grapefruit juice should be avoided during treatment with amiodarone and for several months after discontinuation.
- Do not take amiodarone if you are pregnant or breastfeeding.
- We advise patients moderate their alcohol intake to no more than 14 units per week while taking amiodarone. This is to reduce the risk of the enhanced harmful effect of alcohol on the liver.

Common side effects

Whilst amiodarone is generally well tolerated, there are associated side effects. These can include hand tremors and gastrointestinal disturbances. Amiodarone can also increase your sensitivity to sunlight and vulnerability to sun damage. Therefore, appropriate UV protection (sun cream or clothing) should be applied whilst on amiodarone.

Dangerous side effects

Long-term amiodarone use can cause reactions affecting the eyes, lung, liver and thyroid gland. These reactions are rare but serious. To minimise these risks, it is essential that the following monitoring is conducted.

Monitoring

Once established on amiodarone, your GP will conduct the following tests at the recommended intervals and for at least 12 months after you stop taking amiodarone.

- **Blood tests** – every six months
- **ECG** – annually

If you develop a new cough, impaired vision or a skin reaction, please contact your arrhythmia nurse specialist or heart team.

Driving

Taking amiodarone does not itself mean that you cannot drive, but it is often used to treat disabling fast heart rhythms. You should discuss with your doctor or heart team whether or not it is safe for you to drive with your underlying medical condition.

How to contact us

Queen Elizabeth Hospital Birmingham

Arrhythmia Nurse Specialist Service – **0121 371 2511**

Patient Advice and Liaison Service (PALS) – **0121 371 3280**

Where can I get more information?

Arrhythmia Alliance – www.hearhythmalliance.org/aa/uk

Atrial Fibrillation Association – www.atrialfibrillation.org.uk/afa/uk

The British Heart Foundation – www.bhf.org.uk

Accessibility

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