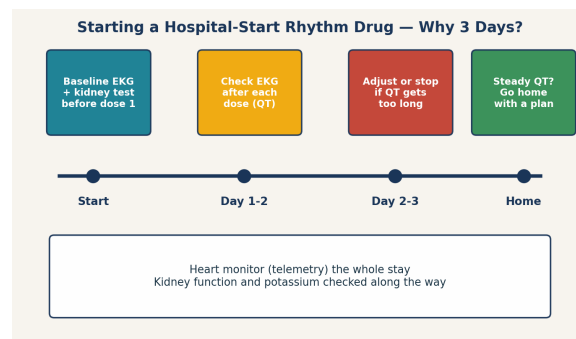


Starting an Antiarrhythmic Medicine

Rhythm-control drugs for AFib and other fast or off-beat rhythms

These drugs can reset your rhythm. A careful start keeps you safe.



Online: <https://go.riasalimd.com/antiarrhythmic-guide>

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Names & Terms You Will Hear

Term	Meaning
Antiarrhythmic	A drug that helps fix or hold a normal heart rhythm. It is the main word for this whole group.
Rhythm control	The plan that uses these drugs to keep a normal rhythm. The other plan, rate control, only slows a fast rhythm without fixing it.
Proarrhythmia	A rare but serious problem where a rhythm drug sets off a new bad rhythm. The careful start is built to catch it.
QT interval	A measure on your EKG. It shows how long your heart takes to reset after each beat. Some of these drugs make it longer. Too long can be dangerous.
Torsades de pointes	A fast, dangerous rhythm that a stretched QT can set off. It is the main reason for EKG checks and, for some drugs, a hospital start.
Class III / Class Ic	Drug groups. Class III (dofetilide, sotalol, amiodarone, dronedarone) works on the QT. Class Ic (flecainide, propafenone) works a different way and is only for hearts with no blockages or scar.
Loading	The first few days when the drug is started and built up to a steady level. This is when close EKG checks matter most.

Fainting or a new racing heartbeat? Call now.

If you faint or nearly faint, **call 911**. If you feel a new racing, pounding, or fluttering heartbeat, or your pulse is very slow or very fast, **call us the same day**. These can be the first sign that a rhythm drug is stretching the QT too far. Do not wait to see if it passes.



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Starting an Antiarrhythmic Medicine?

- An antiarrhythmic is a drug that helps your heart hold a normal rhythm. It is used for atrial fibrillation (AFib), atrial flutter, and some other fast or off-beat rhythms.
- These drugs work on the heart's electrical system. They calm the signals that start an off-beat rhythm. This is called rhythm control.
- The common ones are dofetilide, sotalol, flecainide, propafenone, amiodarone, and dronedarone. Your doctor picks one based on your heart type and your kidneys.
- Some of these drugs make the QT interval on your EKG longer. The QT is the time your heart takes to reset after each beat. If it gets too long, a bad rhythm can start. That is why EKGs are checked.
- Because of this, a few of these drugs are started in the hospital on a heart monitor. That way, any early rhythm problem is caught right when help is there.

The common rhythm drugs — where they are started and the key checks.

Drug	Where it is started	Key checks while on it
Dofetilide	Hospital, on a monitor (about 3 days)	EKG (QT) after doses; kidney and potassium tests; dose set by kidney function
Sotalol	Hospital, on a monitor (about 3 days)	EKG (QT); kidney and potassium tests; dose set by kidney function
Flecainide	Office, case by case	EKG; only for hearts with no blockages or scar; often paired with a rate drug
Propafenone	Office, case by case	EKG; only for hearts with no blockages or scar
Dronedarone	Office, case by case	EKG; not for permanent AFib or a weak heart
Amiodarone	Office, case by case	EKG; thyroid and liver tests twice a year; yearly chest X-ray and eye exam



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Why It Matters

- When AFib or another off-beat rhythm makes you feel tired, short of breath, or like your heart is racing, these drugs can help you feel like yourself again.
- The drug must match your heart. Flecainide and propafenone are not safe if you have had a heart attack or have a weak heart. Dofetilide, sotalol, and amiodarone can be used in more heart types.
- The main risk is proarrhythmia — the drug setting off a new bad rhythm. It is not common, but it is the reason for the careful start and the EKG checks.
- Dofetilide and sotalol leave your body through your kidneys. If your kidneys slow down, the drug builds up and the QT can stretch. So the dose is set by your kidney function, and we keep checking it.
- Amiodarone is the strongest of these drugs, but over years it can affect the thyroid, lungs, liver, eyes, and skin. Regular checks catch any problem early.



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Dofetilide and Sotalol — The Hospital-Start Drugs

- Both are started in the hospital on a heart monitor, often for about 3 days. They can stretch the QT the most, so a monitor is there to catch any bad rhythm right away.
- The dose is set by how well your kidneys work. If your kidneys are slow, the dose is lower, or the drug is not used at all.
- We check an EKG after doses while the drug builds up. If the QT gets too long, we lower the dose or stop the drug.
- Dofetilide is a good choice when the heart is weak, where flecainide and propafenone are not safe.
- For more detail, see our Dofetilide (Tikosyn) guide at <https://go.riasalimd.com/dofetilide-guide>.



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Flecainide and Propafenone — Only for a Healthy-Muscle Heart

- These are the Class Ic drugs. They work well and are often started at the office.
- They are only safe if your heart has no blocked arteries, no weak pump, and no scar. We check this first.
- For AFib, they are usually paired with a rate-control drug so the rhythm cannot speed up the wrong way.
- Some people use flecainide or propafenone as a single dose only when AFib starts. This is called a pill-in-the-pocket plan. We decide if it is safe for you and test the first dose with monitoring.



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Amiodarone and Dronedaronone — The Long-Term Trade-offs

- Amiodarone is the strongest rhythm drug. It can be used when the heart is weak or scarred. But over years it can affect the thyroid, lungs, liver, eyes, and skin, so it needs regular checks.
- Amiodarone checks: thyroid and liver blood tests twice a year, a chest X-ray once a year, and an eye exam once a year.
- Dronedaronone is a cousin of amiodarone. It is gentler on the organs but weaker. It must not be used for permanent AFib or a weak heart.
- Both can be started at the office, but you still need an EKG and a clear plan.



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Treatment Options

- First, we look at your heart. We check for blocked arteries, a weak pump, or scar. That tells us which drugs are safe for you.
- We get a baseline EKG to measure your QT, and a blood test to check your kidneys and your potassium and magnesium.
- Dofetilide and sotalol are started in the hospital on a heart monitor, often for about 3 days. We check an EKG after doses while the drug builds up.
- Flecainide, propafenone, dronedarone, and amiodarone are often started at the office, case by case, with an EKG and a clear plan.
- After you start, you keep getting EKGs and blood tests. How often depends on the drug. Amiodarone needs the most checks over time.
- Never stop one of these drugs on your own. Stopping suddenly can let a fast rhythm come right back. Call us first if you want to stop.
- If a drug does not work or is not safe for you, other choices can help. These include a different rhythm drug, an ablation procedure, or rate control.



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Started in the hospital

(on a heart monitor)

Dofetilide

Sotalol

These can stretch the QT the most. A monitor catches a bad rhythm right away. Doses are set by your kidney function.

Often started at the office

(case by case)

Flecainide

Propafenone

Dronedarone

Amiodarone

Lower QT risk, but still need an EKG and the right heart type. Amiodarone needs many long-term organ checks.

Where each common rhythm drug is usually started. Dofetilide and sotalol need a hospital start on a heart monitor; the others are often started at the office, case by case.

The QT interval, in plain words.

The QT is the time your heart takes to reset after each beat. You can see it on an EKG. Many rhythm drugs make the QT a little longer on purpose. The danger is when it gets *too* long — then a bad rhythm can start. That is why we take a baseline EKG before you start and more EKGs as the drug builds up. Low potassium or magnesium, slow kidneys, and certain other drugs all stretch the QT further.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Starting a rhythm-control drug for AFib that bothers you	The drug can stretch the QT and, rarely, set off a bad rhythm. Some drugs need a hospital start. You will need EKGs and blood tests over time. You must avoid certain drug combos.	It can stop the racing, tired, or short-of-breath feeling and give you your life back. It is a good first step before deciding on a procedure.	Rate control slows the heart without fixing the rhythm. Ablation is a procedure that can give longer rhythm control. Watchful waiting is fine if the rhythm does not bother you.
Amiodarone	Over years it can affect the thyroid, lungs, liver, eyes, and skin. It needs blood tests twice a year, a yearly chest X-ray, and a yearly eye exam.	It is the strongest rhythm drug. It can be used when the heart is weak or scarred, where other drugs are not safe. It can be started at the office.	Dofetilide and sotalol are less toxic over time but need a hospital start. Dronedarone is gentler but weaker. Ablation spares your organs but is a procedure.
Catheter ablation (pulmonary vein isolation)	It is a procedure. Risks are small but real: bleeding, stroke, and harm to nearby tissue. The rhythm can come back, so it may need to be done again.	It can control AFib with no daily drug. When it works, the benefit lasts. Guidelines pick it early for AFib that keeps coming back and bothers you.	A rhythm drug needs no procedure but means a daily pill and checks. Rate control is the simplest but does not fix the rhythm.
Rate control alone (a beta-blocker, plus a blood thinner if needed)	The off-beat rhythm stays. Some people still feel tired or short of breath with activity.	It is simple, and many people do well on it. It avoids the QT risk and the hospital start of the rhythm drugs.	A rhythm drug or ablation can fix the rhythm if symptoms stay despite good rate control.



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Common Misconceptions

Myth	Reality
If a heart-rhythm drug is safe enough to take at home, I should be able to start it at home too.	Dofetilide and sotalol must be started in the hospital on a heart monitor, often for about 3 days. The first doses are when a bad rhythm is most likely. Fast help right then can save your life. This is a safety rule, not red tape.
All rhythm drugs are basically the same.	They are not. The drug must match your heart. Flecainide and propafenone are only for hearts with no blockages or scar. Dofetilide, sotalol, and amiodarone can be used in more heart types. The right drug depends on you.
Once my rhythm feels normal, I can stop the drug.	Do not stop on your own. These drugs control the rhythm; they do not cure it. Stopping suddenly can let a fast rhythm come right back. If you want to stop, call us first so we can make a safe plan.
If I feel fine, I can skip the follow-up EKGs and blood tests.	The checks matter even when you feel well. Your kidneys can slow with age or illness, and that can stretch the QT with no warning. The EKGs and blood tests catch a problem before it becomes dangerous.
I can take any over-the-counter medicine or antibiotic while on these drugs.	Many common drugs also stretch the QT, and a few must never be combined with dofetilide. The combo can set off a bad rhythm. Always check with us before any new drug, even one you buy at the store. The crediblemeds.org list shows which drugs to watch.
Amiodarone is too dangerous, so no one should take it.	When it is watched the right way, amiodarone is safe and works well. The regular blood tests, chest X-ray, and eye exam are there to catch any problem early. Many people take it for years.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Proarrhythmia (a new bad rhythm)	The main risk. A rhythm drug can, rarely, set off a new dangerous rhythm such as torsades de pointes. The risk is highest at the start. That is why some drugs need a hospital start and why EKGs are checked.
Too much QT stretch	Dofetilide, sotalol, amiodarone, and dronedarone can make the QT interval longer. If it gets too long, we lower the dose or stop the drug. An EKG catches this. Low potassium or magnesium makes it worse.
Kidney slowdown (dofetilide and sotalol)	These two drugs leave the body through the kidneys. If the kidneys slow down, the drug builds up and the QT can stretch. Routine kidney and potassium checks catch this early.
Amiodarone organ effects	Over months to years, amiodarone can affect the thyroid (high or low), the lungs (a rare but serious scarring), the liver, the eyes (deposits), and the skin (a blue-gray color, easy sunburn). Regular checks catch problems early.
Class Ic risk in the wrong heart (flecainide, propafenone)	These drugs are not safe if you have had a heart attack or have a weak or scarred heart. In the wrong heart, they can set off a dangerous rhythm. We check your heart first.
Common, milder side effects	These can include tiredness, dizziness, nausea, headache, or a metallic taste. Tell us about any that stay or get worse — at times they point to a deeper problem.



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Amiodarone — Long-Term Organ Checks

Thyroid Blood test (TSH) Every 6 months	Liver Blood test (AST, ALT) Every 6 months	Lungs Chest X-ray; breathing test if you cough or get short of breath Once a year
Eyes Eye exam Once a year	Skin Watch for a blue-gray color and sunburn easily Each visit	Heart EKG (QT) and a rhythm check Each visit

If you take amiodarone long-term, these organ checks catch any problem early. Your exact schedule may differ — follow the plan we give you.



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Points to Know

If you remember nothing else, remember these key points.

- Take your rhythm drug at the same times each day. Do not skip doses and do not double up if you miss one.
- Never stop the drug on your own. Call us first so we can plan a safe change.
- Tell every doctor, dentist, and pharmacist that you take a rhythm drug BEFORE you start any new medicine.
- Check the crediblemeds.org list, or ask us, before taking a new drug that might stretch the QT.
- Keep your follow-up EKGs and blood tests. For dofetilide and sotalol, the kidney and potassium checks are a must.
- If you are on amiodarone, keep your twice-a-year blood tests, your yearly chest X-ray, and your yearly eye exam.
- Call right away if you faint, nearly faint, or feel a new racing or pounding heartbeat.
- Call us if you throw up or have diarrhea for more than a day. This can drop your potassium and stretch the QT.
- Bring this guide and a list of all your medicines to every visit.
- Related guides: AFib <https://go.riasalimd.com/afib-guide> | Atrial Flutter <https://go.riasalimd.com/aflutter-guide> | Ablation <https://go.riasalimd.com/ep-ablation-guide> | Long QT <https://go.riasalimd.com/long-qt-guide>.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Fainting or nearly fainting — call 911.
- A new racing, pounding, or fluttering heartbeat — call us today.
- A very slow or very fast pulse — call us today.
- Chest pain or pressure — call 911.
- Bad dizziness or sudden weakness — call us today.
- Throwing up or diarrhea for more than a day — call us today. This can drop your potassium.
- A new cough or new shortness of breath on amiodarone — call us this week.
- Any new drug from another doctor — call us BEFORE you fill it.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [Cleveland Clinic — Antiarrhythmic Medications](#) - An easy-to-read look at how these drugs work and what to watch for.
- [MedlinePlus — Antiarrhythmic Drugs](#) - A plain-language overview of rhythm-control drugs from the NIH.
- [CredibleMeds — QTdrugs List](#) - A trusted list of drugs that can stretch the QT interval. Check it before adding a new drug.
- [American Heart Association — Arrhythmia Medications](#) - An AHA look at the drug groups used to control heart rhythms.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [Cleveland Clinic — Antiarrhythmic Medications](#) [Patient-Education]
How antiarrhythmics work and monitoring needs
- [AHA — Arrhythmia Medications](#) [Patient-Education]
Drug classes and what to expect when starting
- [MedlinePlus — Antiarrhythmic Drugs](#) [Patient-Education]
Plain-language overview of rhythm-control drugs
- [2023 ACC/AHA/ACCP/HRS Atrial Fibrillation Guideline — Rhythm Control](#) [Guideline]
Choice, initiation, and safety of antiarrhythmic therapy by heart type
- [FDA Label — Tikosyn \(dofetilide\)](#) [Drug-Label]
3-day in-hospital start, creatinine-clearance dosing, QT stop rules
- [FDA Label — Betapace AF \(sotalol\)](#) [Drug-Label]
In-hospital initiation, kidney dosing, QT thresholds for sotalol
- [FDA Label — Multaq \(dronedarone\)](#) [Drug-Label]
When dronedarone must not be used (permanent AFib, weak heart)
- [MedlinePlus — Amiodarone](#) [Patient-Education]
Amiodarone use, side effects, and long-term organ checks
- [MedlinePlus — Flecainide](#) [Patient-Education]
Flecainide use and the warning in patients with a prior heart attack
- [CredibleMeds — QTdrugs List](#) [Reference]
Trusted list of drugs that lengthen the QT interval, to avoid clashes
- [Mayo Clinic — Heart Arrhythmia: Diagnosis and Treatment](#) [Patient-Education]
Plain-language framing of rhythm-control treatment choices



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Reviewer note: We checked this against the Cleveland Clinic and MedlinePlus drug pages, the AHA arrhythmia-medication page, and the 2023 ACC/AHA/ACCP/HRS atrial fibrillation guideline. Ours adds more. It names each common drug. It shows which ones need a hospital start and why. It lays out amiodarone's long-term organ checks in one picture. And it explains the QT interval in plain words.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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