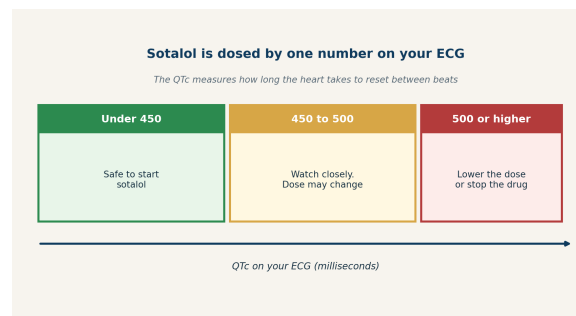


Understanding Sotalol (Betapace)

A rhythm medicine that is started in the hospital for a reason

One number on your ECG decides your dose.



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

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Names & Terms You Will Hear

Term	Meaning
Sotalol	The generic name. Say it SO-ta-lol.
Betapace, Betapace AF, Sotylize, Sorine	Brand names for the same drug.
Antiarrhythmic	A medicine that steadies the heart's rhythm.
QT interval and QTc	A measurement on your ECG. It shows how long your heart takes to reset between beats. The QTc is that number adjusted for your heart rate. Sotalol makes it longer, and that is exactly what we watch.
Torsades de pointes	A rare but dangerous heart rhythm that can happen if the QT gets too long. Preventing it is the reason for all the monitoring.
Beta-blocker	Sotalol also works as a beta-blocker, so it slows your heart rate as well as steadying the rhythm.
Telemetry	The heart monitor you wear in the hospital.

Fainting is the symptom we most want to hear about. If you pass out or nearly pass out while taking sotalol, call 911. Do not drive yourself and do not wait to see whether it happens again. It may be nothing, but it is the one symptom that can mean the QT has stretched too far.



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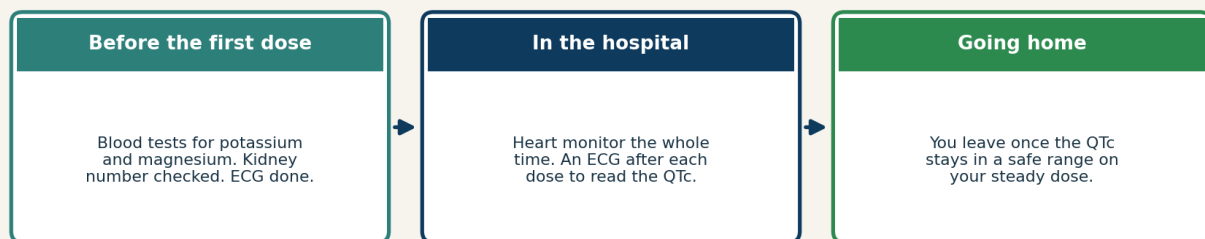
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What Is Sotalol (Betapace)?

- Sotalol is a once or twice daily pill that helps keep your heart in a normal rhythm.
- It is used most often for atrial fibrillation and atrial flutter, and sometimes for rhythms that start in the lower chambers.
- It does two jobs at once. It steadies the electrical signal, and it slows the heart rate like a beta-blocker.
- Sotalol changes one measurement on your ECG called the QT interval. It makes it longer. That is how the drug works.
- If the QT gets too long, it can trigger a dangerous rhythm. That is why we measure it before every dose change.
- This is why sotalol is almost always started in the hospital on a heart monitor. It is not a sign that anything is wrong with you.



Most people stay about three days. This is not extra caution. It is how the drug is meant to be started.

Why sotalol starts in the hospital. Your potassium, magnesium, and kidney function are checked first, then you are monitored while the dose is built up, with an ECG after each dose to read the QTc.



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Why It Matters

- Atrial fibrillation can leave you short of breath, tired, or aware of your heartbeat. Getting back into a normal rhythm often helps you feel better.
- Sotalol is one of a small number of drugs that can hold a normal rhythm.
- The trade-off is that it needs careful setup and steady follow-up. The drug is effective, but only when the monitoring is done properly.
- The FDA label says to start it where continuous heart monitoring and emergency care are available. That is the manufacturer and the FDA speaking, not just us.
- If your baseline QTc is already above 450 milliseconds, sotalol is not the right drug for you and we will pick another.
- Your kidneys clear sotalol from your body. If they slow down, the drug builds up. That is why your kidney number sets your dose and your schedule.

Why You Cannot Start This One at Home

- Sotalol lengthens the QT interval by design. That is how it steadies the rhythm.
- The amount it lengthens is different in every person, and it cannot be predicted from your dose alone.
- The only way to know your number is to measure it with an ECG after the drug is in your system.
- The riskiest window is the first few days, when the drug is building to a steady level.
- In the hospital, if the QT stretches too far, it is seen within minutes and treated immediately.
- The FDA label instructs that it be started where continuous ECG monitoring and resuscitation are available.
- Research has looked at starting it at home in carefully chosen low-risk people, but that is not the standard approach and it is not what the label says.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Low potassium	Potassium keeps the heart's electrical reset steady. When it drops, the QT stretches and the risk climbs. Water pills are a common cause.
Low magnesium	Magnesium works alongside potassium. Low levels have the same effect on the QT.
Kidneys working less well	Your kidneys clear sotalol. If they slow down, the drug builds up even though your dose has not changed.
Other medicines that stretch the QT	Some antibiotics, antifungals, antinausea drugs, and antidepressants do this. Two QT drugs together is far riskier than either alone.
Dehydration, vomiting, or diarrhea	These drop your potassium and magnesium quickly and can strain the kidneys at the same time.
A slow heart rate	Sotalol slows the heart on its own. A rate that is already slow leaves less room.
Being female, and older age	Both are linked to a longer baseline QT, so there is less margin before the danger zone.

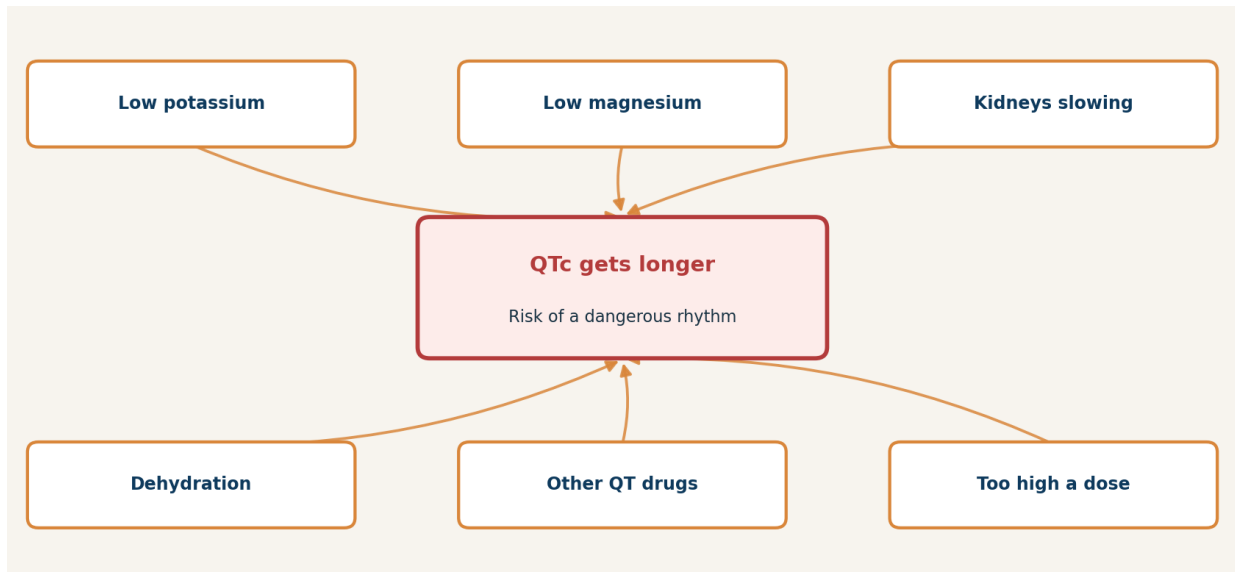


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Six things that stretch the QT interval further while you are on sotalol. Most are preventable, and most get caught by the blood tests and by telling every prescriber that you take this drug.



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Treatment Options

- Sotalol is usually taken twice a day, at about the same times each day.
- Take it on an empty stomach if you can, and keep the routine the same day to day. Food can change how much is absorbed.
- Your dose depends on your kidney function. Some people take it once a day rather than twice because their kidneys clear it more slowly.
- If you miss a dose, take the next one at the usual time. Never take two doses at once to catch up.
- Do not stop sotalol suddenly on your own. Stopping abruptly can cause a rebound in your heart rate or rhythm.
- Before any new medicine, ask whether it stretches the QT. This includes antibiotics and over-the-counter products.
- Expect regular ECGs and blood tests for potassium, magnesium, and kidney function.

Your QTc reading	What it means	What we do
Under 450 ms	Safe range to begin	Start or continue as planned
450 to 500 ms	Getting long	Watch closely, recheck labs, may lower dose
500 ms or higher	Danger zone	Lower the dose or stop the drug

Your Kidneys Set Your Dose

- Sotalol leaves your body almost entirely through your kidneys.
- If your kidney function is reduced, the same pill produces a higher level in your blood.
- That is why some people take sotalol once a day rather than twice, at the same tablet strength.
- Your kidney number can change with dehydration, an illness, or a new medicine, without your dose changing at all.
- This is why we recheck kidney function, not just the ECG.
- Tell us about any new water pill, anti-inflammatory like ibuprofen, or contrast scan, since all of these can affect the kidneys.



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Keep up with fluids, especially in Florida heat or if you have a stomach bug.
- Call us during any illness with vomiting or diarrhea. Those lower your potassium fast.
- Keep a current medicine list on your phone and show it at every visit, including the dentist and urgent care.
- Check your pulse now and then so you know what your normal feels like.
- Go easy on alcohol. It can trigger rhythm problems and affect your fluid balance.
- Bring your pill bottles to appointments rather than a list you wrote from memory.

Related guides from our practice.

Atrial Fibrillation — the rhythm sotalol is most often used for.

Dofetilide (Tikosyn) — the other rhythm drug that needs a hospital start.

Flecainide and Propafenone — the option when your heart is structurally normal.

Amiodarone — the strongest option, with the most long-term monitoring.

Cardioversion and EP Study and Ablation — procedures that reset or treat the rhythm.

Beta-Blockers — how the rate-slowng half of sotalol works.



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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
Sotalol	Stretches the QT interval, which can rarely trigger a dangerous rhythm. Needs a hospital start with monitoring. Slows the heart rate. Needs ongoing ECGs and blood tests. Not usable if your kidneys are weak or your baseline QTc is above 450.	Can hold a normal rhythm in atrial fibrillation and flutter. Also controls the rate, so you may need fewer other drugs. Long track record. Available as a generic.	Flecainide or propafenone if your heart is structurally normal. Dofetilide, which also needs a hospital start. Amiodarone. Ablation. Or rate control alone.
Flecainide or propafenone	Cannot be used if you have significant coronary disease or a weak heart muscle. Needs a rate-slowing drug alongside it.	Effective for atrial fibrillation in a structurally normal heart. Can be used as a pill-in-the-pocket. No hospital stay needed in most cases.	Sotalol, if your heart is not structurally normal. Dofetilide. Ablation.
Amiodarone	The most side effects of any of these over time. Can affect the thyroid, lungs, liver, eyes, and skin. Needs long-term monitoring of several organs.	The most effective at holding a normal rhythm. Safe to use when the heart muscle is weak, where most others are not.	Sotalol or dofetilide if your kidneys and QT allow. Ablation, which avoids long-term drug exposure.
Ablation	A procedure, so it carries procedural risk. May need to be repeated. Not everyone is a candidate.	Can reduce or remove the need for rhythm drugs. Often works better than drugs for keeping a normal rhythm.	Staying on a rhythm drug. Or rate control with no attempt at rhythm control.



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Common Misconceptions

Myth	Reality
The hospital stay means my heart is in bad shape.	It does not. The hospital stay is about the drug, not about you. Sotalol changes your ECG in a way that has to be measured dose by dose. Everyone who starts it gets the same treatment, healthy heart or not.
Sotalol is just a beta-blocker.	It does act as a beta-blocker, but that is only half of it. Its main job is steadying the electrical rhythm, and that half is what makes the QT monitoring necessary. A plain beta-blocker like metoprolol does not need any of this.
If I feel fine, I can skip the ECGs and blood work.	A long QT causes no symptoms at all until it causes a serious one. The ECG is the only way to see it coming. This is the single most important thing to keep up with.
A course of antibiotics is harmless.	Some antibiotics stretch the QT the same way sotalol does, and the two together are much riskier than either alone. Always tell the prescriber you take sotalol. There is almost always a safer alternative.
If I miss a dose I should double up.	Never. Two doses close together is exactly the situation that pushes the QT into the danger zone. Skip it and take the next one on time.
My kidney number has nothing to do with a heart drug.	With sotalol it has everything to do with it. Your kidneys are what remove the drug. If they slow down, the same dose becomes a bigger dose.
I can stop it once my rhythm feels normal.	Feeling normal usually means the drug is working, not that you no longer need it. Stopping suddenly can cause a rebound. Any change comes from us.



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Sotalol Compared With the Other Rhythm Drugs

- Sotalol works whether or not your heart muscle is structurally normal, which flecainide and propafenone do not.
- Dofetilide also needs a hospital start for the same QT reason, and is also cleared by the kidneys.
- Flecainide and propafenone do not need a hospital start, but cannot be used if you have significant coronary disease or a weak pump.
- Amiodarone is the most effective and the only one that is straightforward when the heart muscle is weak, but it has the most long-term side effects.
- Ablation is a procedure rather than a drug and can reduce or remove the need for any of these.
- There is no single best answer. The right choice depends on your heart, your kidneys, your other medicines, and what you want.



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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
A dangerous rhythm from a long QT (torsades de pointes)	The reason for every precaution in this guide. It is uncommon when sotalol is started and monitored properly, which is exactly why the hospital start and the repeat ECGs are not optional.
A heart rate that gets too slow	Sotalol has beta-blocker effects. Watch for tiredness, lightheadedness, or feeling faint. Sometimes the dose needs to come down.
Shortness of breath or wheezing	The beta-blocker effect can tighten the airways. Tell us if you have asthma or COPD, and report any new wheeze.
Tiredness and lower exercise tolerance	Common with any beta-blocker. It often eases over a few weeks. Tell us if it does not.
Low potassium or magnesium	Usually from water pills, vomiting, or diarrhea rather than from sotalol itself, but the combination is what raises the risk. This is why we recheck the labs.
Drug build-up when the kidneys slow	Dehydration, a new medicine, or an illness can drop your kidney function and let sotalol accumulate at your usual dose.



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Points to Know

If you remember nothing else, remember these key points.

- Sotalol is started in the hospital on a heart monitor. That is how the drug is designed to be started, and it is not a comment on your heart.
- Your dose is set by your ECG and your kidney function, and both get rechecked.
- Never take two doses to make up for a missed one.
- Tell every prescriber you take sotalol before you accept any new medicine, especially an antibiotic.
- Call us during any illness with vomiting, diarrhea, or poor fluid intake.
- Do not stop sotalol on your own, even if you feel completely normal.
- Keep every ECG and lab appointment. A long QT gives no warning you can feel.
- If you are told your QTc is above 500, that is a number we act on the same day.



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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. This is the symptom we most want to hear about.
- A racing, pounding, or fluttering heartbeat that will not settle. Call 911 if it comes with chest pain or breathlessness.
- Severe dizziness or lightheadedness. Call us today.
- A pulse under 50 with symptoms, or any new very slow pulse. Call us today.
- New wheezing or shortness of breath. Call us today.
- Vomiting or diarrhea lasting more than a day. Call us, since your potassium may have dropped.
- Before you fill any new prescription, especially an antibiotic or an antinausea drug. Call us first.
- If you miss more than one dose, or lose track of what you have taken. Call us for instructions rather than guessing.

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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.

- [MedlinePlus \(NIH\) — Sotalol](#) - NIH plain-language drug facts, including what to do about a missed dose.
- [Cleveland Clinic — Long QT Syndrome](#) - What a long QT interval means and why it matters.
- [American Heart Association — Treatment of Arrhythmia](#) - How rhythm medicines fit alongside other options.
- [CredibleMeds — QT drug lists](#) - The list clinicians use to check whether another medicine also stretches the QT. Worth naming when you talk to a new prescriber.
- [DailyMed \(NIH\) — Sotalol Prescribing Information](#) - The full FDA-approved label.



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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.

- [FDA Prescribing Information — Sotalol hydrochloride tablets \(DailyMed\)](#) [Regulatory]
Primary source for the contraindications (baseline QTc above 450 ms, bradyarrhythmia, sick sinus syndrome, 2nd/3rd degree AV block without a pacemaker), the requirement to start in a facility with continuous ECG monitoring and resuscitation capability, the QTc 500 ms action threshold, and renal dose-interval adjustment.
- [FDA Prescribing Information — Sotalol hydrochloride injection \(2025\)](#) [Regulatory]
Source for the intravenous loading protocol and the every-15-minute QTc monitoring during infusion, used to explain why the drug is started in hospital.
- [Implementation of an intravenous sotalol initiation protocol: feasibility, safety, and length of stay](#) [Peer Reviewed]
Describes the IV loading pathway that can shorten the hospital stay, used for the section on what to expect during admission.
- [Safety of outpatient commencement of sotalol](#) [Peer Reviewed]
Cited for the honest note that outpatient initiation is studied in selected low-risk patients but is not the labeled default.
- [American Heart Association — Types of Blood Pressure and Heart Rhythm Medications](#) [Patient Education]
Plain-language framing for how rhythm-control drugs fit into atrial fibrillation care.
- [MedlinePlus \(NIH\) — Sotalol](#) [Patient Education]
NIH plain-language drug facts on dosing, missed doses, and what to tell your doctor.
- [Cleveland Clinic — Long QT Syndrome](#) [Patient Education]
Patient-facing explanation of what a long QT interval means and why it raises the risk of a dangerous rhythm.
- [CredibleMeds — QT drug lists](#) [Reference]
The reference clinicians use to check whether another medicine also prolongs the QT interval; cited so patients can raise the question.



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About This Guide

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Reviewer note: Reviewed against the FDA label, MedlinePlus, Cleveland Clinic, and the American Heart Association arrhythmia pages. Ours adds: the QTc zones drawn as a chart, the three-day hospital start shown as a timeline, a map of the six things that push the QTc up, a plain-language answer to why you cannot start this drug at home, and the specific reasons to call us rather than wait.

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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