

Ventricular arrhythmias:

- Ventricular premature contractions VPC (extra beat in ventricles) & Ventricular tachycardia V tach & Ventricular fibrillation VF
- Treatment of ventricular arrhythmias after AMI:
 - Disopyramide IV or oral [1A]
 - Procainamide IV then oral [1A]
 - Lignocaine IV (xylocaine) [1B]
 - Mexiletine oral [1B]
 - Bretylium IV [3]
 - DO NOT GIVE VERAPAMIL (contraindicated)
- Digitalis-induced arrhythmias: Phenytoin (DO NOT perform Cardioversion)
- Wolf-parkinson-white syndrome: Disopyramide or amiodarone
- Ventricular tachycardia: lignocaine, amiodarone
- PVC (premature ventricular contraction): Disopyramide, lignocaine, Flecainide

Supraventricular arrhythmias (atria or nodes)

- Atrial premature contractions APC (extra/ectopic beat in atria)
 - Drugs: Beta-blockers if symptomatic
- Supraventricular tachycardia SVT abnormally fast heart rate affecting upper chambers
 - Cardioversion (using DC shock)
 - Disopyramide [1A] (if due to Wolf-parkinson-white)
 - Quinidine [1A] (Resistant type) (use of this drug declined)
 - Flecainidine [1C] (if others are ineffective)
 - Amiodarone [3] (if others are ineffective)
 - Verapamil [4]
 - Adenosine
 - Digoxin
 - Choice: Beta-blocker, verapamil, adenosine
- Atrial fibrillation AF irregular and rapid rhythm
 - Cardioversion
 - Quinidine [1A] (use has declined)
 - Amiodarone [3] (If other ineffective)
 - Verapamil [4]
 - Digoxin
 - Choice: Propanolol, amiodarone, digoxin
- Atrial flutter very rapid atrial rhythm (e.g. 4 atrial beats for 1 ventricular)

Drug of choice for heart failure: ACE inhibitors [end with -pril] (ARBs [-sartan] if patient can't tolerate ACEI)

Chronic heart failure: Beta-blockers Carvedilol (non-selective) & metoprolol (B1-selective)

Congestive heart failure: Direct vasodilators Hydralazine, isosorbide dinitrate, sodium nitroprusside

Severe congestive heart failure: Phosphodiesterase inhibitors Amrinone & milrinone [-rinone]

Severe left-ventricular systolic dysfunction: Digitalis

Acute heart failure: Dobutamine IV (B-adrenergic agonist)

Advanced cases of heart failure: Spironolactone (aldosterone antagonist K-sparing diuretic)

Relieve Orthopnea or paroxysmal nocturnal dyspnea: Thiazides (in renal insufficiency and in need of extensive diuresis → loop diuretic)

Hypercholesterolemia → Statins [first line] (if not enough → Ezetimibe)

Hyperlipidemias:

Drug of choice: Resins (bile acid sequestrants)

Familial: Nicotinic acid (Niacin)

Mixed: Fibric acid derivatives (Fibrates)

Hypertriglyceridemia: Fibric acid derivatives (Fibrates)