

Position statement on the prescribing of amiodarone for rate control in chronic atrial fibrillation

SW London CCGs* do not support routine prescribing of amiodarone for rate-control in chronic atrial fibrillation (AF)

Amiodarone should be initiated, reviewed and stopped only under hospital or specialist supervision¹

Amiodarone can be used for AF management in the following circumstances:^{2,3}

- For rhythm control, especially in patients with left ventricular impairment or heart failure.
- Where pharmacological cardioversion has been agreed in new onset AF.
- For patients undergoing cardiothoracic surgery to reduce risk of post-op AF.
- For 4 weeks before and up to 12 months after electrical cardioversion.
- Atrial flutter and fibrillation when other drugs cannot be used.¹

Amiodarone is also used to treat **other rhythm disorders** (such as supraventricular, nodal and ventricular tachycardias, tachyarrhythmias associated with Wolff-Parkinson-White syndrome and ventricular fibrillation) and should only be initiated under **specialist** supervision.³

Rationale

- Amiodarone is no longer recommended by the National Institute for Health and Care Excellence (NICE) for **long-term rate control in AF** due to the potential serious side-effects associated with its long-term use.
- No clinical difference in reducing ventricular rate has been found between amiodarone and digoxin.¹ Preferred therapy for rate control in chronic AF is a beta-blocker or rate-limiting calcium-channel blocker as initial monotherapy. Digoxin should only be considered for sedentary patients.²

References

1. Summary of Product Characteristics. Amiodarone tablets. Accord Healthcare Ltd. Last updated on 18.05.2017. Accessed 14.02.17. Available at: <https://www.medicines.org.uk/emc/medicine/25742>
2. National Institute for Health and Care Excellence (NICE). CG180: Atrial fibrillation: management, August 2014. Available at: <https://www.nice.org.uk/guidance/cg180/evidence/atrial-fibrillation-update-full-guideline-243739981>
3. PrescQIPP DROP-List 2015 (Drugs to Review for Optimised Prescribing). Available at: <https://www.prescqipp.info/drop-list/send/52-drop-list/2047-bulletin-117-drop-list>
4. NICE Clinical Knowledge Summaries. Atrial Fibrillation, updated Oct 2015. Available at: <https://cks.nice.org.uk/atrial-fibrillation#!management>

*SWL CCGs (NHS Croydon CCG, NHS Kingston CCG, NHS Merton CCG, NHS Richmond CCG, NHS Sutton CCG and NHS Wandsworth CCG) position statement on prescribing of amiodarone

Guidance for clinicians

Recommendations:

- No new patients should be initiated on amiodarone for long-term rate control of AF.
- Patients currently prescribed amiodarone for long-term rate control in AF should be reviewed in conjunction with a cardiology specialist, with a view to stopping amiodarone therapy and switching to an alternative agent in line with:
 - NICE CG180: Atrial fibrillation management, available at: <https://www.nice.org.uk/guidance/cg180>
 - NICE Clinical Knowledge Summaries: Atrial fibrillation, available at: <https://cks.nice.org.uk/atrial-fibrillation#!management>
- Care should be taken to exclude any other indications for amiodarone before cessation of therapy. These indications include supraventricular, nodal and ventricular tachycardias, tachyarrhythmias associated with Wolff-Parkinson-White syndrome, ventricular fibrillation, atrial flutter and fibrillation when other drugs cannot be used.¹
- Ensure patients are reviewed after a change of rate-control therapy to assess tolerance to treatment, symptom control, heart rate and blood pressure.⁴

Guidance for patients, carers and guardians

- Your GP will refer you to a cardiology specialist to review your therapy and they may offer you suitable alternative agent(s) based on current national guidance.
- You should have a review with your GP to monitor your response to treatment, including heart rate, blood pressure and any side effects, as well as to discuss lifestyle and any support you may need with your medications.