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ENCINITAS · LA JOLLA, CALIFORNIA



Living Well on Amiodarone

The most effective heart rhythm drug we have, and the hardest to manage safely. Monitoring is what makes it safe.

35% vs 63%
with AFib back at 16 months, on amiodarone vs propafenone or sotalol

58 days
is about the average half-life, so the drug stays in your body for months

10 to 75%
of users become sensitive to the sun, depending on the series

WHAT KEEPS IT SAFE

Your monitoring schedule

Before you start (baseline)
- **TSH** thyroid
- **AST, ALT** liver
- **Blood and kidney tests**
- **EKG** heart rhythm
- **Chest X-ray** lungs
- **Eye exam** if available

About 1 month (first check-in)
- **Clinic visit**

3 to 6 months (first formal labs)
- **TSH** thyroid
- **AST, ALT** liver
- **EKG** heart rhythm
- **Clinic visit** review

Every 6 months (after that)
- **TSH** thyroid
- **AST, ALT** liver

Every year
- **EKG** heart rhythm
- **Skin exam**
- **Nerve exam**

Any time something new shows up
Chest X-ray for new breathing symptoms, an eye doctor for any vision change, a specialist for abnormal results.

The drug builds up in the liver, lungs, thyroid, skin and eyes, where the side effects land. Get labs drawn before visits, and don't skip one because you feel fine.

START ON DAY ONE

Sun protection is part of the medicine

1. **Sunscreen daily**
   Broad-spectrum SPF 30 or higher on exposed skin, 15 to 30 minutes before going out. Zinc oxide or titanium dioxide, or a physical and chemical mix.

2. **Reapply and cover up**
   Every 2 hours outdoors and after sweating or swimming. A broad-brimmed hat, long sleeves and pants from 10 am to 4 pm, and UV-protective sunglasses.

3. **Watch hidden sun**
   Skip tanning beds. Watch the sun through car and house windows, and be careful at altitude when skiing or hiking.

Blue-gray skin discoloration, seen in 4 to 9 percent, takes months to years to fade after stopping, and some people keep it.

Call early

Amiodarone can hold your heart in a normal rhythm when nothing else has worked. Know what to watch for, follow the monitoring schedule without exception and call your cardiologist early when something new shows up.

WHEN TO CALL

Warning signs and drug interactions

GO TO THE ER OR CALL 911

Breathing or chest pain	Severe shortness of breath at rest, or chest pain that's severe or doesn't resolve.
Fainting or a very fast or slow pulse	Fainting or near-fainting, severe lightheadedness or near-collapse, or a heart rate over 150 or under 40 with symptoms.
Sudden one-sided weakness, headache, speech or vision loss	Sudden severe weakness or numbness on one side of the body, or a sudden severe headache, difficulty speaking or vision loss.

CALL YOUR CARDIOLOGIST WITHIN 1 TO 2 DAYS

Lungs	A new persistent cough, worsening shortness of breath or chest discomfort.
Eyes	Any new vision change, such as blurring, halos or field loss. This needs an urgent eye doctor visit, that same week or the next day.
Liver and thyroid	Yellowing of the skin or eyes, dark urine, or right-sided or severe belly pain. Unexplained rapid weight change, heat or cold intolerance, or new fatigue or mood change.
Nerves and skin	New numbness, tingling or severe muscle weakness. A new rash, blue-gray discoloration or severe sun sensitivity.
Doses and drugs	Missed doses for more than 3 days, or any concern about a new medication interaction.

DRUG INTERACTIONS

Warfarin (Coumadin)	The INR roughly doubles within 3 to 4 days, so the standard move is to cut the warfarin dose by one-third to one-half right away and recheck the INR within a week.
Newer blood thinners	Far less affected. Edoxaban may need a dose adjustment, and apixaban and rivaroxaban usually continue at standard doses.
Digoxin	Levels rise, so the dose gets cut by 50 percent or stopped, with a level check 1 to 2 weeks later.
Statins	The FDA caps simvastatin at 20 mg a day and lovastatin at 40 mg a day with amiodarone. Rosuvastatin, atorvastatin and pravastatin interact far less.
Others	Sofosbuvir hepatitis C regimens are avoided. Beta-blockers, verapamil and diltiazem add to the heart slowing, so doses get adjusted. Avoid other QT-prolonging drugs where you can.

CARRY YOUR MEDICATION LIST

Keep a written list or one on your phone, and show it to every new prescriber. Ask your pharmacist to flag any new prescription that might interact. Tell everyone who does a procedure on you that you take amiodarone, including your dentist.

READ THE FULL ARTICLE

damianrasch.com/
amiodarone-risks-benefits

For education only, and not a substitute for advice from your own physician. Sources include the 2023 ACC/AHA/ACCP/HRS atrial fibrillation guideline, the CTAF trial (NEJM 2000), a 2025 Icelandic nationwide cohort, a 2012 review of optic neuropathy (Am J Med) and the FDA label.

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