

MINISTRY OF PUBLIC HEALTH OF UKRAINE
NATIONAL UNIVERSITY OF PHARMACY

**TOPICAL ISSUES
OF NEW DRUGS DEVELOPMENT**

Vol. 2

April 20, 2017
Kharkiv

Kharkiv
NUPh
2017

PHARMACOTHERAPY OF VENTRICULAR PREMATURE BEATS

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Introduction. Despite the undeniable advances in the treatment of heart disease, the development of new and advanced technologies of diagnosis and treatment, cardiovascular diseases are one of the first causes of death in all countries. One of the majority of these deaths is ventricular premature beats. Ventricular premature beats is version cardiac arrhythmia, characterized by extraordinary reductions whole heart or its individual parts. Studying this issue will help to better understand with quality and effective treatment of this disease.

The aim of this report is a study of modern approach treatment of ventricular premature beats in Ukraine.

Materials and methods. We learned pharmacotherapy recommendations for patients with ventricular premature beats, which are in Clinical protocol of care for patients with ventricular premature.

Results and discussion. According to our research, if ventricular premature beats developed in individuals without pathology of the heart, but it bothers them, then start pharmacotherapy with beta-blockers especially in the presence of additional indications: ischemic heart disease, arterial hypertension, sinus tachycardia. The drugs of choice are propranolol, metoprolol, atenolol, betaxolol, bisoprolol, nebivolol, esmolol. You can also apply calcium antagonists: verapamil, diltiazem. In the case of a combination of ventricular premature beats with sinus bradycardia the drug of choice may be allapinin. In other cases, use of antiarrhythmic drugs I class in the following sequence: propafenon, etmozin, etatsizin. The lack of effectiveness of β -blockers and antiarrhythmic drugs of class I administered amiodarone is the most powerful of the existing antiarrhythmic drugs with minimal risk of arrhythmogenic effects. Amiodarone is also the drug of choice in patients with threatening and clinically significant arrhythmias on the background of severe structural heart disease, patients with systolic myocardial dysfunction and chronic heart failure. An alternative treatment for patients with ventricular arrhythmia on the background of coronary artery disease is sotalol – class III antiarrhythmic with β -blocking properties.

Conclusions. Thus, the most effective groups of drugs for pharmacotherapy ventricular premature beats are beta-blockers, calcium antagonists and antiarrhythmic class I or III. The choice of the drug depends on the specific clinical situation and concomitant diseases in the patient.

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