

# 《Braunwald心脏病学（套装上下）》

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# 《Braunwald心脏病学（套装上下）》

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## 书籍目录

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## 章节摘录

版权页：插图： Pharmacologic Rhythm Control The results of published studies on the efficacy of antiarrhythmic drugs for AF suggest that all of the available drugs except amiodarone have similar efficacy and are associated with a 50% to 60% reduction in the odds of recurrent AF during 1 year of treatment.<sup>29</sup> The one drug that stands out as having higher efficacy than the others is amiodarone. In studies that directly compared amiodarone with sotalol or class I drugs, amiodarone was 60% to 70% more effective in suppressing AF. However, because of the risk of organ toxicity, amiodarone is not appropriate first-line drug therapy for most categories of patients with AF. Because their efficacy is in the same general range, the selection of an antiarrhythmic drug to prevent AF often is dictated by the issues of safety and side effects. Ventricular proarrhythmia from class IA agents (quinidine, procainamide, disopyramide) and class III agents (sotalol, dofetilide, dronedarone, amiodarone) is manifested as QT prolongation and polymorphic ventricular tachycardia (torsades de pointes). Risk factors for this type of proarrhythmia include female gender, left ventricular dysfunction, and hypokalemia. The risk of torsades de pointes appears to be much lower with dronedarone and amiodarone than with the other class III drugs. The ventricular proarrhythmia from class IC agents (flecainide and propafenone) is manifested as monomorphic ventricular tachycardia, sometimes associated with widening of the QRS complex during sinus rhythm but not QT prolongation. Published studies indicate that the drugs most likely to result in ventricular proarrhythmia are quinidine, flecainide, sotalol, and dofetilide. In controlled studies, these agents increased the risk of ventricular tachycardia by a factor of 2 to 6. Adverse drug events resulting in discontinuation of drug therapy are fairly common with rhythm-control drugs. Withdrawal due to adverse effects was most common with quinidine, disopyramide, flecainide, sotalol, and amiodarone.<sup>29</sup> A review of studies in which 32 treatment arms received an antiarrhythmic drug for AF found that 10.4% of patients discontinued drug therapy because of an adverse drug event, most commonly gastrointestinal side effects and neuropathy. The best options for drug therapy to suppress AF depend on the patient's comorbidities. In patients with lone AF or minimal heart disease (e.g., mild left ventricular hypertrophy), flecainide, propafenone, sotalol, and dronedarone are reasonable first-line drugs, and amiodarone and dofetilide can be considered if the first-line agents are ineffective or not tolerated. In patients with substantial left ventricular hypertrophy (left ventricular wall thickness >13 mm), the hypertrophy may heighten the risk of ventricular proarrhythmia, and the safest choice for drug therapy is amiodarone. In patients with coronary artery disease, several of the class I drugs have been found to increase the risk of death, and the safest first-line options are dofetilide, sotalol, and dronedarone, with amiodarone reserved for use as a second-line agent. In patients with heart failure, several antiarrhythmic drugs have been associated with increased mortality, and the only two drugs known to have a neutral effect on survival are amiodarone and dofetilide (see Chap. 37).

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编辑推荐

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### 精彩短评

- 1、学习的好教材，值得拥有。
- 2、很不错的书，字体也不算小，很不错的、
- 3、内容不错，纸张不错，是铜版纸，原版中的彩色变成黑白的，美中不足。
- 4、心内科医生必备好书之一。
- 5、心脏鼻祖写教材自然不用多说
- 6、有点遗憾，没有把发票一起送过来
- 7、质量很好，打开后也包装完好，书崭新的没有一点破损。但是，提一点小小的建议，要是里面是彩色的就更棒了。
- 8、书今天拿到了，290到手的，有点小兴奋，书经典，书的质量也很不错，值得拥有啊！只是要谢谢快递员，这个热天送货，辛苦了！
- 9、我简直想一次性订购十套用来当礼物送人.不过没那么多钱了.其实促销的时候订十套也没多少钱,也不过三千多这套书不只是物有所值,而且是物超所值,我以为影印版的纸张会差一些,没想到仍然是铜版纸,两册书加上包装箱估计有十斤.加上天气较热,搬上楼都小小出汗一下.我可以负责的推荐速速购买吧.这个真的是套好书!!你拿到手如果不满意可以联系转手给我!!
- 10、心脏病学经典书质量好！因为打折买的，全英文，看着头晕……偶就是英文差……收着装那啥用……呵呵……
- 11、超经典的书，印刷质量很好的，很赞很赞！
- 12、快递很快，但是书在运输的过程中，书皮被损坏了，十分心疼。

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