Use of amiodarone in bradycardia-tachycardia syndrome

Sir,

We have read with interest the experience of A. K. Brown and co-workers (*British Heart Journal*, 1978, 40, 1149-1152) with amiodarone in the treatment of the sick sinus syndrome. In the initial stages of the disease bradycardia may be transient, patients can be asymptomatic for some years, and conduction disturbances are frequent. We feel more confident in administering amiodarone after a pacemaker has been implanted.

We have found it useful to divide the bradycardia-tachycardia syndrome into two categories: patients with bradycardia appearing exclusively as a consequence of tachycardia, and patients in whom bradycardia and tachycardia occur independently. In the former group amiodarone can be useful because, once the tachycardia is suppressed, bradycardia will subsequently disappear. Perhaps the patients treated by the authors were in this category. In the other group, antiarrhythmic drugs will seldom control the symptoms, and there is a risk of a further deterioration of the bradycardia.

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This letter was shown to the authors who reply as follows:

Sir,

We treated patients with the bradycardia-tachycardia syndrome only, and we specifically excluded other patients with sinuatrial disease. Though bradycardia was usual in patients receiving amiodarone, 2 of the patients from our series are still using the drug successfully, without symptomatic bradycardia, 4½ and 2½ years later. We have used amiodarone in 3 further patients with the syndrome of alternating bradycardia and tachycardia; 2 responded well but the drug was withdrawn in the third patient because of syncope associated with excessive cardiac slowing. Three of the patients in our series belong to the group of patients in whom bradycardia usually follows a bout of tachycardia but the abnormal rhythms were clearly independent in the other 2 patients. I agree that rational treatment of the bradycardia-tachycardia syndrome could follow division into categories on the lines proposed by Dr Posse and Dr Zuelgaray. Their interesting suggestion deserves study with a larger group of patients.

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