## **Antiarryhythmics Drugs** Classification and Mechanism of Action Class- I Class- II Class- III Class- IV Other Na<sup>+</sup> channel blocker K<sup>+</sup> channel blocker Ca<sup>+</sup> channel blocker **Antiarrythmic Drugs** B adrenoreceptor Adenosine, Digoxin, Disopyramide, Flecainide Atenolol, Esmolol, Metoprolol Amiodarone, Dofetilide, Diltiazem, Verapamil Magnesium sulfate Lidocaine, Mexiletine Dronedarone, Ibutilide, Sotalol Procainamide, Propafenone, Quinidine **Causes of Arrhythmia** 1. Abnormal Automaticity- SA node shows the fastest rate of phase 4 depolarization and therefore, exhibits a Nerve Impulse higher rate of discharge than that occurring in other pacemaker cells exhibiting automaticity 2. Abnormality in impulse conduction- Impulse from higher pacemaker centers are normally conducted down pathways that bifurcate o activate the entire ventricular surface. A phenomenon is called reentry may occur if Normal Conduction Unidirectional Block unidirectional block occurs. Reference- Lippincott (Pharmacology) 6th Edition Class- IV Ventricle Wall Ca+ channel blocker Diltiazem, Verapamil 01 Sagram is Ma Class- I Class- III Class- IV Na+ channel blocker K+ channel blocker Ca+ channel blocker Disopyramide, Flecainide Amiodarone Dofetilide. Lidocaine, Mexiletine Diltiazem, Verapamil Dronedarone, Ibutilide, Sotalo Procainamide, Propafenone, Quinidine Class- III Class- I K+ channel blocker Ja<sup>+</sup> channel blocker Amiodarone, Dofetilide, Disopyramide, Flecainide Dronedarone, Ibutilide, Sotalol Lidocaine, Mexiletine inamide, Propafenone, Quinidine Class- II B adrenoreceptor Atenolol, Esmolol, Metoprolol -90 mV \* Diagram is made by Solution-Pharmacy Sodium Channel Potassium Channel Calcium Channel

<sup>\*</sup> Diagram is for representation purpose and not complete mechanism of action