

FAO: Primary Care colleagues in North Yorkshire and York

Medicines Management Prescribing Focus – February 2023

Amiodarone Monitoring

Amiodarone has been associated with serious and potentially life-threatening side effects affecting the eyes, heart, lung, liver, thyroid gland, skin and peripheral nervous system. We remind healthcare professionals that, once stable on amiodarone, patients should be reviewed at least **every 6 months** during treatment.

Due to the serious nature of potential adverse reactions, NHS England advises that amiodarone must be initiated by a specialist and only continued for patients where other treatments cannot be used, have failed or is in line with NICE Guidance [NG196](#). It may also be suitable in patients prior and post cardioversion or in specific patients who also have heart failure or left ventricular impairment. For this reason, amiodarone is included in their guidance on '[Items which should not routinely be prescribed in primary care](#)'.

Although amiodarone must only be started in secondary care, primary care practitioners will be expected to continue prescribing of amiodarone and to monitor the person for [adverse effects](#) as per the locally agreed shared care / prescribing guidelines – see below for links to the relevant local guidance documents. Adverse effects such as pulmonary toxicity may have slow onset but then progress rapidly: [MHRA Drug Safety Update - Amiodarone 2022](#)

MHRA advice for healthcare professionals:

- When performing regular review of patients on long-term amiodarone treatment, remember to consider the potential side effects and reactions, which may be life-threatening and that onset of such reactions can be delayed
- check liver and thyroid function before treatment, and at 6-monthly intervals; liver and thyroid function should also be monitored for several months after discontinuation
- although routine lung imaging is not necessary in patients taking amiodarone long-term, make patients aware of the need to seek advice if they have new or worsening respiratory symptoms
- report suspected adverse drug reactions associated with amiodarone on a [Yellow Card](#)

Action required:

The MMT requests that practices review all adult patients prescribed amiodarone and ensure:

- each patient has an [Amiodarone Patient Alert Card](#) which includes important information on the most serious and potentially life-threatening side-effects (and their symptoms) that may occur during treatment and also reminds patients of the potential for drug to drug interactions.
- monitoring is up to date as per the relevant local guideline and the monitoring information from SPS (see **Useful Resources** below).

- clinicians should be aware of the potential for significant drug interactions eg simvastatin – restrict maximum daily dose to 20mg and atorvastatin - restrict maximum daily dose to 40mg.
- amiodarone has a very long half-life (around 50 days) meaning that any adverse effects may persist for several months after treatment has ended. When amiodarone is stopped liver function tests should be checked 6 and 12 months after stopping amiodarone. Thyroid function should also be checked 6 and 12 months after stopping, with a low threshold for checking TFTs again in the future if patients exhibit symptoms which could indicate thyroid dysfunction.
- patient counselling should be refreshed at each medication review. Patients should be aware that that they should seek urgent medical attention if they experience any of the following during treatment, or in the period after stopping amiodarone. If this review is done remotely, ensure the patient is also sent the alert card:
 - new or worsening shortness of breath or coughing that will not go away
 - yellowing of the skin or eyes (jaundice), feeling tired or sick, loss of appetite, stomach pain, or high temperature
 - weakness, weight loss or weight gain, heat or cold intolerance, hair thinning, sweating, changes in menstrual periods, swelling of the neck (goitre), nervousness, irritability, restlessness, or decreased concentration
 - their heartbeat becomes even more uneven or erratic, or becomes very slow
 - any loss of eyesight

Useful resources:

- [Harrogate Shared Care Guideline](#)
- [York and Scarborough Shared Care Guideline](#)
- [Tees Valley Amiodarone Prescribing Guidance](#)
- [SPS - Amiodarone Monitoring](#)
- [NICE CKS Atrial fibrillation: Amiodarone](#)

We would like to take this opportunity to remind all staff involved in making alterations to medication that patients should be informed of any change. Ideally, this should be done face to face, by telephone or by letter. Alternative methods of communication may be considered but must be unambiguous.

Please share the information in this document with all relevant members of staff in the Practice.

For any queries or feedback on this topic please contact us via: hnyicb-ny.routine@nhs.net

The MMT welcomes ideas and suggestions that you and colleagues may wish to recommend for future prescribing focus editions.

Many thanks,

North Yorkshire and York Medicines Management Team