

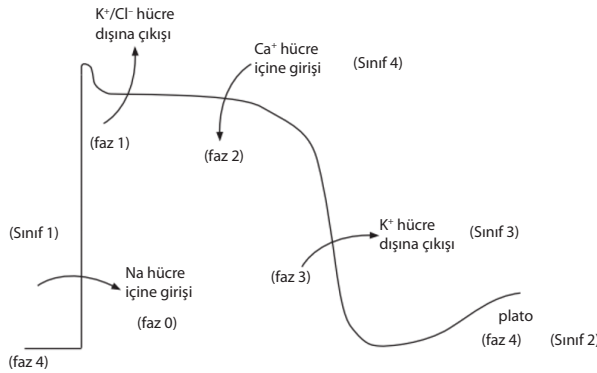


## DİĞER ANTIARİTMİK İLAÇLAR

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### GİRİŞ

Kardiyak miyositin aksiyon potansiyeli (AP) farklı olarak, Na<sup>+</sup>, K<sup>+</sup> ve Ca<sup>2+</sup> kanal fonksiyonunu ve adrenerjik aktiviteye göre ayrılmış hücre içi mekanizmalarla açıklanan 5 fazdan oluşmaktadır(1). Aritmi tedavisinde kullanılan ilaçlar ise daha önceki bölümlerde bahsedildiği üzere, ilk kez 1970 yılında Miles Vaughan Williams tarafından AP bileşenleri olan faz 0- faz 4'e etkisine göre 4 ana grupta sınıflandırılmıştır (Şekil 1)<sup>1</sup>. Bu görüşün kısıtlılıkları olsa da günümüzde, bu ilaçların kardiyak AP bileşenleri üzerindeki etkilerine ve bunların aritmilerle ilişkilerine dayanan antiaritmik ilaçların önemli bir sınıflandırması için bilimsel temeli sağlamıştır.



Şekil 1: kardiyak miyositin aksiyon potansiyeli ve etki eden antiaritmik ilaç grupları

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## GLUKAGON

Glukagon, miyokardiumda doğrudan kendi reseptörlerine tutunur ve cAMP artışı-na bağlı inotropik etkiyi artırır. Glukogan kalp hızı, kardiyak indeks, kalp basıncı ve atım volumünü artırır. Betabloker ve kalsiyum kanal blokeri zehirlenmelerine bağlı aritmilerde kullanılmaktadır.<sup>35</sup> Zehirlenmede önerilen yükleme dozu bir yetişkinde 5-10 mg'dır, ardından 1 mg/saat ila 10 mg/saat arası bir infüzyon uygulanır.<sup>35</sup> Glukagon, BB zehirlenmesinde ikinci basamak tedavi olarak kabul edilebilir. Sinüs ritminin sağlanması, idrar miktarının artması ve sistolik kan basıncının 100 mmHg'nin üzerine çıkarılmasıyla doz azaltılabilir. Hiperglisemi en sık görülen yan etki olup kan glukoz düzeyi yakın takip edilmelidir.

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