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QT PROLONGATION: WHICH PSYCHOTROPICS?

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Prolongation of the ventricular repolarisation manifests itself as a prolongation of the QT interval on the surface ECG and represents a major risk for a special form of ventricular tachycardia called "torsades de pointes", that are often self limited and are associated with palpitations, dizziness or syncope, but degeneration into ventricular fibrillation and sudden cardiac death can occur. Psychotropics are among the most common causes of drug induced acquired long QT syndrome. Blockage of Human ether-a-go-go-related gene (HERG) potassium channel by psychoactive drugs appears to be related to this adverse effect. Antipsychotics such as haloperidol, thioridazine, sertindole, pimozone, risperidone, ziprasidone, quetiapine, olanzapine and antidepressants such as amitriptyline, imipramine, doxepin, trazadone, fluoxetine depress the delayed rectifier potassium current (IKr) in a dose dependent manner in experimental models. The frequency of QTc prolongation (more than 456ms) in psychiatric patients is estimated to be 8%. In large epidemiological controlled studies a dose dependent increased risk of sudden death has been identified in current users of antipsychotics (conventional and atypical) and of TCA. The authors propose to further explore this theme, in a review of existing literature.