Record Nr. UNISA996214620003316 Autore Camm A. John Titolo Acquired long QT syndrome [[electronic resource] /] / A. John Camm, Yee Guan Yap, Marek Malik Malden, Mass., : Futura, c2004 Pubbl/distr/stampa **ISBN** 1-280-19666-1 9786610196661 0-470-79942-0 0-470-99477-0 1-4051-4616-8 Descrizione fisica 1 online resource (208 p.) Altri autori (Persone) YapYee Guan MalikMarek Disciplina 616.128 Soggetti Long QT syndrome Lingua di pubblicazione Inglese **Formato** Materiale a stampa Livello bibliografico Monografia Note generali Description based upon print version of record. Nota di bibliografia Includes bibliographical references and index. Acquired Long QT Syndrome: Contents; Preface: 1 Introduction: 2 Nota di contenuto Mechanisms of acquired QT prolongation and torsades de pointes; 3 Measurement of QT interval and repolarization assessment; 4 Introduction to drug-induced long QT syndrome: 5 Risk of QT prolongation and torsades de pointes with antiarrhythmic drugs; 6 Risk of QT prolongation and torsades de pointes with antihistamines; 7 Risk of QT prolongation and torsades de pointes with psychotropic drugs; 8 Risk of QT prolongation and torsades de pointes with antimicrobial and antimalarial drugs 9 Risk of QT prolongation and torsades de pointes with prokinetics and miscellaneous other drugs10 Acquired long QT syndrome secondary to cardiac conditions; 11 Acquired long QT syndrome secondary to noncardiac conditions; 12 Perspective on drug-induced repolarization changes; Index Sommario/riassunto In recent years there has been considerable interest in the diagnosis and understanding of ventricular repolarisation, particularly the QT interval prolongation and abnormal T and T/U wave morphology

associated with torsades de pointes. Advances in ion channel cloning

have greatly improved our understanding of the role of ionic channels in mediating cardiac repolarisation. Unfortunately, it is increasingly recognised that a number of drugs, both those associated with altering repolarisation, and others for non-cardiac conditions can increase the propensity for polymorphic ventricular tachycard