Indication for treatment with psychiatric medications

**A-drugs**
(no QT prolongation)
1. Benzodiazepines
2. Mood stabilizers
   a. Antiepileptics
3. Certain antidepressants
4. Certain antipsychotics

Full list and generics: See table 2

**B- and B*-drugs**
(possible QT-prolongation or arrhythmia)
1. Antipsychotics
   a. 1st Generation
2. Mood Stabilizers
   a. Lithium
3. Antidepressants
   a. Tricyclic antidepressants
   b. Monoamine oxidase inhibitors
4. Methadone

Full list and generics: See table 2

**A-drug**
Initiate treatment
- no "Heart check-ups"

**B-drug**
Assess cardiac risk profile
1. Known cardiac disease, including long QT syndrome
2. Family history; arrhythmia or SCD
3. Other QT prolonging/interacting drugs
4. Hypokalemia (p-K< 3.5 mM)
5. Cardiac symptoms:
   a. Syncope (unexplained) or b. Palpitations
   c. Dyspnoea or d. Angina
6. ECG: a. QTc > 480 ms. b. Other findings*
7. Age > 70 years, female sex

Heart check-up
1-2 weeks after initiation and after increases in doses ≥ 50% (for methadone ≥ 100 mg/day)
assessment of:
A. New cardiac symptoms?
B. ECG:
   a. QTc > 500 ms?
   b. ΔQTc > 60 ms?

Positive findings
1. Cease (or reduce dose) - or
2. Change to different drug (primarily A drug)
3. Continue **ONLY** if no cardiac symptoms, a strong indication and after consultation with a cardiologist
4. If continued – close "Heart check-ups"

No
Continue treatment
At ordinary psychiatry follow-up – ask about arrhythmia /syncope

* e.g. bundle branch block, AV-block, Q-waves, hypertrophy or ST-depression