**Treatment of Atrial Fibrillation**

* **Choice of therapy depends on duration of arrhythmia, resting HR & findings on echo**

**Heart Rate- Cut-off is usually 60 bpm**

* **If HR<60🡪 can start Quinidine therapy to convert**
	+ **Most horses fall into this category**
	+ **If echo is normal, this is considered to be an uncomplicated A-fib**
* **If HR >60:**
	+ **Even if no underlying cardiac dz, you must Digitalize first**
		- **Digitalis is needed to slow the HR prior to administering Quinidine b/c Quinidine causes tachyarrhythmia**
	+ **If HR>60 and there IS underlying cardiac dz🡪 treat for heart disease first (ex: Lasix & Digoxin), then convert with Quinidine**
* **Duration of arrhythmia:**
	+ **If recent (w/in 72hrs): can use IV Quinidine**
	+ **If >72hrs: use oral formulation**
* **Quinidine:**
	+ **Is highly protein bound- therefore can displace Digoxin & increase incidence of Digoxin toxicity (Bute also does this)**
	+ **Idiosyncratic & side effects:**
		- **Diarrhea, depression, colic**
		- **Hypotension, collapse**
		- **Ataxia, tachycardia, urticaria (hives), laminitis**
		- **Can cause rapid supraventricular tachycardia (HR>200)**