**disopyramide** (dy-soe-peer-a-mide)

**Synonyms:** Norpace, Norpace CR, Rythmodan

**Classification:**
Antiarrhythmic (class I)

**Therapeutic:**
Antiarrhythmic

**Pregnancy Category:** C

**Indications:**
Treatment of ventricular tachycardia.

**Unlabeled Use:** Treatment/prevention of supraventricular tachyarrhythmias.

**Action:**
Decreases myocardial excitability and conduction velocity. Has anticholinergic properties. Little effect on heart rate but has a direct negative inotropic effect.

**Therapeutic Effects:**
Suppression of ventricular arrhythmias.

**Pharmacokinetics:**

**Absorption:** Well absorbed from the GI tract.

**Distribution:** Widely distributed; enters breast milk.

**Metabolism and Excretion:** Metabolized by the liver; 10% excreted unchanged in the feces, 50% excreted unchanged by the kidneys.

**Half-life:** 8–18 hr (q in hepatic or renal impairment).

**TIME/ACTION PROFILE (antiarrhythmic effects)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>0.5–3.5 hr</td>
<td>2.5 hr</td>
<td>1.5–8.5 hr</td>
</tr>
<tr>
<td>PO-CR</td>
<td>0.5–3.5 hr</td>
<td>4.9 hr</td>
<td>12 hr</td>
</tr>
</tbody>
</table>

**Contraindications/Precautions:**

**Contraindicated in:**
Hypersensitivity; Cardiogenic shock; 2nd- or 3rd-degree heart block; sick sinus syndrome (without a pacemaker). Use cautiously in:
HF or left ventricular dysfunction (dose recommended); Hepatic or renal insufficiency (dose recommended if CCr < 40 mL/min); Prostatic enlargement; Myasthenia gravis; Glaucoma; G6PD deficiency

**NURSING IMPLICATIONS**

**Assessment:**
Monitor BP, pulse, and ECG before and routinely throughout therapy. Check pulse before administering medication; withhold and notify health care professional if BP < 60 or > 120 bpm or if changes in rhythm.

**Nursing Considerations:**

- **Cardiac arrhythmia:**
- **Genetic implication:** CAPI TALS indicate life-threatening, underlines indicate most frequent.
- **Discontinued:**

**Adverse Reactions/Side Effects**

**CNS:** Dizziness, fatigue, headache.

**EENT:** Blurred vision, dry eyes, dry throat.

**CV:** HF, arrhythmias, AV block, shock, edema, hypotension, G6P deficiency, dry mouth, akathisia, parkinsonism, confusion, GU: urinary retention, hypoesthesia, oliguria

**Interactions**

**Drug-Drug:** May potentiate anticoagulant effect of warfarin. Bilirubin, phenobarbital, and phenytoin may lower the therapeutic range of warfarin. May have additive or synergistic effects when used with other antiarrhythmics. May potentiate conduction and cardiac output, especially in postoperative patients. May cause hypotension.

**Drug-Natural Products:**

**Route/Dosage**

**PO (Adults >50 kg):** 150 mg q 6 hr (as immediate-release capsules) or 300 mg q 12 hr (as CR dosage form; not to exceed 800 mg/day).

**PO (Adults <50 kg or Patients with Poor Left Ventricular Function):** 100 mg q 6 hr (as immediate-release capsules) or 200 mg q 12 hr (as CR dosage form).

**PO (Children 12–18 yr):** 60 mg/day divided doses q 6 hr.

**PO (Children 6–12 yr):** 30–50 mg/day divided doses q 6 hr.

**PO (Children 1–4 yr):** 10–20 mg/day divided doses q 6 hr.

**PO (Children <1 yr):** 10–30 mg/day divided doses q 6 hr.

**Renal Impairment**

**PO (Adults):** 
CCr < 40 mL/min in nonpatients with hepatic impairment — 100 mg q 6 hr; CCr 20–40 mL/min — 100 mg q 8 hr; CCr 15–20 mL/min — 100 mg q 24 hr as immediate-release dosage form.

**NURSING IMPLICATIONS**

- Monitor BP, pulse, and ECG before and routinely throughout therapy. Check pulse before administering medication; withhold and notify health care professional if BP < 60 or > 120 bpm or if changes in rhythm.
Monitor intake and output ratios and daily weight; assess for edema and urinary retention daily.

Assess patient for signs of heart failure (peripheral edema, rales/crackles, dyspnea, weight gain, jugular venous distention). Notify health care professional if these occur.

**Lab Test Considerations:** Renal and hepatic functions and serum potassium levels should be evaluated periodically throughout therapy.

May cause elevated serum BUN, cholesterol, and triglyceride levels.

May cause decreased blood glucose concentrations.

**Potential Nursing Diagnoses**
- Decreased cardiac output (Indications)
- Impaired oral mucous membrane (Side Effects)

**Implementation**
- Do not confuse disopyramide with desipramine.
- When changing from quinidine sulfate to disopyramide, regular maintenance dose of disopyramide may be given 6–12 hr after last dose of quinidine sulfate.
- Extended-release forms (CR formulations) are indicated for maintenance therapy only. When changing from regular form to extended-release forms, give the first dose of extended-release form 6 hr after the last regular dose.
- PO: Administration on an empty stomach, 1 hr before or 2 hr after meals. (If formula the swallowed whole, do not break open, crush, or chew.)
- Pharmacist may prepare a suspension with 100-mg capsules and cherry syrup.

**Patient/Family Teaching**
- Advise patient to take medication as directed. Do not discontinue medication without consulting health care professional. If a dose is missed, take as soon as remembered unless within 4 hr of next dose. Do not double doses.
- Medication may cause dryness. Caution patient to avoid extremes of temperature, which may cause dryness.
- Advise patient to take medications slowly to minimize orthostatic hypotension.
- Advise patient that frequent mouth rinses, good oral hygiene, and sugarless gum or candy may help relieve dry mouth.
- Caution patient to avoid extremes of temperature, because this medication may cause impairment of body temperature regulation. Patient should use sunscreen and protective clothing to prevent photosensitivity reactions.

**Evaluation/Desired Outcomes**
- Suppression of PVCs and ventricular tachycardia.
- Prevention of further arrhythmias.

Why was this drug prescribed for your patient?