

Adverse Effect	Incidence	Recommended Monitoring	Special Considerations
Cardiac Bradycardia Prolonged QT interval Torsade de pointes	5% In most patients 1%	Baseline EKG at least once during loading period, especially if conduction disease is present. Yearly thereafter.	Reduction of loading dose in elderly patients and those with underlying sinoatrial or AV conduction disease. Reduce dose or discontinue if QTc interval exceed 550 msec
Hepatic	15%	Aspartate and alanine aminotrasferase measurments at baseline anf every 6 months thereafter	Avoid in patients with severe liver disease
Thyroid Hyperthyroidism Hypothyroidism	3% 20%	Thyroid-function test at baseline and two or three times a year thereafter	Avoid in presence of preexisting, nonfunctioning thyroid nodule; higher incidence of thyroid effects in patients with autoimmune thyroid disease
Pulmonary	< 3%	Pulmonary-function test at baseline and if sytptoms develop. Chest radiograph ar baseline and yearly thereafter	Discontinue amiodarone immediately if pulmonary effects suspected
Dermatologic	25-75%	Routine	Recommended use of sunscreen with a high sun protection factor
Neurologic	3-30%	Routine	Consider dose reduction
Ophtalmologic Corneal deposits Optic neuritis	100% <1%	Examination at baseline if there is underlying abnormality; examinations as needed thereafter	Avoid in presence of preexisting neuritis