

DPP6 patient card *Arrhythmia treatment advice*



Amsterdam UMC
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In case of ventricular fibrillation or ICD shock (typical initiation with short coupled premature ventricular complex)

1. For multiple (≥ 2) polymorphic VT/VF ≤ 24 u (incl. ICD shocks).
 - Admit to CCU, monitor, record 12 lead ECG of PVC!
 - Start isoprenaline i.v. (start 0,02mcg/kg/min, goal >100 bpm / PVC-suppression. For VF-storm start with 1-2 mcg bolus).
 - Start quinidine (orally, in case of storm 1x600mg starting dose, generally followed by 3 times/day 200mg).
2. For solitary Polymorphic VT/VF (incl. ICD shock).
 - Start quinidine orally (ca. 600mg/day). Periodically check plasma levels, thrombocyte levels and liver function.
3. For repeated PVT/VF episodes (on adequate quinidine): consider ablation of trigger PVC in a specialised centre. **S.O.S.**

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Background information on *DPP6*

- The *DPP6* risk haplotype predisposes for (familial) ventricular fibrillation (VF) and subsequent cardiac arrest (typically initiated by a short coupled premature ventricular complex).
- Currently, only isoprenaline i.v. and quinidine orally are considered effective treatment in case of VF-episodes.
- ***See other side of card for specific advice on arrhythmias.***
- Treatment with other antiarrhythmic drugs, e.g. amiodarone, have been ineffective in VF-storm.
- Please contact us in case of events.

See www.BrugadaDrugs.org/DPP6/ for updates:

