included. All patients treated with more than one drug were taking a beta-blocker. Four (30.8%) patients with dual therapy were taking flecainide concomitantly, four (30.8%) digoxin, three (23.1%) amiodarone and two (15.4%) diltiazem. 7.3% of the patients received the drug as a single dose, 9.8% started treatment the week before, 2.4% the month before and 12.2% in the last 3 months. Ten (24.4%) presented altered creatinine clearance and 17 (41.5%) had chronic renal failure.

In 14 (34.1%) patients one drug was suspended, in five (12.2%) two were suspended, in five (12.2%) the drug was changed, in seven (17.1%) the dose was increased and in 10 (24.4%) treatment was not changed. Pacemakers were placed in 11 (26.8%) patients. 12 (29.3%) patients revisited the EU 30 days after discharge and 6 (50%) were admitted. Four (9.8%) patients consulted for an episode related to the previous one: 1 due to vasovagal syndrome after implantation of pacemaker without changes in treatment, 1 due to bradycardia after suspending bisoprolol but continuing with amiodarone and 2 due to AF after suspending any drug.

Conclusion and relevance Beta-blocker drugs were the main cause of pharmacological bradycardia, being used in most of the episodes as monotherapy and to treat atrial fibrillation. This group of patients presented with a high frequency of revisits at 30 days even after previous intervention. This is a potential group that could benefit from pharmacist follow-up after discharge.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest