**CARDIAC ARRHYTHMIAS IN THE ELDERLY – MANAGEMENT ISSUES**

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Aging of cardiac tissues is associated with reduction of pacemaker cells within the sinus node and degenerative changes in the conduction system. Prolongation of action potential duration and diminished autonomic response are also integral components of the aging process. As the ageing population grows in size, the number of elderly patients suffering from arrhythmias is also increasing. The traditionally used antiarrhythmic drugs have narrow therapeutic limits and an increased risk of proarrhythmia in elderly patients. This has led to a steady increase in the proportion of patients who are being treated by invasive methods for their arrhythmias. In those with dangerous arrhythmias like VT/VF and history of resuscitation from SCD, AICD implantation is an accepted option. Already, elderly patients make up the vast majority of those who undergo pacemaker implantation for symptomatic bradyarrhythmias. Atrioventricular nodal ablation and implantation of a permanent pacemaker are options for the patients of atrial fibrillation which is a very common rhythm disorder in the elderly. In patients with refractory heart failure and dangerous ventricular arrhythmias combining ICD with CRT is possible but its long term outcome regarding reduction in mortality in the elderly is not well established at present. The dosage and long term use of antiarrhythmic drugs in elderly should take into consideration the decreased absorption; increased chances of proarrhythmic effects and also the presence of comorbid conditions especially chronic kidney disease, COPD and decreased mentation of the brain.