What Now After CAST?

Few studies have had as devastating an effect on cardiological practice as the recent Cardiac Arrythmias Suppression Trial (CAST). The trial was meant to test the efficacy of the newer anti-arrythmics in post myocardial infarction patients who had PVC's and non-sustained ventricular tachycardia. Lo and behold! The results showed a higher mortality in those on treatment versus those tested but not given any anti-arrythmics. The cause of this increased mortality is not exactly known but thought to be the proarrythmic effect of these new powerful anti-arrythmics (-cainides and ethmozin). Never have I seen the electrophysiologist so non-plussed as at cardiology meets since CAST.

Taking a cue from CAST, others have looked at retrospective data and come out with results pointing a guilty finger at other classical drugs like quinidine. It may be that the entire edifice of anti-arrythmia treatment has been built on feeble foundations. There is apparently more to it than suppressing the ubiquitous PVC.

The question now is what is the clinician to do? Well for one, there are still indications for anti-arrythmic treatment in this group. Symptomatic supraventricular arrythmias need management and should be treated. Survivors of ventricular fibrillation and sustained ventricular tachycardia still need appropriate treatment. However, for the present the large number of post infarction patients with other ventricular arrythmias including non-sustained ventricular tachycardia need to be watched but not given anti-arrythmics. The logic of testing efficacy of anti-arrythmics but then not giving them as advocated by some electrophysiologists is not one that most clinicians will follow. Also, remember that beta-blockers are still very much in and are powerful anti-arrythmics and should continue to be used as before—or more than before?

A long shadow has been CAST on anti-arrythmics. It shall be some time before this is cleared.

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