

Dear Kate

Thank you for the 2nd ACD.

It appears that the various arguments have been put and some cases have sensibly been highlighted for when Dronedarone could be used.

However, whilst the issue over the long term toxicity effect of alternate drugs in those with congenital heart disease was highlighted, there does not appear to be the appropriate inclusion in the categories for the use of the drug in these cases. This point was also raised at the meeting at the House of Commons where various parties met to discuss the NICE consultation.

“4.3 The Committee also heard from patient experts that younger people who cannot take class 1c drugs or sotalol in particular might benefit from an antiarrhythmic drug that is more tolerable than amiodarone because of the longer length of time that they are likely to need treatment.”


The point is obviously not just “younger” patients as such but those who start on them when younger and need to be on them for most of their lives, therefore increasing the toxicity issues which are not so apparent in other patients. This indeed could be argued as discriminating against those who are young heart patients.

I would therefore suggest that to the exemptions where use is permitted that the following line be added:

- **Those with congenital heart disease where it is considered the use of an alternative drug may not be as appropriate**

I hope that this is accepted.

Yours sincerely

A black rectangular redaction box covering the signature of the sender.

GUCH Patients Association