The progress of invasive methods for treating cardiac arrhythmias is constrained by limited access to the arrhythmogenic substrate and its complexity, procedural risks, and the high prevalence of certain arrhythmias, which makes it impossible to perform invasive interventions for all patients in need within the context of modern healthcare. The selection and administration of antiarrhythmic therapy often pose a challenging task for practicing physicians.

Objective. The aim of this review is to provide up-to-date information on the mechanisms of action, efficacy, safety profiles, and treatment initiation strategies for available antiarrhythmic drugs (AADs).

Materials and methods. A literature search focusing on the clinical use of AADs was conducted in the Russian scientific electronic library eLibrary.ru and the PubMed biomedical research database to identify articles using the keywords: “antiarrhythmic drugs”, “cardiac arrhythmias”, “drug therapy”, “efficacy”, and “safety”.

Results. Currently, AADs remain the preferred means for terminating and preventing most tachyarrhythmias; they can serve as a reserve therapy and often act as a useful adjunct to catheter ablation procedures or implantable cardioverter-defibrillator implantation. The prescription of AADs is aimed at achieving the primary goal — clinical efficacy. However, the narrow therapeutic range of AADs complicates their use in practice, requiring strict adherence to administration guidelines.

Conclusion. This review is based on the results of landmark scientific studies and recent clinical guidelines for the management of cardiac arrhythmias. The information contained herein is intended to achieve therapeutic goals without compromising patient safety.