

BETTER AVOID.

Risks: Carbamazepine has membrane-stabilising effects that may cause bradycardia, atrioventricular block, hypotension, and, in rare cases, heart failure decompensation. Hyponatraemia secondary to the syndrome of inappropriate antidiuretic hormone secretion (SIADH) can further compromise cardiovascular stability. The drug induces CYP3A4, UGT, and P-gp enzymes, which may reduce plasma concentrations and therapeutic efficacy of cardiovascular agents such as beta-blockers, calcium channel blockers, and anticoagulants.

Risk monitoring: Monitor blood pressure, heart rate, ECG, and serum sodium levels at baseline and at regular intervals. Watch for dizziness, syncope, or peripheral oedema. Regularly reassess cardiovascular status, particularly in patients with prior decompensation or receiving concomitant therapies that may interact via CYP3A4, UGT, or P-gp induction.

Dose adjustment: No specific dose adjustment is required in mild cardiac impairment, but titration should be slow and based on tolerability. Therapeutic drug monitoring may be beneficial in patients with reduced cardiac output or those receiving multiple interacting medications.

Recommendation:

Better avoid in patients with moderate to severe heart failure, conduction disturbances, or unstable cardiovascular disease. If therapy is necessary, start at the lowest dose (100 mg/day) and closely monitor ECG, sodium levels, and any interacting cardiovascular drugs.