Association of Hypokalemia with Severe Arrhythmias in Patients with Acute Myocardial Infarction

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Background: Clinical and animal studies suggest that the ischemic heart can be particularly vulnerable to hypokalemia leading to the cardiac arrhythmia.

Objective: To evaluate the association of severe arrhythmia with hypokalemia in patients with acute myocardial infarction (AMI).

Design: Retrospective study.

Setting: Coronary Care Unit, Salmaniya Medical Complex.

Method: Two hundred and seventy-four patients with AMI had serum potassium levels measured on admission along with other cardiovascular risk factors.

Result: Serum potassium concentrations were significantly decreased with the severity of arrhythmias (no arrhythmias; 4.2 ± 0.80 mmol/l, supra-ventricular; 3.8 ± 0.9 mmol/l, and ventricular arrhythmias; 3.3 ± 0.5 mmol/l, p=0.0001). The risks of supra-ventricular and ventricular arrhythmias were significantly increased by 2.4 and 8.3 fold, respectively in patients with serum potassium levels at the lowest quartile (<3.5 mmol/l) compared with the highest quartile of serum potassium when adjusted for other risk factors.

Conclusion: The results of this study suggest that hypokalemia is independently associated with the severity of arrhythmias in patients with AMI.

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