Studies of systolic function in patients receiving propafenone have yielded inconsistent results. However, actual decompensation of heart failure has been a rare clinical event.

Reported side effects have been associated primarily with the gastrointestinal and central nervous systems, commonly including alterations in taste, dizziness, nausea and constipation.

In summary, propafenone is another in a series of new antiarrhythmic drugs with both positive and negative attributes. Its short plasma half-life generally requires dosing three times daily. Although its unique combination of electrophysiologic properties allow it to be useful in a wide variety of arrhythmias, its effect may be unpredictable. While it appears to be effective for treatment of non-life threatening supraventricular and ventricular arrhythmias, its efficacy is questionable for ventricular tachycardia. Additionally, propafenone's variable effect on left ventricular function may restrict its use in patients at a high risk of sudden cardiac death. As these problems are resolved, propafenone will find its place as an antiarrhythmic drug.

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REFERENCES


Of Wind and Song

Effective physiologic functioning of the respiratory systems of singers and wind instrumentalists is assumed to be an important determinant of their musical abilities. Cancellations of concerts or substitutions of star performers are occasional reminders of the effects that acute disease can have on the abilities to carry out the demanding respiratory maneuvers often required during these musical activities.

Less obvious, and not as well understood, is the possible relationship between enhanced physiologic function and performance abilities. Are there physiologic selection factors which, in part, determine whether students will achieve proficiency, or even stardom, in singing or playing a wind instrument? Can relevant physiologic functions be improved by regular practicing or through repetitive use of special exercises? If so, which exercises are most effective? Considering the relevancy of these questions for music students, teachers and professional musicians, it is not surprising that a number of theories and myths have arisen regarding these issues. There is, however, little objective data which can be used to provide scientifically valid answers to these questions.

If one addresses some of these issues within the discipline of comparative anatomy and physiology, it is clear that some of the operatic capabilities of birds are related to very unique features of their respiratory systems. A bifurcated vocal chamber, the syrinx, allows some birds to sing with two voices at the same time; the extensive system of air sacs and unique interconnections to the lungs permits exuberant song simultaneous with impressive feats of vigorous flight. Few humans, however, seem to have the advantages of these special respiratory systems.

The contributions of Schorr-Lesnick et al (see page 201) in this issue address issues of interest to those involved with the training and medical care of singers and wind instrument players, and are also indirectly related to our understanding of the effects of ventilatory muscle training. In their comprehensive literature review, the authors note the conflicting views that abound in previous publications regarding these issues. From their study, they conclude that differences in lung volumes and maximal flows and pressures were not observed when experienced wind instrumentalists and singers were compared with controls.

Although the results of this study indirectly suggest that ventilatory training associated with many hours of singing and playing does not result in appreciable improvements in the pulmonary function parameters studied, the study was not specifically designed to answer this question. Definitive conclusions would require earlier measurements made before the period of ventilatory training. Also of interest in such a study would be ascertaining whether or not specific types of exercises were practiced by the musicians in addition to their normal practice. Although some teachers believe that there are exercises which can result in increases in lung volumes, most exercises are directed towards improving control of respiratory and laryngeal muscles. For example, the ability of a few oboe players
to sustain notes continuously for long periods of time by “circular breathing” is sometimes taught by training which involves continuously blowing a steady stream of bubbles from a straw into a glass of water while intermittently inspiring air through the nose.

The decrements in pulmonary function that occur with aging are well recognized. Whether or not these decrements cause durable performers such as Frank Sinatra or Tony Bennett to change their styles of singing as compensation for these natural physiologic changes in function is not clear. This possibility, and other considerations, does make it difficult to discard totally the notion that physiologic parameters are contributing factors leading to proficiency and greatness in these art forms. Perhaps more subtle factors such as blunted chemosensitivity or respiratory muscle endurance are important physiologic clues to the determinants of superior performance capabilities. Alternatively, maybe the answer lies in the inherent talent of the individuals, the many hours spent practicing techniques, and the numerous additional intangible aspects of music and its performance.

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POSTGRADUATE COURSE:
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