



**FIGURE 13.6** Structures of the  $K_{ATP}$  channel blockers glibenclamide, tolbutamide, and metiglinide; the  $K_{ATP}$  channel openers cromakalim and diazoxide; the  $K_{V7}$  channel opener retigabine; the  $K_{V7}$  channel blocker XE-991; the  $K_{V11}$  channel blockers dofetilide and D-sotalol; the multichannel blockers dronedarone and vernakalant.

anti-arrhythmic effects in some patients whereas they are pro-arrhythmic in others. The reason for the latter is that although the prolongation of the AP may terminate some arrhythmias, then blocking an important cardiac  $K^+$  conductance being responsible for repolarizing the AP may destabilize the heart against triggered impulses (afterdepolarizations). In 2009 and 2012, two multi-channel blockers (dronedarone and vernakalant) were approved for the treatment of atrial fibrillation.