Abstract Methods of preventing sustained monomorphic ventricular tachycardia following myocardial ischemia, decreasing infarct size and/or decreasing the incidence and/or maximum intrinsic rate of very rapid ventricular triplets following myocardial ischemia is disclosed. The methods involve administering an effective amount of a composition that inhibits substantial loss of beta-adrenergic receptor kinase (β-ARK) activity and/or β-ARK expression.