

Appendix G Digoxin

Rationale

- Digitalis may improve symptoms, exercise tolerance and quality of life, but it has not been shown to improve survival

Beneficial Subsets

- NYHA Class II-III Systolic HF (digoxin has no role in HF with PSF with normal sinus rhythm)

Considerations

- Digoxin should be used with caution, especially in women and those with impaired renal function

Goal/Dose

- Usual dose is 0.125-0.25 mg/day through level 0.65-1 nmol/L 8-12 hours post-dose
 - As digoxin levels are typically drawn in the morning, digoxin should be dosed in the evening
- Digoxin: dose will need to be adjusted in the elderly, those with low body mass, those with impaired renal function and those taking amiodarone

Monitoring

- Electrolytes, Cr and digoxin serum concentrations should be obtained 5-7 days after dose adjustments (approximate time to steady-state).
 - Note: it may take 15-20 days to reach steady-state in patients with renal dysfunction
- Obtain a digoxin level whenever toxicity is suspected.
 - The most important toxic effects are life-threatening arrhythmias (e.g. ventricular tachycardia/fibrillation, complete atrioventricular block).
 - Other symptoms include nausea, vomiting, anorexia, diarrhea, confusion, amblyopia, and, rarely, xerophthalmia may occur.
 - Note: If hypokalemia or hypomagnesemia (often due to diuretic use) is present, even lower doses and lower serum levels can cause toxicity.