



Heart Failure and Cardiomyopathies

MORTALITY AND MORBIDITY IN PATIENTS WITH HEART FAILURE AND REDUCED EJECTION FRACTION EXPOSED TO DIGOXIN: COMPREHENSIVE DATA ACCORDING TO ATRIAL FIBRILLATION IN 23,708 PATIENTS FROM THE SWEDISH HEART FAILURE REGISTRY

Oral Contributions
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Background: Digoxin is approved for the reduction of ventricular rate in atrial fibrillation (AF) and the management of heart failure with reduced ejection fraction (HFrEF). However, data from randomized trials in HFrEF with and without AF are limited and a long-term assessment of outcomes is lacking. The aim was to study the association between digoxin and all-cause mortality, HF hospitalization and their composite in HFrEF with and without AF.

Methods: The impact of digoxin on outcomes in Swedish Heart Failure Registry patients was assessed by multivariable Cox regression models.

Results: 23,708 HFrEF patients were enrolled. Digoxin use was associated with an 8% increased mortality and a 11% reduced HF hospitalization risk, resulting in a 6% reduction of their composite. In particular, digoxin-treated patients reported increased mortality in presence of sinus rhythm or paroxysmal AF, whereas they showed lower risk of HF hospitalization and of the composite in presence of permanent AF. Digoxin-treated patients reporting increased mortality were more likely men, younger, using RAS antagonists but not beta-blockers, with lower heart rate, whereas those reporting improved HF hospitalization risk had a more recent onset of HF and less history of myocardial infarction.

Conclusions: In HFrEF, digoxin increased the risk of death particularly in patients in sinus rhythm or with concomitant paroxysmal AF, whereas it seemed to be beneficial in reducing HF hospitalization in those with concomitant permanent AF.

