



Largely Dismissed Heart Failure Drug May Help Solve Costly Problem for Medicare and Hospitals

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Targeted for reduction, health care reform is targeting on Medicare expenses resulting from readmission of hospitalized Medicare beneficiaries within 30-days for all-causes. Annually this costs 17 billion dollars. Heart failure is a leading cause of both hospital admission and readmission for older adults. Digitalis therapy has been neglected for treating heart failure among such adults although it is effective and inexpensive and shows great promise for reducing need for both hospital admission and readmission [1].

This neglect has occurred since the DIG report [2] in 1994 showed no reduction in mortality but confirmed effectiveness of digoxin (one of the pure glycosides of digitalis) to reduce symptoms and the need for hospitalization. In spite of these clear benefits, the troublesomeness of frequent dosage adjustments, discouraged use. Considerable skill was required to capture the window of therapeutic effectiveness, between serious toxicity and safe adequate effective therapy [3]. Digitalis rapidly disappeared from general use.

In 1996, the benefits of digitalis were rediscovered [4] but its use did not increase. In 2007, evidence was published [5] to show that it also increased survival. None of this evidence restored faith in or restored utilization of digitalis for therapy.

This year, Ali Ahmed, professor of geriatrics at the University of

Alabama in Birmingham along with coworkers from other leading medical centers [1] presented evidence at the March Annual Scientific Session of the American College of Cardiology that "Digoxin reduces 30-day all-cause hospital admission in ambulatory older patients with chronic systolic heart failure." They are in the process of developing future studies need to examine its effect on 30-day all-cause hospital readmission in hospitalized patients with acute heart failure.

Isn't time to provide digitalis for heart failure and to provide the savings that it offers for the costs of medical care?

References

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