

Digoxin increases deaths from any cause in patients with atrial fibrillation

Digoxin use is associated with a significant increase in deaths in patients with atrial fibrillation, according to the results of a new study (Whitbeck et al, 2012).

Digoxin is commonly used in patients with atrial fibrillation and also in patients with heart failure. However, it has a narrow dose range at which it is effective and high levels of digoxin in the blood have been correlated with an increased death rate.

Researchers led by Samy Claude Elayi, associate professor of medicine at the Gill Heart Institute, University of Kentucky, USA, analysed data from 4060 atrial fibrillation patients who had enrolled in

the landmark Atrial Fibrillation Follow-up Investigation of Rhythm Management (AFFIRM) trial in order to determine the relationship between digoxin and deaths.

They found that digoxin was associated with a 41% increase in deaths from any cause, after controlling for other medications and risk factors, and that an increase in deaths occurred regardless of gender or the presence or absence of underlying heart failure. Digoxin was also associated with a 35% increase in deaths from cardiovascular causes, and a 61% increase in deaths from arrhythmias.

Professor Elayi said: 'These results mean that among atrial fibrillation patients taking dig-

oxin compared to those not on digoxin in the AFFIRM trial, within 5 years one additional patient out of six will die from any cause, one additional patient out of eight will die from cardiovascular causes, and one additional patient out of 16 will die from arrhythmias.

He concluded: 'These findings call into question the widespread use of digoxin in patients with atrial fibrillation, particularly when used for controlling atrial fibrillation rate in a similar way as in the AFFIRM trial.'

Whitbeck MG, Charnigo RJ, Khairy P et al (2012) Increased mortality among patients taking digoxin-analysis: analysis from the AFFIRM study. *Eur Heart J* Nov 27 (Epub ahead of print)

New first in class treatment for adults with type 2 diabetes

Dapagliflozin (Forxiga) is a new once-daily tablet to improve blood glucose control in adults with type 2 diabetes. It has been licensed for use in combination with other glucose-lowering treatments, including insulin, when these, together with diet and exercise, do not provide adequate control of blood glucose levels in patients.

Tadalafil licensed to treat benign prostatic hyperplasia

Tadalafil (Cialis) 5 mg once daily has been licensed for the treatment of the signs and symptoms of benign prostatic hyperplasia in adult males.

First new treatment in 30 years for rare lymphomas

Brentuximab vedotin (Adcetris) is the first new treatment licensed in 30 years for adult patients with relapsed or refractory CD30 positive Hodgkin lymphoma following an autologous stem cell transplant or at least two previous therapies, when autologous stem cell transplant or multi-agent chemotherapy is not an option. It is also used in adult patients with relapsed or refractory systemic anaplastic large cell lymphoma.

Aneurysm screening helps drive fall in surgical mortality

Annual data from the fledgling NHS Abdominal Aortic Aneurysm Screening Programme (2012) show that abdominal aortic aneurysm screening has helped drive significant improvements in outcomes for patients who undergo elective aneurysm repair surgery.

The figures published cover 1 April 2011 to 31 March 2012 and show just how quickly elective abdominal aortic aneurysm repair mortality has fallen in recent years.

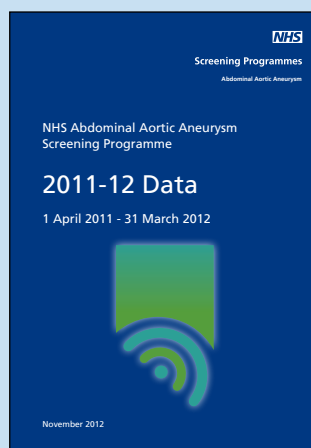
In 2008 the Vascunet Report stated that the UK had the highest mortality rate in Europe for elective abdominal aortic aneurysm repairs at 7.5%. An audit published in

February 2012 by the Vascular Society of Great Britain & Ireland surgical association reported that mortality had fallen to 2.4%.

The NHS Abdominal Aortic Aneurysm Screening Programme data reveal that 190 men had elective surgery in 2011–12 to repair aneurysms detected by screening and there were three deaths – a mortality rate of 1.6%.

This consistent improvement has been driven by the remodelling of UK vascular services which has seen abdominal aortic aneurysm repair procedures move to fewer, higher volume hospitals.

The NHS Abdominal Aortic Aneurysm Screening



Programme has been one of the major catalysts for this change, working closely with the Vascular Society of Great Britain & Ireland on the development of vascular networks and quality improvement processes.

NHS Abdominal Aortic Aneurysm Screening Programme (2012) 2011–12 Data. 1 April 2011–31 March 2012. <http://aaa.screening.nhs.uk/annualreport> (accessed 29 November 2012)