

Safety and efficacy of digoxin

Recent observational studies have suggested increased mortality associated with digoxin in those with heart failure and atrial fibrillation. These observational findings are in contrast with the results of the digoxin in heart failure (DIG) trial.

This meta-analysis reviews data from recent observational and controlled trials. All studies published from 1960 onwards that examined comparative outcomes with digoxin and control (placebo or no treatment) were reviewed. The primary outcome was all cause mortality. Fifty-two studies contributed to the systematic review, including 621,845 patients who received treatment with digoxin or control.

The researchers noted that prescription bias may have contributed to the observational trial findings, ie clinicians prescribing digoxin to patients at the highest risk. The conclusion of this meta-analysis is that digoxin should continue to be considered as a treatment option to achieve heart rate control in those with atrial fibrillation and also to avoid hospital admission in patients with heart failure. An editorial review commends the findings and observes that trials are best, ignore the rest.

BMJ 2105;351:h4451 and BMJ 2015;351:h4662

Perioperative bridging anticoagulation in patients with atrial fibrillation

It is uncertain whether bridging anticoagulation is necessary for patients with atrial fibrillation who need an interruption in warfarin treatment for an elective operation or other elective invasive procedure.

This report concerns a randomised, double-blind, placebo-controlled trial in which, after perioperative interruption of warfarin therapy, patients were randomly assigned to receive bridging anticoagulation therapy with low-molecular-weight heparin or matched placebo administered subcutaneously twice daily for 3 days before and then 5 to 10 days after the procedure.

1,884 patients were randomised. The incidence of arterial thromboembolism was 0.4% in the no-bridging group and 0.3% in the bridging group and the incidence of major bleeding was 1.3% in the no-bridging group and 3.2% in the bridging group. The researchers conclude that forgoing bridging anticoagulation was non-inferior for the prevention of arterial thromboembolism and decreased the risk of major bleeding.

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Compliance of males with stage 1 testicular germ cell tumours on an active surveillance protocol

Testicular germ cell tumours (TGCT) are the commonest solid tumour in young men. Stage 1 TGCT (ie, confined to the testis) requires orchidectomy, followed by management options that include chemotherapy, radiation treatment, retroperitoneal lymph node dissection or active surveillance. Surveillance avoids the morbidity of the other treatments and all treatments have an excellent outcome. Successful surveillance requires patient compliance with rigorous follow-up.

This study examines the rate of compliance in follow-up of 57 men in the surveillance programme. At median follow-up of 24 months, 81% had adequate compliance with the follow-up regimen, 12% were lost to follow up, and 16% relapsed; none between protocol visits.

Methods to increase compliance are needed. The authors suggest that nurse-led or internet schemes might be helpful.

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