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The Reply

We thank Temtanakitpaisan et al for their interest and agree that newer randomized control trials of digoxin in contemporary patients with systolic heart failure may be needed for clinical practice to change.[1] The efficacy of digoxin in reducing the risk of hospitalization due to worsening heart failure was clearly established in the Digitalis Investigation Group trial, and this effect has been shown to be more pronounced in those in the high-risk subgroup.[2] We have demonstrated that the effect of digoxin on hospital admission is early and broad, resulting in a significant reduction in the risk of 30-day all-cause admission in systolic heart failure,[3] but not in diastolic heart failure.[4] We also have demonstrated that digoxin use is associated with lower 30-day all-cause readmission in real-world patients with systolic heart failure,[5] including those receiving beta-blockers.[6]

Heart failure is the leading cause for 30-day all-cause readmission. Under pressure to avoid cuts in Medicare payments because of above-average 30-day all-cause readmission mandated by the Affordable Care Act, hospitals are adopting various transition of care strategies based on single-center reports, post hoc analyses, observational studies, and expert opinion. Despite limitations of the cost-driven metric of 30-day all-cause hospital readmission, the fact remains that one quarter of hospitalized patients with heart failure are readmitted within 30 days of hospital discharge. On the basis of the totality of existing evidence, we believe that it is reasonable for physicians to consider digoxin for patients with heart failure and ejection fraction <45% to reduce 30-day all-cause hospital readmission.

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