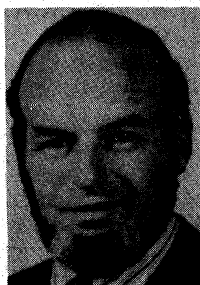


Should Digitalis Be Used In Treating Acute

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Conflicting opinions and practices raise questions about digitalis therapy in acute myocardial infarction. Some clinicians feel its use is contraindicated; even when there is accompanying heart failure, the use of digitalis is not universally accepted. Opinions also differ on its use in cardiogenic shock. Most agree, however, that it should be employed when acute myocardial infarction is accompanied by atrial fibrillation. There are still many uncertainties about digitalis therapy, but so intensive is current scientific investigation that helpful data can be expected to appear in the near future.

The role of digitalis therapy after acute myocardial infarction is still uncertain and, despite the magnitude of efforts by biomedical investigators in the study of digitalis glycosides, there are important unanswered questions in this clinical situation.

Some workers emphasize that there is little to be gained by administration of digitalis glycosides to patients who have uncomplicated infarction without cardiomegaly. There is also little clinical documen-

tation of the drug's value in cardiogenic shock, a syndrome in which no pharmacologic agent has as yet been demonstrated to be very effective. Indeed, rapid digitalization may, on occasion, be harmful due to the vasoconstrictor properties of the drug.

Yet Karliner and Braunwald, for instance, wrote in 1972 that until evidence to the contrary appears, digitalis should be continued in cardiogenic shock. They took this position on the basis of experience with experimental work and the presumption that this state, when observed clinically, is a form of extreme left ventricular failure.

Typical of the findings that still present a confused picture to the clinician are results published in the Abstracts of the American Heart Association 48th (1975) Scientific Sessions. One group at North Shore and Cornell gathered data which "suggest that IV digoxin in certain patients with large predicted acute myocardial infarctions and high pulmonary wedge pressures results in salvage of ischemic myocardium." On the other hand, a joint Russian and American group, analyzing serum CPK in patients, concluded that digitalis appears to increase infarct size in patients with evolving myocardial infarction.

Increases Infarct Size

This is an important question; and the finding that digitalis increased infarct size was supported by the 1971 observations of Maroko et al, that a number of inotropic agents, including ouabain, increased the severity and extent of ischemic injury in experimental coronary occlusion in the non-failing heart.

When congestive heart failure complicates myocardial infarction, the use of digitalis is widely advocated. Yet, there are few studies in man that provide a solid basis for this recommendation. Karliner and Braunwald, noting the paucity of experimental and clinical evidence for such therapy, called for more clinical investigation into the question of whether the digitalis glycosides should continue to be used routinely in such cases.

More recently, some benefits have been noted for

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