**DIGOXIN IN A-FIB RVR: SLOW AND STEADY MAY WIN THE RACE IN SOME**

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Until the introduction of notably superior beta blockers (BBs) and non-dihydropyridine calcium channel blockers (CCBs), digoxin was the de facto standard for rate control in Atrial Fibrillation with Rapid Ventricular Rates (AFib RVR). With the eventual emergence of populations unable to tolerate BBs and CCBs, a reexamination of the utility of digoxin is warranted. We retrospectively detailed a head to head cohort comparison between non-standardized dose oral digoxin, diltiazem and metoprolol tartrate surveying for practices, time to hemodynamically stable rate control, mode drug dose, adverse outcomes, length of stay and readmission. 43 digoxin, 51 diltiazem and 48 metoprolol patients were compared from a random sample of 300 patients selected from a total of 1178 AFib RVR patients admitted to two Manhattan, New York hospitals between July 2007 and September 2011. Primary outcome rate control data demonstrated significantly less early responders in the digoxin group (adjusted relative risk [RR] 0.48 [95% CI 0.27-0.86]) as compared to diltiazem. However, there were no statistical differences in response among the three drugs beyond eight hours. Significant secondary outcomes revealed increases in hypotension (RR 0.20 [95% CI 0.04-0.87]) and acute renal injury (RR 0.06 [95% CI 0.00-0.93]) in the diltiazem group as compared to digoxin. This led us to overall conclude that in the management of AFib RVR, despite fewer early responders to treatment, oral digoxin positions itself as a reasonable alternative to diltiazem in patients intolerant of metoprolol, with less adverse effects of hypotension and acute renal injury.