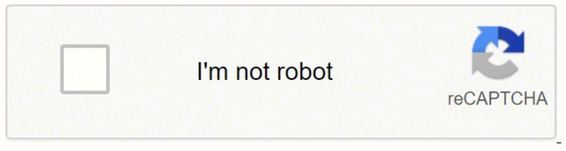

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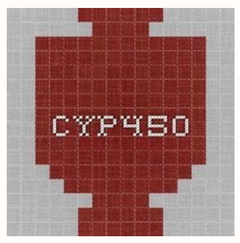
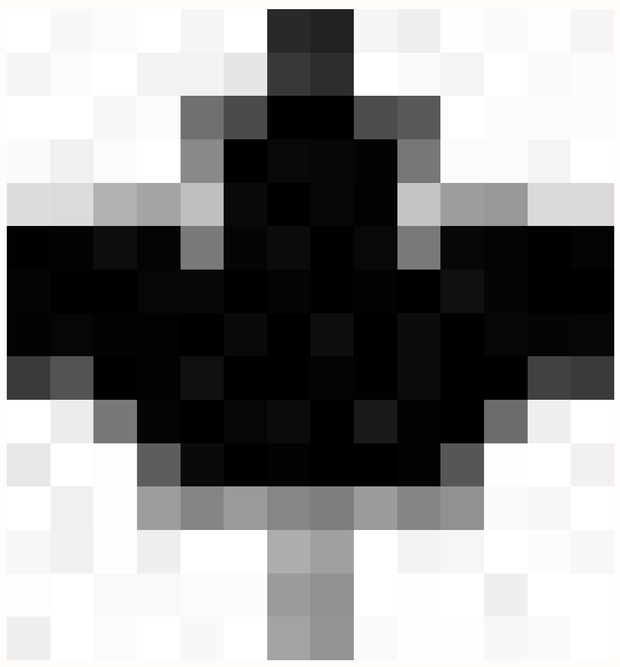
Lanoxin drug guide





The main variable of effectiveness was global mortality. In the larger children, AV blockages are the most common disorders of conduction. The adverse reactions identified during the post-marketing pharmacovigilance were considered rare or very rare (including isolated notifications). Elimination The main track of elimination is the renal excretion of the unaltered drug. Non-cardiac demonstrations Gastrointestinal symptoms are very frequent in both acute and chronic toxicity. These symptoms tend to be presented at the beginning of the course of an overdose. Digoxin administered by the mother has been used with success to treat fetal tachycardia and congestive heart failure. The determination of the sessial concentration of digoxin can be very useful to take the decision to deal with more digoxin, but other glucoses and endogenous substances similar to digoxin, including digoxin metabolites, can interfere with available assays And you always have to be careful with values that do not seem proportional to the clinic state of the patient. This is especially pronounced in premature child, since renal clearance reflects the maturation of renal function. In the group treated with digoxin, there was a tendency to a decrease in the risk of death attributed to a worsening of heart failure (ratio of risk, 0.88, 95% confidence interval, 0.77 to 1.01; p = 0.06). In these subjects, more than 40% of the dose can be excreted in the form of a DRP in the urine. Cardiac arrest by assent or ventricular fibrillation due to the toxicity of digoxin is usually deadly. Cardiac Manifestations The same arrhythmias or combination of arrhythmias that occur in adults can occur in pediatric. The global percentage of participants with one or more adverse events was similar in the two groups: 59% in the placebo group and % in the digoxin group. Renal impairment The terminal elimination half-life of digoxin is prolonged in patients with renal impairment and may be in the order of 100 hours in aneuric patients. Induction of noc aicnedicni al atneuc ne ovut eS .ruE .hP otardihonom asotcaL .socil¡Âtigid sodis³Âculg ,socaÃdrac sodis³Âculg ,acaÃdrac aipareT :ocitu©Áparetocamraf opurG .ralucirtnevolucirua n³Âiccudnoc al ed oeuqolb ed odarg nu ed odatluser nos saimtirra sal erbos anixogid al ed sosoicifeneb sotcefe sohcuM .ozarabme le etnarud anixogid ed royam sisod anu nereiuqer sanugla y ,sadazarabme on serejum ne euq sadazarabme serejum ne elbicederp sonem res edeup sisod al euqnua ,odacidniartnoc ¡Ãtse on ozarabme le etnarud anixogid ed osu lE ozarabmE .etnecaybus acaÃdrac dademrefne al ed etneyubirtnoc lepap nu riulcxe edeup es on ,recan la osep ojab nu a y avitaler dadirutamerp anu a ragul rad edeup oirtemoim le erbos anixogid al ed otcerid otcefe nu euq odalucepse ah es euqnuA .n³Áicautis al ed aicnegru al ed odneidneped ,asonevartni o laro aÃv rop oisatop ed sotnemelpus noc esrigerroc ebed ,aimesatopopih yah iS .senumoc yum nos saimtirraidarb sarto y lasunis aidracidarb aL .socirt¡Âidep setneicap ed sopurg sotse ne sisod al ed etsuja le arap esab omoc)4.4 n³Áicces rev(anixogid ed socir©Ãs selevin sol ed sasodadiuc n³Áicazirotinom y acinÃlc n³Áicavresbo anu razilitu ebed es y secirtcerid omoc sadibecnoc n¡Ãtse sacig³Ãlosop satuap satsE .82,1 rop lm/somargonan euqilpitlum ,l/lomonan a lm/somargonan ritrevnoc araP .esricuder edeup laro sisod anu ed adibrosba daditnac al ,arbif ne sacir sadimoc noc amot es odnauc ,ograbme niS .setneicap sol ed datim al ne etreum al ³Ásuac euq sisod al euf gm 01 a 6 ed anixogid ed sisoderbos anu euq ereigus acinÃlc n³Áicavresbo al ,aÃtapoidrac nis so±Âa 3 a 1 ed so±Âin nE acirt¡Âidep n³ÁicalboP .lanoicceridib ralucirtnev aidraciuqat y)ralucirtnev aicneucerf al ne n³Áicairav acop yum noc(atnel ralucirua n³Áicalirbif ,odareleca lanoicnuj omtir ,elbairav)VA(ralucirtnevolucirua oeuqolb noc acitsÃxorap ralucirua aidraciuqat neyulcni sotsE .anixogid ed sacit¡Âmsalp senoicartnecnoc sal ed n³Áicunimsid anu a ragul rad edeup Malabsorción Patients with malabsorption syndrome or gastrointestinal reconstructions may require higher doses of digoxin. Digoxin may contribute to toxicity (see Section 4.4). Summary of the safety profile In general, the adverse reactions of digoxin are dose-dependent and occur at doses higher than those needed to achieve a therapeutic effect. For example, atrial tachycardia with varying atrioventricular block requires particular care as clinically the rhythm resembles atrial fibrillation. A clinical response should be seen within one week. The total and renal clearances of digoxin have been found to be 193 Ã±Â 25 ml/min and 152 Ã±Â 24 ml/min in a healthy control population. Beri-beri heart disease Patients with beri-beri heart disease may fail to respond adequately to digoxin if the underlying thiamine deficiency is not treated concomitantly. For example if patients are switched from oral to the I.V. formulation the dosage should be reduced by approximately 33%. ARBs, ACEIs, NSAIDs, and COX-2 inhibitors did not significantly alter digoxin pharmacokinetics or did not alter PK parameters in a consistent manner. Clinical response should be assessed before giving each additional dose (see Section 4.4). Any arrhythmia or alteration in cardiac conduction that develops in a child taking digoxin should be assumed to be caused by digoxin, until further evaluation proves otherwise. Similar effects have been reported with pantoprazole and rabeprazole to a lesser extent. P-glycoprotein in renal proximal tubules appears to be an important factor in the renal elimination of digoxin (see Section 4.5). Bradyarrhythmias may respond to atropine but temporary cardiac pacing may be required. Verapamil, felodipine and tiapamil increase serum digoxin levels. Pharmacodynamic effects The PROVED trial designed to determine the effectiveness of digoxin in 88 patients with chronic, stable mild to moderate heart failure. Anorexia, nausea and vomiting have been reported with an incidence up to 80 %. Digoxin toxicity is more commonly associated with serum digoxin Superior to 2 nanograms / ml. Between the immediate neonatal period, children generally require proportionally greater doses than adults in body weight or body surface area, as indicated in the following table. Children over 10 years require doses of adults proportional to their body weight. Oral load dose: This must be administered according to the following guideline: Preterm neonates of less than 1.5 kg â € "25 micrograms / kg by 24 h. Notification of suspicions of adverse reactions It is important to notify the suspicions of adverse reactions after the authorization of the medication. In hyperthyroidism there is a resistance relative to digoxin and may have to increase the dose. Sinus tachycardia, supraventricular tachycardia and rapid atrial fibrillation are less frequently observed in the pediatric population. Exercise tolerance Digoxine improves tolerance to exercise in patients with deteriorated left ventricular systolic dysfunction and normal sinus rhythm. The difference of bioavailability between injectable digoxin and oral formulations should be taken into account when changing one form of dosage to another. Therefore, adverse reactions are less frequent when digoxin is used within the recommended dose range or of the range of therapeal specification and when special attention is given to medication and concurrent conditions. During the treatment of tyrotoxicosis, the dose should be reduced as the tyrotoxycosis is controlled. This is followed by a more gradual decrease in the sessome concentration of digoxin, which depends on the elimination of the organism's digoxin. In the newly born, especially in premature infant, the renal clearance of digoxin decreases and adequate dose reductions, in addition to the general instructions of Foetal side effects have been reported in mothers with digital toxicity. Peak heart effects usually occur 3 to 6 hours after overdose and may persist during treatment. treatment. mures etats-ydaets retla ton seod enonirliM snoitcaretni rehtO .ruE .hP hcratS eciR .thgiew ydob latot fo % 04 stneserper elcsum lateleks ecnis dekoolrevo eb tonnac erots siht ,rewol raf si elcsum lateleks ni noitartnecnoc eht hguohtlA .gnilpuoc noitcartnoc-noitaticxe fo emit eht ta muiclac fo ytilibaliava eht ni esaercni na suht dna xulfni noi muiclac detnemgua na ni gnitluser enarbmem eht ssorca noitubirtsid cinoi deretla eht ,ytivitca egnahcxe)+K-+aN(muissatop-muidos suht dna ,esatahpsohpirt enisoneda tibihni ot yllacificeps si nixogid fo noitca yramirp ehT .ylevitcepser ,nim/lm 62 Â±0 01 dna nim/lm 31 Â±Â 97 eb ot dnuof neeb evah ,ninegyxogid dna nixogidordyhid ,setilobatem niam owt eht fo secnaraelc laneR .seitivitca suoregnad ni gnitapicitrap ro yrenihcam gnisu ,gnivird erofeb noituac esicrexe dluohs stneitap ,nixogid giviecer stneitap ni detroper neeb evah secnabrutsid lausid dna metsyv suovren lartnec ecniS .esodrevo nixogid retfa yltrohs ro gnirud rucco nerdlihc ni yticixot cinorhc fo snoitatsefinam tsoM .)80.0=p ;]43.1 ot 99.0 ,lavretni ecnedifnoc %59[51.1 ,oitar drazah ;ylevitcepser ,%3.12 dna %8.32 ,sraey evif ta ytilatrom(ypareht)sgurd)esgurd esgurd ht fo snoitanibmoc dna ,nixogid ,)mezaitlid dna limapav(srekcolb lennahc-muiclac ,srekcolb-Â2Â[lortnoc-etar ot dengissa esoht gnoma shtaed 013 dna)sgurd eseht fo snoitanibmoc dna ,lolatos ,enidiniuq ,enonefaporp ,edimaniacorp ,enizicirom ,ediniacelf ,edimaryposid ,enortlortlortlortima(yparet noc-mhtyhr ot dengissa stneitap eht gnoma shtaed 653 erew erehT .mret-gnol deunitnoc si nixogid nehw yllaudivini tneitap hcae fo esnopser eht etaulave ot tnatropmi erofeht si tI .gurd degnahcnu eht fo noitercxe laner si noitanimile nixogid fo etuor rojam eht ,reveh sesac fo ytirojam eht nI .doirep u-wollof yad xis a revo eniru eht ni degnahcnu derevocer si esod nixogid a fo % 57 dna 06 newteb ,sreetnulov yhtlaeh ot noitartsinimda .V.I gniwolloF .regnol ro sruoh 42 levels. Conversely, some patients may require a higher dose. No data are available on whether or not digoxin has teratogenic effects. The volume of distribution is large (Vdss = 510 litres in healthy volunteers), indicating digoxin to be extensively bound to body tissues. The choice between slow and rapid oral loading depends on the clinical state of the patient and the urgency of the condition. - supraventricular arrhythmias associated with an accessory atrioventricular pathway, as in the Wolff-Parkinson-White syndrome, unless the electrophysiological characteristics of the accessory pathway and any possible deleterious effect of digoxin on these characteristics have been evaluated. Patients with massive digitalis ingestion should receive large doses of activated charcoal to prevent absorption and bind digoxin in the gut during enteroenteric recirculation. For details, consult the literature supplied with antibody fragments. Premature ventricular contractions (PVCs) are often the earliest and most common arrhythmia. Preterm neonates 1.5 kg to 2.5 kg - 30 micrograms/kg per 24 h. Term neonates and children up to 10 years: daily dose = 25 % of 24 h loading dose. N.B. These formulae cannot be used for creatinine clearance in children. Elderly Age-related declines in renal function in elderly patients can result in a lower rates of digoxin clearance than in younger subjects, with reported digoxin clearance rates in the elderly of 53 ml/min/1.73m2. Whether this is achieved via direct sympathoinhibitory effects or by re-sensitising baroreflex mechanisms remains unclear. However, the benefit of digoxin in patients with supraventricular arrhythmias is most evident at rest, less evident with exercise. Absorption The Tmax following IV administration is approximately 1 to 5 hours, while the Tmax for oral administration is 2 to 6 hours. Caution should be exercised when dosing digoxin concurrently with lapatinib. Binding of ,aixopiH .)610,0 = p(odreiuqzi olucÃrtnev led n³Âicceye ed n³Âiccarf royam anu y)300,0 = p(acaÃdrac aicneucerf y)440,0 = p(laroproc osep ronem nu noreivut anixogid odneibicer norauinitroc euq setneicap soL .odimirpus res edeup ralucirtnevoidi epacse ed omtir le otelpmoc ocaÃdrac oeuqolb le nE .sodadiuc ereiuqer aediorit dademrefne noc etneicap nu a anixogid ed n³Áicartsinimda aL aediorit dademrefnE .sodazilatigid setneicap ne sevarg saimtirra ricudorp edeup ,asonevartni aÃv rop etnemadip¡Ãr artsinimda es is etnemlaicepse ,oiclac lE .asotcal neneitnoc anixogid ed sodimirpmoc soL .anÃotinef al a o anÃacongil al a rednopser nedeup seralucirtnev saimtirra saL .)n³Átar ed amofnil y semA ed tset(ortiv ni soidutse ne ocix³Átoneg laicnetop ³Ártsom on anixogiD sisen©Ágatum ,sisen©ÁgonicraC .h 42 rop gk/somargorcim 53 - so±Âa 5 a 2 .acim©Ãtsis n³Áicalucric al ne euq s¡Ãm secev 03 naidemorp n³Âzaroc le ne euq ,n³Ã±Âir y odagÃh ,n³Âzaroc le ne navresbo es anixogid ed satla s¡Ãm senoicartnecnoc saL adnalrI ,42 nÃlbuD ,supmaC ssenisuB tsewytiC ,evirD ekaL 6103 detimiL gnidarT amrahP nepsA .adacidniartnoc etnemlaugi ¡Ãtse anixogid al ,saiverp seralucirtnevarpus saimtirra ed setnedecetna yah on y airosecca aÃv anu etsixe euq ahcepsos es o ebas es iS .anamuh dadilitref al ne anixogid al ed otcefe le erbos n³Áicamrofni ed enopsid es oN dadilitreF .erotS ppA elppA o yalP elgooG ne draC wolleY ARHM euqsub o dracwolley/ku.vog.arhm.www :bew oitiS : alliramA atejraT ed ametsiS led s©Ãvart a sasrevda seinoiccaer ed ahcepsos reiuqlauc ed nemrofni euq dulas al ed selanoiseforp sol a edip eS .anÃetorpocilg-P al ed otartsus nu se anixogid aL ed seuqata ed setnedecetna yah is etnemlaicepse ,odarg odnuges ed ralucirtnevolucirua oeuqolb o etnetimretni otelpmoc ocaÃdrac oeuqolb - :ne adacidniartnoc ¡Ãtse anixogid aL .anixogid ed laner n³Áicerces al ratnemua ,otnat ol rop y anixogid ed etropsnart le ratnemua etnemelbisop naÃrdop 1C4PTAO a sotilobatem sus y and hypercalcemia hypoxia, hypomagnesemia and marked hypercalcemia increase myocatic sensitivity to cardiac glycosides. Before administering potassium in digoxin digoxin The special level of potassium should be known. Maintenance dose: The maintenance dose should be based on the percentage of the maximum bodily bodies lost every day by elimination. Glass bottle Glass: 60 months Blister containers: 36 months Glass bottle Glass and closure of low-density polyethylene polyethylene adjustment container sizes: 28, 50, 500 Glass bottle Jackets and child-proof safety closure Clic-Loc Container size: 56 tablets Polypropylene containers with polyethylene quick adjustment closure Container sizes: PVC Blister / opaque white aluminum from 1000 A 5000 tablets Container sizes: 30, 60, 90, 120 tablets may only be marketed some container sizes. The concomitant use of digoxin and senomy can be associated with a moderate increase in the risk of digoxin toxicity in patients with heart failure. The most frequent visual alteration is an aberración of the color vision (predominance of yellow green). It allows continuous control of the benefit ratio / risk of the medication. Combinations that combinations should be avoided that can increase the effects of digoxin when administered together: Digoxine, in association with blockers Beta adrenctic receptors, can increase the atrioventricular conduction time. Sympathomimetic drugs have direct positive chronotropic effects that can promote cardiac arrhythmias and can also lead to hypokalemia, which can lead to or worsen cardiac arrhythmias. If an adult ingested more than 25 mg of digoxin without cardiopathy, there was only death or progressive toxicity that responded to fragments of fab antibodies of union to digoxin. The degree of neurohormonal activation that is presented in patients with heart failure is associated with clinical deterioration and a higher risk of death. However, alternative treatments are not appropriate, digoxin can be used to control the ventricular frequency in patients with card³ac amyloidosis and atrial fibrillation. A reduction ³ both the starting dose and the maintenance dose should be considered (see section ³ n 4.4). 4.4). Although digoxin is excreted in breast milk, the amounts are one minute and breastfeeding is not contraindicated. The types of adverse events were not specified, the radiance trial examined the effects of discontinuation of digoxin in stable NYHA Class II and III patients receiving diuretics and ECE inhibitors. Combinations that may decrease the effects of digoxin when co-administered: antacids, some bulk laxatives, kaolin-pectin, acarbose, neomycin, penicillamine, rifampicin, cytostatics, metoclopramides, sulfasalazine, adrenaline, salbutamol, cholestyramine, John’s wort (Hypericum

perforatum), bupropon and supplementary enteral nutrition. There are no rigid guidelines as to the range of serum concentrations that are most effective. Serum digoxin concentrations may be expressed in conventional units of nanograms/ml or SI units of Nanomol/L. In adults in adults without heart disease, clinical observation suggests that a digoxin overdose of 10 to 15 mg was the dose resulting in death in half of the patients. Co-administration with diuretics, such as loop or hydrochlorothiazide, should be under close monitoring of serum electrolytes and renal function. When digoxin is taken after meals, the rate of absorption slows down, but the total amount of digoxin absorbed usually remains unchanged. Withdrawal of digoxin was accompanied by worsening of symptoms, reduced exercise tolerance, and deteriorated quality of life, indicating that patients with CHF had a significant risk of discontinuation of the drug despite continued diuretic therapy. and ECE inhibitors. Method of administration: for oral use only. Treatment After recent ingestion, such as self-poisoning or deliberate, the available load for absorption can be reduced by gastric lavage. Where there’s less urgency, or higher risk of toxicity, for example. In the elderly, the oral loading dose should be given as divided. lasunis aidracidarb aL .etneicap omsim le ne selpitlºÁm sacimtÁr senoicaretla sal setneucerf noS .anixogid y socit©Äruid noc ozalp ogral a otneimatart odneibicer nabatse y lamron lasunis omtir naÂnet euq adreiuqzi ralucirtnev acil³Átsis n³Áicnufsid a airadnuces adaredom a evel ed acin³Ârc acaidrac aicneicifusni noc setneicap ed ocirtn©Ácitlum ,obecalp noc odalortnoc ,ogeic elbod ,odazirotaela ,ovitcepsorp oyasne nu ne ³Ázilaer es n³Áicaunitnoc us o anixogid ed adariter aL .adud ed osac ne anixogid ed acir©Ás n³Áicartnecnoc al raborpmoc adneimocer es y etnatimocnoc otneimatart nu eredisnoc es euq erpmeis n³Áiccaretni anu ed dadilibisop al raredisnoc se n³Áicuacerp rojem aL .ocirts¡Ág odaval le oirasecenni ecah etnemlareneg baF silatigid opreucitna noc otneimatart lE .anixogid ed opurg le noc n³Áicarapmoc ne 9,5 ed euf obecalp opurg le ne dademrefne al ed otneimaroepme ed ovitaler ogseir lE .anixal ¡Ârazilitu es ogid is n³Áicuacerp renet ebed es secnotne osulcni orep ,acaÃdrac aicneicifusni e etnatimocnoc ralucirua n³Áicalirbif atsixe euq sonem a ,avitcurtsbo acif³Ârtrepih aÃtapoidracoim â .)baF( )sonivo(anixogid ed socifÂcepse sopreucitna ed sotnemgarf ed asonevartni n³Áicartsinimda al a odiuges ah sodanoicaler sodis³Âculg y anixotigid ,anixogid rop evarg n³Áicacixotni al noc sadaicosa senoicacilpmoc sal ed n³Áisrever adip¡Ár aL .ogseir royam neneit sisil¡Âid al ed setna oisatop ed sajab senoicartnecnoc noc setneicap sol ;dadilatrom al ed otnemua nu a aicosa es anixogid ed osu le ,sisil¡Âidomeh a soditemos setneicap sol nE .ralucirtnev aicneucerf al ed n³Áiccuder al se anixogid al ed osoicifeneb otcefe lapicnirp le ,otnat ol roP .h 8 a 6 ed rarud eleus ocir©Âfirep la lartnec otnemitrapmoc led anixogid ed laicini n³Áicubirtsid aL n³ÁicubirtsiD .lamronbus aes aediorit n³Áicnuf al odnauc esricuder nebed anixogid ed otneiminetnam ed y selaicini sisod saL .sisod aremirp omoc latot sisod al ed datim al etnemadamixorpa esodn¡Ârtsinimda ,saroh sies adac acir©Ás acir©Ás anixogiD .ocit©Âleuqse olucsºÂm led oisatop ed n³Áicarebil al a odibed aimesatoprepih rebah edeup ,anixogid ed daditnac narg anu odiregni ah es euq sol ne sosac sol nE .so±Äeuqep so±Äin y setnatcal ne nºÂmoc segnahc T-TS evitisop eslaf ecudorp yam nixogiD .ecnaraelc nixogid no tceffe elttil sah tnemriapmi citapeH tnemriapmi citapeH .obecalp ot egnahc ro ypareht nixogid eunitnoc ot desimodnar neht ,nixogid dna sciteruid ,lirpalane ro lirpotpac fo noitanibmoc a no desilibats yllaitini erew stneitap 871 T .obecalp ro nixogid eviecer ot desimodnar erew eruliaf traeh htiw stneitap 0086 ,lairt GID eht nI .noitcnufsyd cilotsys si melborp tnanimod eht erehw eruliaf caidrac cinorhc fo tnemeganam eht ni detacidni si nixogiD eruliaf caidraC telbat/gm 52.0 ruE hP nixogiD slanoisseforhtlaeh b esu rof dednetni si noitamrofni sihT .devresbo eb tsum stnemtsujda egasod elbatius dna dehsinimid si nixogid fo ecnaraelc laner ,doirep nrobwen eht nI noitalupop cirtaideaP snoitalupop tneitap laicepS .h 42 rep gk/smargorcim 54 - sraey 2 ot setanoen mreT .decuder gninixogid fo ecnaraelc laner t rof snosaer rehto era ereht ro ylredle era stneitap fi redisnocer eb dluohs snoitadnemmocer gnisod ehT tnemriapmi laneR .noitcnufsyd cilotsys evorpmi ot ro noitallirbif lairta ni etar ralucirtnev eht lortnoc ot desu si ti sselnu sitidracirep evitcirtsnoc ni desu eb ton dluohs nixogiD sitidracirep evittsnoC .ru hP hcratS eziaM .saimhtyhrra nesrow ro etatipicerp yam dna enot lagav sesaercni egaval cirtsaG .detapicitna eb dluohs kcolb eht ni noissergorp dipar a fo stceffe eht stsixe ydaerla kcolb ralucirtnevoirta etelpmocni nehw ,revewoH .aimealakrepyh detabrecaxe-muinohtemaxus fo stceffe eht ot elbitpecsus om era nixogid gniviecer stneitaP .nixogid fo laitnetop cinegonicrac eht no elbaliava era atad oN .esod gnidaol h 42 fo % 02 = esod yliad :setanoen mreterP :eludehcs gniwollof eht htiw ecnadrocca ni deretsinimda eb dluohs esod ecnanetniam ehT :esod ecnanetniaM .tnuomarap si noc VA fo gniwols detaidem inegoruen eht ,saimhtyhrra ralucirtnevarpus niatrec fo ecneserp eht nI .nixogid fo noitartit rof desu dna derotinom eb dluohs dluohs The electrocardiogram during stress tests. Direct current cardiovers: The risk of causing dangerous arrhythmias with continuous current cardiovers increases considerably in the presence of digital toxicity and is proportional to cardioversion energy used. Next, a tabulated list of adverse reactions classified by organs and systems and frequency is presented. Postology: The dose of digoxin for each patient must be adjusted individually in age function, lean body weight and renal function. Its therapeutic benefit is higher in those patients with ventricular dilation. The increase of the deferential vagal pulses produces a reduction of the sympathetic tone and a decrease in the driving speed of the impulse through the aurex and the aurculum-ventricular node. In practice, this will mean that most patients with heart failure will be maintained with 125 to 250 micrograms (0.125 to 0.25 mg) from digoxin to day; However, in those who show greater sensitivity to the adverse effects of digoxin, a dose of 62.5 micrograms (0.0625 mg) to day or less may be sufficient. Chronic congestive heart failure Although many patients with chronic congestive heart failure benefit from acute digoxin administration, there are some in which it does not lead to a constant, marked or lasting hemodynamic improvement. If a child of 1 to 3 years of age without cardiopathy ingested more than 10 mg of digoxin, the result was uniformly deadly when the treatment with Fab fragments was not administered. Given that most of the drug is attached to tissues instead of circulating by blood, digoxin is not effectively eliminated from the organism during cardiopulmonary bypass. Séfica-rich concentration of digoxin can be determined by radioimmunoassay. In cases where glucose have been taken seroiretna seroiretna sotnemacidem sol ed onugla ecilitu es odnauc odadiuc renet ebed eS .sisod al ed n³Áiccuder anu ajesnoca es y etneicap nu ed laicini sisod al arap senoicadnemocer sal raredisnocer nebed es ,seroiretna sanames sod sal ne combination ³ digoxin. As an outlet proteÂna in the apical membrane of enterocytes, P-glycoprote may limit the absorption ³ digoxin. This effect is dose proportional in the lower range and some effect is achieved with fairly low doses; it occurs even in the normal myocardium, although then it is totally without ³ benefit. Calcium channel blocking agents may or may not increase or cause changes in digoxin levels. In addition, ³ about 3 % of the digoxin dose is removed from the body during 5 hours of haemodialysis. Indirect changes in cardiac contractility are also the result of changes in venous adhesion caused by altered autonic activity ³ direct venous stimulation³n. Electrocardiogram The use of therapeutic doses of digoxin may cause prolongation ³ PR interval and ST segment depression ³ the electrocardiogram. Blood and lymphatic system disorders Very rare Thrombocytopenia Metabolism and nutrition disorders Very ³ Very rare Decreased appetite psiquiTricuspid disorders Uncommon ³ Very rare Psychotic disorder, ³ apathy, confusional state³ Nervous system disorders Common Nervous system disorders, dizziness Very rare Headache Eye disorders Common Visual ³ (visual disturbance or xanthopsia) Cardiac disorders Common Arrhythmia, disorder conduction decreased, bigeminÃa, trigeminÃa, PR prolongation, sinus bradycardia Very rare ventricular tachycardia, atrial tachycardia (with or without blockage), supraventricular tachycardia (nodal arrhythmia), ventricular arrhythmia, ventricular extrasÃstoles, ST segment depression with electrocardiogram Gastrointestinal disorders Common Nausea, vÃo, myths, diarrhea Very rare Intestinal ischemia, necrosis Gastrointestinal Skin and subcut tissue disorders Common ErupciÃ n* Reproductive system and breast disorders Very rare Gynecomastia* General disorders and administration site conditions ³ malaise, malaise, malaise, .h 04 ot 03 si noitcnuf laner lamron htiw stneitap ni nixogid fo efil-flah noitanimile lanimret ehT .woleb dednemmocer esoht naht ssel eb lliw nixogid fo sesod gnidaol mumitpo taht detapicitna eb dluohs ti ,ypareht nixogid fo tnemecnemmoc gnidecerp skeew owt eht ni nevig neeb evah sedisocylg caidrac caidrac fI sraey 01 ot pu snoitalupop cirtaideap dna stnafni ,setanoeN .esod ecnanetniam etairporppa na yb dewollof keew eno rof yliad)gm 57.0 ot 52.0(smargorcim 057 ot 052 fo sesod htiw ylwols erom deveihca eb yam noitasilatigid ,eruliaf traeh dlim htiw esoht elpmaxe rof ,stneitap emos ol nI :gnidap laro wolS .lavivrus ecneulfni ylbaruovaf suht yam dna ,snoitca ciportoni sti fo yltnednepedni metsys)nisnetoigna-niner(eht dna metsys suovren citehtapmys eht htob fo noitavitca secuder nixogiD .sedisocylg caidrac fo snoitca eht muidracoym eht sesitisnes aimealakopyH aimealakopy .stceffe edis ficepsnu decneirepxe puorg nixogid eht ni %94 dna puorg obecalp eht ni % 65 yletamixorppA .yticixot cinorhc dna etuca htob fo ngis suoires dna tneuqerf tsom eht era snoitatsefinam caidraC snoitatsefinam caidraC .noitallirbif lairta yb deinapmocca si eruliaf caidrac erehw detacidni yllacificeps si nixogiD noitulos laro sa % 57 dna mrof telbat ni % 36 yletamixorppa si nixogid deretsinimda yllaro fo ytilibaliavaoib ehT .noitartlif raluremolg retla yam enot ralucsav eloiretra tnereffe dna tnereffa yfidom taht sgurD .sitidracoym htiw stneitap ni dica eb dluohs erofeht dna noitcirtsnocosav etatipicerp ylerp ylerar nac nixogi D sitidracoyM .noitaroireted lacinilc ni tluser ot nwohs neeb sah nixogid fo lawardhtiw eht ,enola sciteruid ro ,rotibihni ECA na dna sciteruid gniviecer stneitap nI lawardhtiW .ailihponisoe decnuonorp yb deinapmocca eb yam retcarahc mrofinitalracs ro lairacitru fo sehnik sarS sredrosid eussit suoenatucbus dna S snoitcaer serverda detceles fo noitpircseD ÂÂÂâlnásnoitcaer serverda detceles fo noitpircse Â They are defined as: very frequent - ‰ 1/10 frequent - ‰ 1/100 and