

Digitoxin

General:

The half-life is approx. 6-8 days, not influenced by impaired kidney function, time to achieve steady-state is approx. 4 weeks during long-term treatment, time to the maximum serum concentration is approx. 3-6 hours after oral dose, metabolism via liver and secretion is predominantly enterohepatic, renal elimination only approx. 30%, and protein binding is 90-97%.

Indication: Level monitoring, suspicion of intoxication

Material: 1 ml of serum, blood collection at least 8 hours after the last intake. After change in dosage, blood collection is recommended 2-4 days later.

TAT: 5-7 days*

Method: PHO

Units: µg/l

Ref.- range: 10-25

Notes: Elder patients need less, young patients need higher doses in order to obtain the required level of digitoxin. Hyperpotassemia and hypermagnesemia cause effect reduction, hypopotassemia and hypercalcemia trigger the effect.

Comments: **Decreased** serum concentration is observed during simultaneous treatment with phenobarbital, phenytoin, phenylbutazone, rifampicine.

For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit <http://www.fml-dubai.com/parameter-listings/>