Beta-blockers have no impact on cocaine-related chest pain

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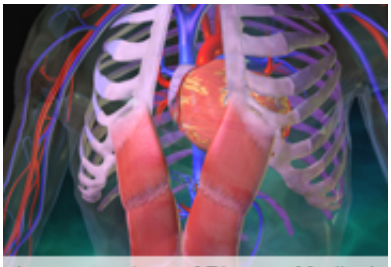

Image courtesy of Blausen Medical

(HealthDay)—For patients with cocaine-associated chest pain, there are no differences in outcome for those treated with or without β-blockers, according to a study published in the June 1 issue of *The American Journal of Cardiology*.

Zaher Fanari, M.D., from the Christiana Care Health System in Newark, Del., and colleagues compared in-hospital outcomes for patients with cocaine-associated chest pain who were treated with and without β-blocker therapy. After adjustment for clinical characteristics, propensity scores were used to assess the independent correlation between β-blocker use and the composite primary end point of myocardial infarction, stroke, ventricular arrhythmia, or all-cause mortality.

The researchers found that β-blockers were used in 44 percent of the

376 patients with cocaine-related chest pain. Patients treated with β-blockers were more likely than those with no β-blockers to describe anginal chest pain, have known cardiovascular risk factors, and receive other antiatherosclerotic therapies. Patients treated with β-blockers experienced similar peak troponin levels, individual adverse events, and rates of the composite primary end point (15.9 versus 12.3 percent; P = 0.32), in spite of having higher risk clinical characteristics. After propensity score analysis, the primary end point was similar compared with patients not receiving β-blockers (odds ratio, 1.37; P = 0.42), including specific comparisons of beta-1 selective (odds ratio, 1.83; 95 percent confidence interval, 0.79 to 4.24) and nonselective (odds ratio, 0.90; 95 percent confidence interval, 0.33 to 2.42) β-blockers.

"No differences in outcomes were observed between patients treated versus not treated with β-blocker therapy in the setting of cocaine-related chest pain," the authors write.

More information: Abstract
Full Text (subscription or payment may be required)