

# Research suggests stroke risk up with beta-blockers in select patients

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(HealthDay)—For patients without prior myocardial infarction (MI) with no heart failure,  $\beta$ -blocker use is not associated with lower cardiovascular events, and there may be an increased risk of stroke for patients without previous events but with multiple cardiovascular risk factors, according to a study published online Sept. 30 in *Circulation: Cardiovascular Quality and Outcomes*.

Sripal Bangalore, M.D., from the New York University School of Medicine in New York City, and colleagues examined the long-term efficacy of  $\beta$ -blockers in patients with and without MI. Participants included 4,772 patients with prior MI, 7,804 patients with known atherothrombosis, and 2,101 patients with [risk factors](#) alone without [heart failure](#).

The researchers found that after 28 months of follow-up, in the

propensity score-matched prior MI cohort,  $\beta$ -blocker use correlated with a reduction in the risk of the primary outcome of a composite of nonfatal MI, stroke, or cardiovascular mortality (hazard ratio, 0.69;  $P = 0.021$ ). This was driven by lower recurrent MI (hazard ratio, 0.62;  $P = 0.049$ ), with no difference seen in mortality ( $P = 0.20$ ).  $\beta$ -blocker use was not associated with lower ischemic outcomes in the known atherothrombotic disease and risk factors alone cohorts, but there was a trend toward higher stroke risk in the risk factors alone cohort (hazard ratio, 2.13; 95 percent confidence interval, 0.91 to 4.92;  $P = 0.079$ ).

"However,  $\beta$ -blocker use was not associated with lower cardiovascular events in those without MI, with a suggestion of inferior outcome with regard to stroke risk," the authors write.

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

**More information:** [Abstract](#)  
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