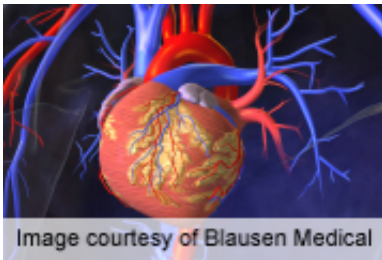


Evidence lacking for widespread use of beta-blockers in CHD

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(HealthDay)—There is currently insufficient data to support the use of β -blockers for all patients with clinically stable coronary heart disease (SCHD), according to a paper published in the Nov. 15 issue of *The American Journal of Cardiology*.

David E. Winchester, M.D., and Carl J. Pepine, M.D., from the University of Florida College of Medicine in Gainesville, discuss the use of β -blockers for patients with SCHD.

The researchers note that β -blockers are assumed to be beneficial in SCHD based on older data, established before widespread use of reperfusion interventions, modern medical therapy, or preventive treatments. Their use has been extrapolated beyond patients with [heart failure](#) and previous myocardial infarction, which have the best evidence for efficacy. No [randomized clinical trials](#) from the modern era are

available demonstrating that β -blockers reduce clinical events in SCHD. In addition, β -blocker use is not without risk, with use correlating with weight gain, glycemic control problems, fatigue, and bronchospasm.

"In conclusion, data are currently lacking to support the widespread use of β -blockers for all SCHD patients, but contemporary data suggest that they be reserved for a well-defined high-risk group of [patients](#) with evidence of ongoing ischemia, left ventricular dysfunction, [heart failure](#), and perhaps some arrhythmias," the authors write.

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