

In reperfusion era, beta-blockers have no mortality benefit in MI

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(HealthDay)—In the reperfusion era, β -blocker use has no mortality benefit in myocardial infarction, and patients discharged with high heart rate after myocardial infarction have increased mortality risk during the first year, according to research published in the October issue of *The American Journal of Medicine*.

Sripal Bangalore, M.D., M.H.A., from New York University School of Medicine in New York City, and colleagues conducted a systematic review to examine the efficacy of β -blockers in myocardial infarction. Data were included from 102,003 patients from 60 trials. The researchers found that there was a significant interaction noted for β -blockers reducing mortality in the pre-reperfusion era (incidence rate ratio, 0.86; 95 percent confidence interval, 0.79 to 0.94), but not in the [reperfusion](#) era (incident rate ratio, 0.98; 95 percent confidence interval, 0.92 to 1.05).

Marie France Seronde, M.D., Ph.D., from the University Hospital Jean Minjoz in Besançon, France, and colleagues examined the impact of discharge [heart rate](#) on five-year mortality in patients with [acute myocardial infarction](#). Data were included for 3,079 patients discharged alive. The researchers found that discharge heart rate correlated significantly with one-year mortality (hazard ratio, 1.13 per 10 beats per minute; P = 0.02). Landmark analysis confirmed this association. The correlation was no longer significant between two and five years.

"After acute [myocardial infarction](#), patients discharged with high heart rate (≥ 75 beats per minute) are at higher risk of death during the first year, but not later, irrespective of beta-blocker use," Seronde and colleagues write.

One author from the Bangalore review disclosed financial ties to the pharmaceutical industry; the registry accessed in the Seronde study was funded in part by Pfizer and Servier.

More information: [Abstract - Bangalore Full Text](#)
[Abstract - Seronde Full Text](#)

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