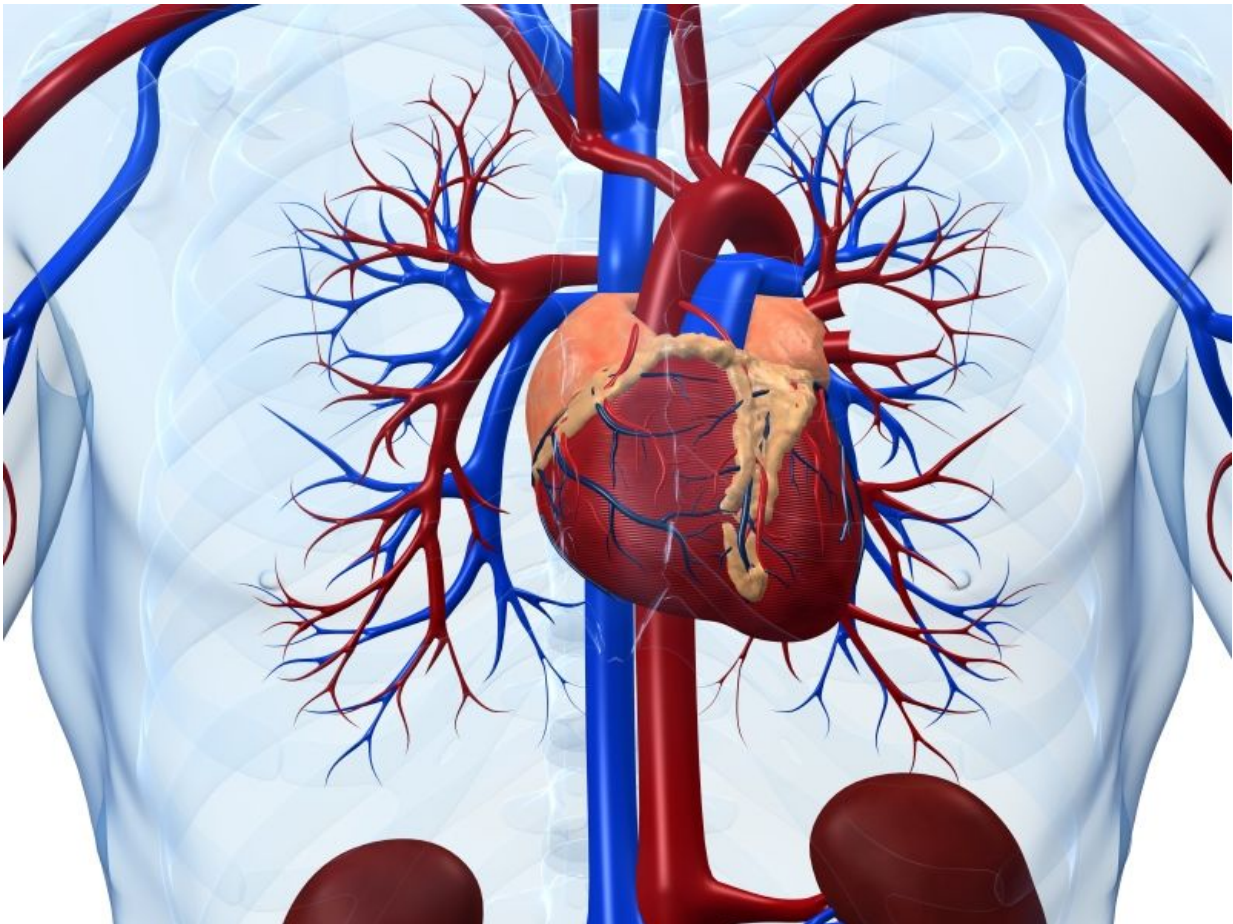


Early administration of beta-blockers ups survival in ACS

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(HealthDay)—For patients with acute coronary syndromes (ACS), early

administration of β -blockers is associated with increased short-term survival and improved left ventricular function, according to a study published in the March 1 issue of *The American Journal of Cardiology*.

Raffaele Bugiardini, M.D., from the University of Bologna in Italy, and colleagues examined whether earlier administration of oral β -blocker therapy correlates with increased short-term survival and improved left ventricular function in [patients](#) with ACS. Data were included for 5,259 eligible patients enrolled in the International Survey of Acute Coronary Syndromes in Transitional Countries registry.

The researchers found that oral β -blockers were administered soon after hospital admission (≤ 24 hours) in 1,377 patients and later during hospital stay for 3,882 patients. Early β -blocker therapy correlated with reduced in-hospital mortality and reduced incidence of severe [left ventricular dysfunction](#) (odds ratios, 0.41 and 0.57, respectively). When patients with Killip class III/IV were included as dummy variables, significant mortality benefits with early β -blocker therapy disappeared. Propensity score-matched analyses confirmed these results.

"In patients with ACS, earlier administration of oral β -blocker therapy should be a priority with a greater probability of improving [left ventricular](#) function and in-hospital survival rate," the authors write.

"Patients presenting with acute pulmonary edema or cardiogenic shock should be excluded from this early treatment regimen."

More information: [Abstract](#)
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