

Mineralocorticoid receptor antagonists no benefit post MI

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(HealthDay)—For patients with post-myocardial infarction (MI) heart

failure, mineralocorticoid receptor antagonists (MRAs) do not improve outcome, according to a study published in the April 26 issue of the *Journal of the American College of Cardiology*.

Farzin Beygui, M.D., Ph.D., from the Centre Hospitalier Universitaire de Caen in France, and colleagues randomized 1,603 patients to receive either an MRA regimen with a single intravenous bolus of potassium canrenoate followed by oral spironolactone for six months in addition to standard therapy or to standard therapy alone. At six-month follow-up, the primary outcome was a composite of death, resuscitated cardiac arrest, significant ventricular arrhythmia, indication for implantable defibrillator, or new or worsening [heart failure](#).

The researchers found that the primary outcome occurred in 11.8 percent of patients in the treatment group and 12.2 percent in the control group (hazard ratio, 0.97; 95 percent confidence interval [CI], 0.73 to 1.28), while death occurred in 1.4 and 2.1 percent, respectively (hazard ratio, 0.65; 95 percent CI, 0.30 to 1.38). The odds of [death](#) were decreased in the treatment group in a non-pre-specified exploratory analysis (0.5 versus 2.4 percent; hazard ratio, 0.20; 95 percent CI, 0.06 to 0.70) in the subgroup of ST-segment elevation MI (1,229 patients), but not in non-ST-segment elevation MI.

"The study failed to show the benefit of early MRA use in addition to standard therapy in [patients](#) admitted for MI," the authors write.

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

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