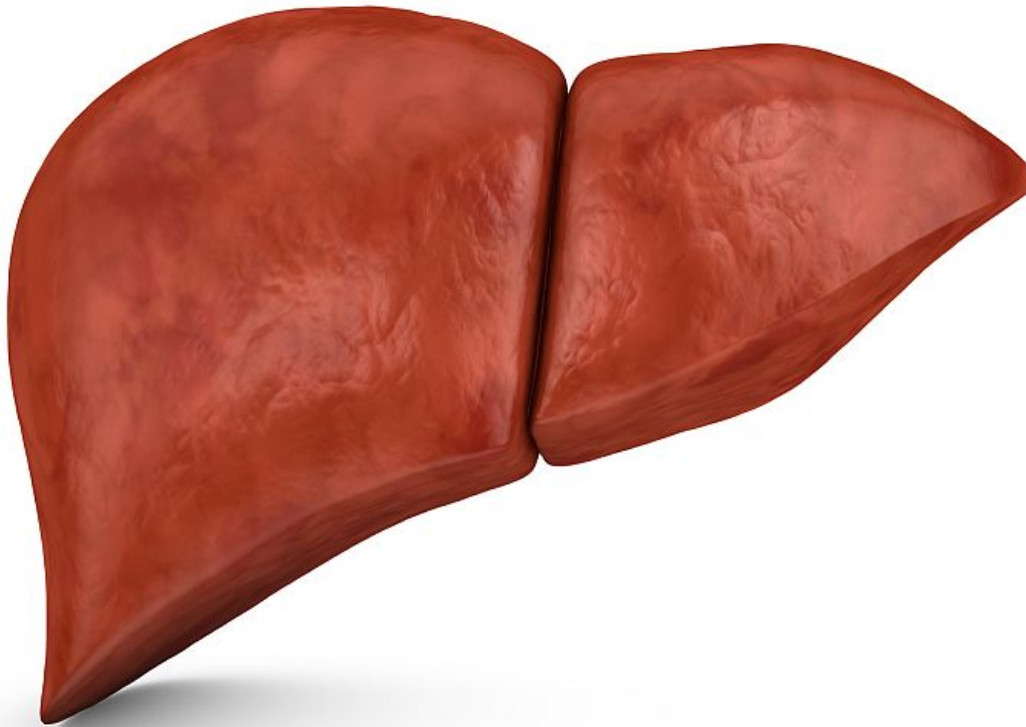


Propranolol use tied to increased mortality in child-pugh B, C

April 10 2016



(HealthDay)—For patients with Child-Pugh B and C, propranolol use is

associated with increased mortality, according to a letter to the editor published online March 26 in *Hepatology*.

Georgios N. Kalambokis, M.D., from the University of Ioannina in Greece, and colleagues conducted a retrospective assessment of 96 Child-Pugh B and 75 Child-Pugh C patients with newly diagnosed cirrhosis who presented with clinically-evident ascites between January 2000 and December 2012; 28 patients had a model for end-stage liver disease (MELD) score of ≥ 18 . Concomitant with diagnosis of cirrhosis, propranolol was initiated in 56 Child-Pugh B and 45 Child-Pugh C patients with varices (17 patients had a MELD score ≥ 18).

The researchers found that four patients subsequently developed refractory ascites (all Child-Pugh C; three propranolol treated). Forty-four and 57 Child-Pugh B and C patients, respectively (34 and 41 propranolol-treated, respectively), died of cirrhosis-related complications. After two years of follow-up, propranolol-treated Child-Pugh B patients showed significantly higher [mortality](#). After six months of follow-up, mortality became increasingly significant in propranolol-treated Child-Pugh C patients or those with a MELD score ≥ 18 , compared with non-treated patients. The mean survival was 10.1 ± 1.1 and 15 ± 1.4 months in [propranolol](#)-treated and non-treated Child-Pugh C patients, respectively ($P = 0.03$).

"Our observations justify the concerns recently raised over non-selective β -blockers treatment in [patients](#) with decompensated [cirrhosis](#)," the authors write.

More information: [Full Text \(subscription or payment may be required\)](#)

Copyright © 2016 [HealthDay](#). All rights reserved.

Citation: Propranolol use tied to increased mortality in child-pugh B, C (2016, April 10)
retrieved 2 May 2024 from
<https://medicalxpress.com/news/2016-04-propranolol-tied-mortality-child-pugh.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.