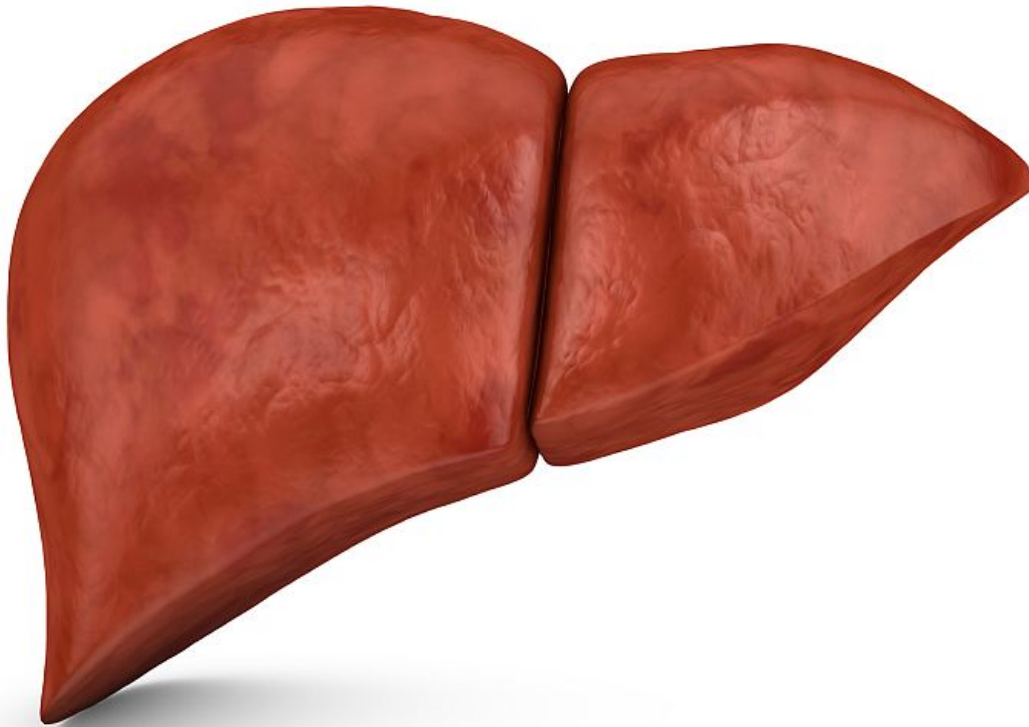


Propranolol use tied to increased mortality in child-pugh B, C

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(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.

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