

# Beta-blockers linked to reduced mortality in HFrEF, A-fib

January 12 2017

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(HealthDay)— $\beta$ -blockers are associated with significantly reduced

mortality, but not hospitalizations, in patients with heart failure and reduced ejection fraction (HFrEF) and atrial fibrillation (AF), according to a study published online Jan. 11 in *JACC: Heart Failure*.

Julia Cadrin-Tourigny, M.D., from the Université de Montréal, and colleagues examined the impact of  $\beta$ -blockers on mortality and hospitalizations in patients with AF and HFrEF in the AF-CHF trial. Among 1,376 subjects randomized in the trial, the authors propensity-matched those without  $\beta$ -blockers at baseline to a maximum of two exposed patients.

The researchers found that  $\beta$ -blockers correlated with significantly lower all-cause mortality (hazard ratio [HR], 0.721; 95 percent confidence interval [CI], 0.549 to 0.945;  $P = 0.0180$ ) but not hospitalizations (HR, 0.886; 95 percent CI, 0.715 to 1.100;  $P = 0.2232$ ) during a median follow-up of 37 months. In sensitivity analyses that modeled  $\beta$ -blockers as a time-dependent variable the results were similar (HR for all-cause mortality, 0.668; 95 percent CI, 0.511 to 0.874;  $P = 0.0032$ ; HR for hospitalizations, 0.814; 95 percent CI, 0.653 to 1.014;  $P = 0.0658$ ). With respect to [mortality](#) and hospitalizations, there were no significant interactions for  $\beta$ -blockers and pattern or burden of AF.

"These results support current evidence-based recommendations for  $\beta$ -blockers in [patients](#) with HFrEF, whether or not they have associated AF," the authors write.

**More information:** [Full Text](#)

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Citation: Beta-blockers linked to reduced mortality in HFrEF, A-fib (2017, January 12) retrieved 5 May 2024 from

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