Beta-blocker use not linked to reduced mortality after AMI

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(HealthDay)—β-blocker use is not associated with reduced mortality

after acute myocardial infarction (AMI) without heart failure or left ventricular systolic dysfunction (LVSD), according to a study published in the June 6 issue of the *Journal of the American College of Cardiology*.

Tatendashe B. Dondo, from the University of Leeds in the United Kingdom, and colleagues examined the correlation between β-blocker use and mortality among 179,810 survivors of hospitalization with AMI without heart failure or LVSD (91,895 patients with ST-segment elevation myocardial infarction [STEMI] and 87,915 patients with non-STEMI).

The researchers found that 96.4 and 93.2 percent of patients with STEMI and non-STEMI received β-blockers, respectively. There were deaths in 5.2 percent of the entire cohort. Patients receiving β-blockers had lower unadjusted one-year mortality than non-users (4.9 versus 11.2 percent; P

"Among survivors of hospitalization with AMI who did not have heart failure or LVSD as recorded in the hospital, the use of β-blockers was not associated with a lower risk of death at any time point up to one year," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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