

Beta-blocker use not linked to reduced mortality after AMI

June 1 2017



(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.

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

Copyright © 2017 [HealthDay](#). All rights reserved.

Citation: Beta-blocker use not linked to reduced mortality after AMI (2017, June 1) retrieved 5 May 2024 from <https://medicalxpress.com/news/2017-06-beta-blocker-linked-mortality-ami.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.