

Beta-blocker therapy cuts all-cause mortality in STEMI

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the authors write.

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(HealthDay)—For patients with ST-segment elevation myocardial infarction (STEMI) undergoing primary percutaneous coronary intervention (PCI), beta-blocker therapy at discharge correlates with reduced all-cause mortality, according to a study published in the June issue of *JACC: Cardiovascular Interventions*.

Jeong Hoon Yang, M.D., from Samsung Medical Center in Seoul, South Korea, and colleagues examined the correlation of beta-blocker [therapy](#) at discharge with clinical outcomes using data from 8,510 [patients](#) with STEMI undergoing primary PCI. Patients were classified into a beta-blocker group (6,873 patients) and no-beta-blocker group (1,637 patients). Propensity-score matching analysis was conducted in 1,325 patient triplets. Patients were followed for a median of 367 days for the primary outcome of all-cause death.

The researchers found that all-cause death occurred in 2.1 percent of the beta-blocker group and 3.6 percent of the no-beta-blocker group (P 40 percent or single-vessel disease).

"Our results support the current American College of Cardiology/American Heart Association guidelines, which recommend long-term beta-blocker therapy in all patients with STEMI regardless of reperfusion therapy or risk profile,"

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