

# Milrinone, dobutamine similarly effective for cardiogenic shock

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dobutamine group; relative risk [RR], 0.90; 95 percent confidence interval [CI], 0.69 to 1.19; P = 0.47). Results were similar when looking at individual components, including in-hospital death (RR, 0.85; 95 percent CI, 0.60 to 1.21), resuscitated [cardiac arrest](#) (hazard ratio [HR], 0.78; 95 percent CI, 0.29 to 2.07), receipt of mechanical circulatory support (HR, 0.78; 95 percent CI, 0.36 to 1.71), or initiation of renal replacement therapy (HR, 1.39; 95 percent CI, 0.73 to 2.67).

"In contrast to our hypothesis, we did not find a significant advantage of milrinone over dobutamine with respect to the composite primary outcome or secondary outcomes," the authors write.

One author disclosed financial ties to the medical technology industry.

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

(HealthDay)—Results from a pragmatic randomized, double-blind clinical trial indicate that milrinone and dobutamine yield similar outcomes in the treatment of cardiogenic shock, according to a study published in the Aug. 5 issue of the *New England Journal of Medicine*.

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Rebecca Mathew, M.D., from the University of Ottawa Heart Institute in Canada, and colleagues randomly assigned patients with [cardiogenic shock](#) to receive milrinone (96 patients) or dobutamine (96 patients). Comparisons were made with respect to a composite primary outcome of in-hospital death from any cause, resuscitated cardiac arrest, receipt of a cardiac transplant or [mechanical circulatory support](#), nonfatal myocardial infarction, transient ischemic attack or stroke diagnosed by a neurologist, or initiation of renal replacement therapy.

The researchers found that the primary outcome was similar between the two groups (49 percent in the milrinone group and 54 percent in the

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