

Beta-blockers in new onset CHD reduce cardiac risk only post-MI

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(HealthDay)—Use of beta-blockers among patients with new-onset coronary heart disease (CHD) appears to lower risk of cardiac events only among patients with a recent myocardial infarction (MI), according to a study published in the July 22 issue of the *Journal of the American College of Cardiology*.

Charlotte Andersson, M.D., Ph.D., from Gentofte University Hospital in Hellerup, Denmark, and colleagues studied outcomes in 26,793 consecutive patients discharged after the first CHD event ([acute coronary syndrome](#) or coronary revascularization) between 2000 and 2008 in an [integrated healthcare delivery](#) system. Included patients did not use beta-blockers in the year before entry.

The researchers found that 19,843 of the patients initiated beta-blocker treatment within seven days of discharge from their initial CHD event.

There were 6,968 patients who had an MI or died over an average of 3.7 years of follow-up. There was an adjusted hazard ratio (HR) for mortality of 0.90 with the use of beta-blockers (95 percent confidence limits, 0.84 to 0.96), and an adjusted HR for death or MI of 0.92 (95 percent confidence limits, 0.87 to 0.97). There was a significant difference in the association between beta-blockers and outcomes between patients with and without a recent MI (HR for death: 0.85 versus 1.02; P = 0.007; and HR for death or MI: 0.87 versus 1.03; P = 0.005).

"Use of beta-blockers among patients with new-onset CHD was associated with a lower risk of [cardiac events](#) only among [patients](#) with a recent MI," the authors write.

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