

# Beta-blockers don't improve heart failure, A-fib outcomes

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medications and not regarded as standard therapy to improve prognosis in [patients](#) with concomitant [heart](#) failure and [atrial fibrillation](#)," the authors write.

Several authors disclosed financial ties to pharmaceutical companies, including Menarini Farmaceutica Internazionale, which partially funded the study.

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(HealthDay)—Patients with heart failure and atrial fibrillation given  $\beta$ -blockers have no significant reduction in all-cause mortality compared to those given placebo treatment, according to research published online Sept. 2 in *The Lancet*. These findings were published to coincide with the annual European Society of Cardiology Congress, held from Aug. 30 to Sept. 3 in Barcelona, Spain.

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Dipak Kotecha, Ph.D., from the University of Birmingham in the United Kingdom, and colleagues performed a meta-analysis of individual-patient data from 10 [randomized controlled trials](#) of the comparison of  $\beta$ -blockers versus placebo in [heart failure](#).

The researchers found that, of the 18,254 patients assessed, 76 percent had sinus rhythm and 17 percent had atrial fibrillation at baseline. Over a mean follow-up of 1.5 years, the crude death rates were 16 percent (2,237 of 13,945) in patients with sinus rhythm and 21 percent (633 of 3,064) in patients with atrial fibrillation. There was a significant reduction in all-cause mortality in patients with sinus rhythm on  $\beta$ -blockers (hazard ratio, 0.73; 95 percent confidence interval, 0.67 to 0.80; P

"Based on our findings,  $\beta$ -blockers should not be used preferentially over other rate-control

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