

Beta-blockers linked to reduced mortality in HFrEF, A-fib

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blockers as a time-dependent variable the results were similar (HR for all-cause mortality, 0.668; 95 percent CI, 0.511 to 0.874; P = 0.0032; HR for hospitalizations, 0.814; 95 percent CI, 0.653 to 1.014; P = 0.0658). With respect to [mortality](#) and hospitalizations, there were no significant interactions for β -blockers and pattern or burden of AF.

"These results support current evidence-based recommendations for β -blockers in [patients](#) with HFrEF, whether or not they have associated AF," the authors write.

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(HealthDay)— β -blockers are associated with significantly reduced mortality, but not hospitalizations, in patients with heart failure and reduced ejection fraction (HFrEF) and atrial fibrillation (AF), according to a study published online Jan. 11 in *JACC: Heart Failure*.

Julia Cadrin-Tourigny, M.D., from the Université de Montréal, and colleagues examined the impact of β -blockers on mortality and hospitalizations in patients with AF and HFrEF in the AF-CHF trial. Among 1,376 subjects randomized in the trial, the authors propensity-matched those without β -blockers at baseline to a maximum of two exposed patients.

The researchers found that β -blockers correlated with significantly lower all-cause mortality (hazard ratio [HR], 0.721; 95 percent confidence interval [CI], 0.549 to 0.945; P = 0.0180) but not hospitalizations (HR, 0.886; 95 percent CI, 0.715 to 1.100; P = 0.2232) during a median follow-up of 37 months. In sensitivity analyses that modeled β -

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