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Pharmacist's Letter
Hospital

Know the Latest About Beta-Blockers Post-MI

Recent evidence will reignite **debate about whether patients withOUT heart failure should be discharged on a beta-blocker post-MI**.

Many of us were taught to give a beta-blocker to all post-MI patients as part of the usual “cocktail”...to reduce recurrent CV events.

But this is based on evidence from the 1980s...before routine use of stents, high-intensity statins, dual antiplatelet therapy, etc.

And evidence over the past decade is mixed on the benefit of beta-blockers after an MI with a preserved ejection fraction of 50% or higher.

That’s why recent guidelines suggest beta-blockers for just 1 year in these patients...down from the 3-year recommendation of prior guidance.

Now, a new study suggests that beta-blockers do NOT benefit patients with a preserved ejection fraction who’ve undergone revascularization after an MI.

These data suggest that taking bisoprolol or metoprolol succinate for about 3.5 years doesn’t reduce the risk of death, MI, or heart failure hospitalization.

Point out that this evidence has limitations...it is an open-label study, and about 14% of the control group still took a beta-blocker.

Anticipate evidence in the coming years to fill gaps...and possibly change guidelines down the road.

Continue to ensure post-MI patients WITH heart failure and an ejection fraction below 50% are discharged on an evidence-based beta-blocker (bisoprolol, carvedilol, metoprolol succinate) indefinitely.

For now, also expect to continue discharging most post-MI patients with a preserved ejection fraction on a beta-blocker...it’s still a quality measure. In this case, note to limit it to 1 year or less...unless there’s another indication (angina, arrhythmias, etc).

But don’t be surprised if patients with preserved ejection fraction after a recent MI are admitted withOUT a beta-blocker on their home med list. Outpatient prescribers will likely have a lower threshold to stop it if bothersome side effects occur (fatigue, erectile dysfunction, etc).

Review our resources, Comparison of Oral Beta-Blockers, for dosing guidance...and Optimizing Care of Patients With Coronary Artery Disease, for a comprehensive guide to appropriate therapy.

Key References:

-Yndigegn T, Lindahl B, Mars K, et al. Beta-Blockers after Myocardial Infarction and Preserved Ejection Fraction. N Engl J Med. 2024 Apr 18;390(15):1372-1381.
-Virani SS, Newby LK, Arnold SV, et al. 2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines. Circulation. 2023 Aug 29;148(9):e9-e119.

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