

Continuing β -blockers after noncardiac surgery improves patient outcomes and lowers mortality

NEWS

“Failing to continue beta-blocker therapy during the perioperative period was associated with a nearly two-fold risk of 90-day combined adverse events, including death”^[1]

(RE) VIEWS

In a study to determine the effect of β -blocker continuation on outcomes in patients undergoing elective noncardiac surgery, it was found that (after adjusting for risk characteristics), failure to continue β -blocker treatment was associated with a nearly two-fold risk of 90-day combined adverse event (odds ratio, 1.97; 95% CI, 1.19-3.26). The odds were even greater among patients with higher cardiac risk (odds ratio, 5.91; 95% CI, 1.40-25.00). The odds of combined adverse events continued to be elevated 1 year postoperatively (odds ratio,

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1.66; 95% CI, 1.08-2.55). It was concluded that β -blocker continuation on the day of and after surgery was associated with fewer cardiac events and lower 90-day mortality.^[2]

In a supportive commentary to the above study, β -blocker continuation has been emphasized (though this aspect was raged in controversy for more than 20 years), by quoting a study undertaken in 1996, that perioperative β -blockade reduced cardiac mortality for up to 2 years following surgery.^[3]

REFERENCES

1. Available from: <http://www.ahrq.gov/research/dec12/1212RA4.htm> [Last accessed on 2012 Dec 10].
2. Kwon S, Thompson R, Florence M, Maier R, McIntyre L, Rogers T, *et al.* Surgical Care and Outcomes Assessment Program (SCOAP) Collaborative. β -blocker continuation after noncardiac surgery: A report from the surgical care and outcomes assessment program. *Arch Surg* 2012;147:467-73.
3. Neumayer L. To block or not to block?: Comment on " β -blocker continuation after surgery". *Arch Surg* 2012;147:473.