

ženou EFLK, anginu pectoris nebo nedávno prodělali infarkt myokardu, u kterého je přínos léčby největší v prvním roce po události. U asymptomatických pacientů bez srdečního selhání lze léčbu BB zvážit, zejména při přítomnosti tachyarytmií nebo nekon-

trolované arteriální hypertenze. Ukončení terapie je vhodné při výskytu bradykardie, hypotenze či jiné intolerance. Vývoj reperfusionní katetrové léčby a moderní sekundární prevence změnil rizikový profil pacientů, což podtrhuje nutnost aktualizace doporučení

kardiologických společností, zejména pokud jde o dlouhodobé užívání BB u stabilních pacientů s EFLK > 40 %. Léčba musí být vždy personalizována s ohledem na komorbidity a měla by zohledňovat farmakologické vlastnosti jednotlivých BB.

## LITERATURA

- Widimský P, Rychlík I. Vnitřní lékařství: I. díl. Maxdorf; 2023.
- Vrints C, Andreotti F, Koskinas KC, et al. 2024 ESC Guidelines for the management of chronic coronary syndromes: Developed by the task force for the management of chronic coronary syndromes of the European Society of Cardiology (ESC) Endorsed by the European Association for Cardio-Thoracic Surgery (EACTS). *Eur Heart J*. 2024;45(36):3415-537.
- Táborský M, Kautzner J, Linhart A, et al. *Kardiologie: Svazek I-V*. Grada Publishing a.s.; 2021.
- Safi S, Sethi NJ, Nielsen EE, et al. Beta-blockers for suspected or diagnosed acute myocardial infarction. *Cochrane Database Syst Rev*. 2019;12(12):CD012484.
- Vítovec J. Betablokátory v léčbě kardiovaskulárních onemocnění: Farmakoterapie pro klinickou praxi. Grada Publishing a.s.; 2023.
- Khan O, Patel M, Tomdio AN, et al. Beta-Blockers in the Prevention and Treatment of Ischemic Heart Disease: Evidence and Clinical Practice. *Heart Views*. 2023;24(1):41-49.
- Vítovec J, kolektiv. Léčba kardiovaskulárních onemocnění: 2., aktualizované a doplněné vydání. Grada Publishing a.s.; 2020.
- Al-Khatib SM, Stevenson WG, Ackerman MJ, et al. 2017 AHA/ACC/HRS Guideline for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. *Circulation*. 2018;138(13):e272-391.
- Ferrari R, Pavasini R, Camici PG, et al. Anti-anginal drugs-beliefs and evidence: systematic review covering 50 years of medical treatment. *Eur Heart J*. 2019;40(2):190-194.
- Sorbets E, Steg PG, Young R, et al.  $\beta$ -blockers, calcium antagonists, and mortality in stable coronary artery disease: an international cohort study. *Eur Heart J*. 2019;40(18):1399-1407.
- Dahl Aarvik M, Sandven I, Dondo TB, et al. Effect of oral  $\beta$ -blocker treatment on mortality in contemporary post-myocardial infarction patients: a systematic review and meta-analysis. *Eur Heart J Cardiovasc Pharmacother*. 2019;5(1):12-20.
- Effect of carvedilol on outcome after myocardial infarction in patients with left-ventricular dysfunction: the CAPRICORN randomised trial. *The Lancet*. 2001;357(9266):1385-1390.
- Effect of metoprolol CR/XL in chronic heart failure: Metoprolol CR/XL Randomised Intervention Trial in Congestive Heart Failure (MERIT-HF). *Lancet*. 1999;353(9169):2001-2007.
- Packer M, Fowler MB, Roecker EB, et al. Effect of carvedilol on the morbidity of patients with severe chronic heart failure: results of the carvedilol prospective randomized cumulative survival (COPERNICUS) study. *Circulation*. 2002;106(17):2194-2199.
- The Cardiac Insufficiency Bisoprolol Study II (CIBIS-II): a randomised trial. *Lancet*. 1999;353(9146):9-13.
- Rossello X, Raposeiras-Roubin S, Latini R, et al. Rationale and design of the pragmatic clinical trial tREatment with Beta-blockers after myOcardial infarction withOut reduced ejection fracTion (REBOOT). *Eur Heart J Cardiovasc Pharmacother*. 2022;8(3):291-301.
- Kim J, Kang D, Park H, et al. Long-term  $\beta$ -blocker therapy and clinical outcomes after acute myocardial infarction in patients without heart failure: nationwide cohort study. *Eur Heart J*. 2020;41(37):3521-3529.
- Rossello X, Pocock SJ, Julian DG. Long-Term Use of Cardiovascular Drugs: Challenges for Research and for Patient Care. *J Am Coll Cardiol*. 2015;66(11):1273-1285.
- Cataldo MP, Gasevic D, Trin C, et al. Beta-Blocker Therapy After Myocardial Infarction. *JACC: Advances*. 2025;4(3):101582.
- Watanabe H, Ozasa N, Morimoto T, et al. Long-term use of carvedilol in patients with ST-segment elevation myocardial infarction treated with primary percutaneous coronary intervention. *PLOS ONE*. 2018;13(8):e0199347.
- Yndigeon T, Lindahl B, Mars K, et al. Beta-Blockers after Myocardial Infarction and Preserved Ejection Fraction. *N Engl J Med*. 2024;390(15):1372-1381.
- Bangalore S, Bhatt DL, Steg PG, et al.  $\beta$ -blockers and cardiovascular events in patients with and without myocardial infarction: post hoc analysis from the CHARISMA trial. *Circ Cardiovasc Qual Outcomes*. 2014;7(6):872-881.
- Silvain J, Cayla G, Ferrari E, et al. Beta-Blocker Interruption or Continuation after Myocardial Infarction. *New England Journal of Medicine*. 2024;391(14):1277-1286.
- Munkhaugen J, Ruddox V, Halvorsen S, et al. BETA-blocker Treatment After acute Myocardial Infarction in revascularized patients without reduced left ventricular ejection fraction (BETAMI): Rationale and design of a prospective, randomized, open, blinded end point study. *Am Heart J*. 2019;208:37-46.
- Kristensen AMD, Bovin A, Zwisler AD, et al. Design and rationale of the Danish trial of beta-blocker treatment after myocardial infarction without reduced ejection fraction: study protocol for a randomized controlled trial. *Trials*. 2020;21(1):415.
- Motivala AA, Parikh V, Roe M, et al. Predictors, Trends, and Outcomes (Among Older Patients  $\geq 65$  Years of Age) Associated With Beta-Blocker Use in Patients With Stable Angina Undergoing Elective Percutaneous Coronary Intervention: Insights From the NCDR Registry. *JACC: Cardiovascular Interventions*. 2016;9(16):1639-1648.
- Godoy LC, Farkouh ME, Austin PC, et al. Association of Beta-Blocker Therapy With Cardiovascular Outcomes in Patients With Stable Ischemic Heart Disease. *JACC*. 2023;81(24):2299-2311.
- Ibanez B, James S, Agewall S, et al. 2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation: The Task Force for the management of acute myocardial infarction in patients presenting with ST-segment elevation of the European Society of Cardiology (ESC). *European Heart Journal*. 2018;39(2):119-177.
- Collet JP, Thiele H, Barabato E, et al. 2020 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation: The Task Force for the management of acute coronary syndromes presenting without persistent ST-segment elevation of the European Society of Cardiology (ESC). *European Heart Journal*. 2021;42(14):1289-1367.
- Byrne RA, Rossello X, Coughlan JJ, et al. 2023 ESC Guidelines for the management of acute coronary syndromes: Developed by the task force on the management of acute coronary syndromes of the European Society of Cardiology (ESC). *European Heart Journal*. 2023;44(38):3720-3826.
- 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;148(9):e9-119.
- Vítovec J, Špinar J, Špinarová L. Betablokátory u kardiovaskulárních onemocnění – pro a proti. *Kardiologická revue – Interní medicína*. 2019(2):86-89.
- Shu DF, Dong BR, Lin XF, et al. Long-term beta blockers for stable angina: systematic review and meta-analysis. *Eur J Prev Cardiol*. 2012;19(3):330-341.