

# P.E.A.R.L.S. Practical Evidence About Real Life Situations



## Stop using beta-blockers as first-line treatment for hypertension

Clinical Question	Should I use beta-blockers as a first-line treatment for hypertension?
Bottom Line	First-line beta-blockers for hypertension are not as good at decreasing mortality and morbidity as other classes of drugs: thiazides, calcium channel blockers (CCBs) and renin angiotensin system (RAS) inhibitors. In addition, patients on beta-blockers are more likely to discontinue treatment due to side effects than those on diuretics (NNH=16) and RAS inhibitors (NNH=18), but there is no significant difference with CCBs.
Context	Hypertension is a key risk factor for stroke and myocardial infarction. Cardiovascular disease is the leading cause of death in developing countries accounting for about 40% of all deaths .
Caveat	Most of the evidence for these conclusions comes from trials of atenolol (75% of beta-blocker participants in this review). However, it is not known at present whether beta-blockers have differential effects on younger and elderly patients or whether there are differences between the different sub-types of beta-blockers.
Reference	Wiysonge CS, et al. <b>Beta-blockers for hypertension</b> . Cochrane Reviews, 2007, Issue 1. This review contains 13 trials with 91,561 participants.
Date (Author)	March 2007 (Brian R McAvoy)

NNT = numbers needed to treat to benefit one person

NNH = numbers needed to harm one person

Both NNT and NNH are only reported if the studies or pooling of studies is statistically significant

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