

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.
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.
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.
Cochrane Systematic Review	Wiysonge CS, et al. Beta-blockers for hypertension. Cochrane Reviews, 2007, Issue 1. This review contains 13 trials with 91,561 participants.
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