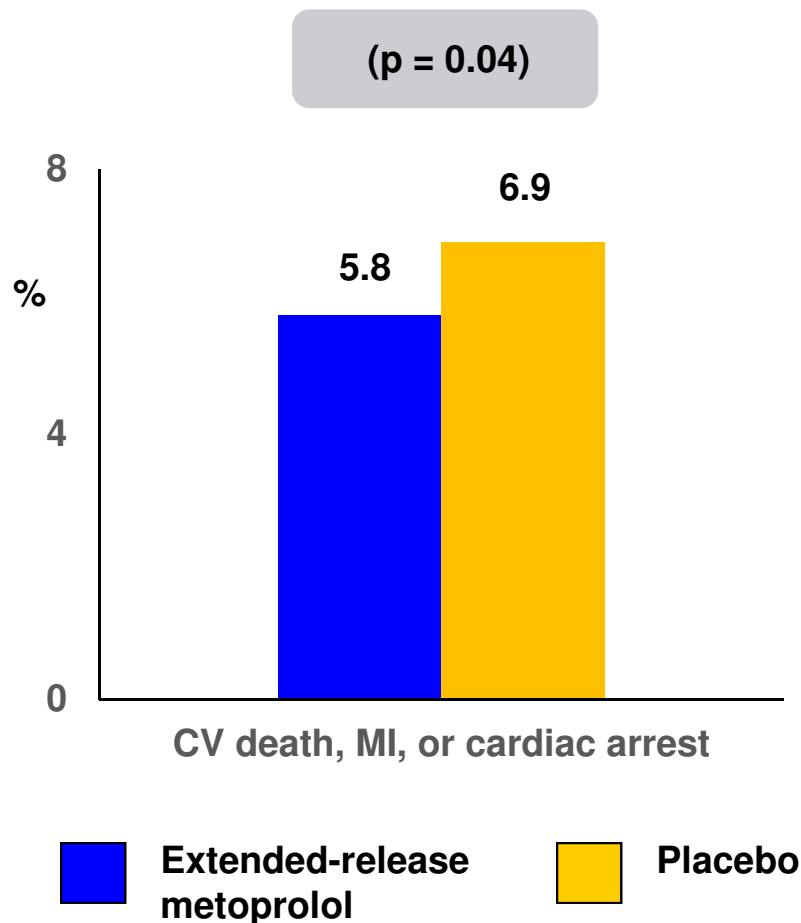


POISE

Trial design: Patients undergoing surgery were randomized in a double-blind manner to treatment with extended-release metoprolol (n = 4,174) vs. placebo (n = 4,177).



Results

- CV death, MI, or cardiac arrest: 5.8% with metoprolol vs. 6.9% with placebo (p = 0.04)
- Total mortality: 3.1% with metoprolol vs. 2.3% with placebo (p = 0.032)
- Stroke: 1.0% with metoprolol vs. 0.5% with placebo (p = 0.0053)

Conclusions

- Among patients undergoing noncardiac surgery, treatment with extended-release metoprolol was associated with a reduction in major adverse cardiac events vs. placebo
- Total mortality and stroke were higher in the metoprolol group