Submaximal exercise testing early after myocardial infarction

Sir,

Exercise testing after myocardial infarction has undoubted prognostic value. Controversy remains, however, about both the reproducibility and sensitivity of such tests and is compounded by differences in patient selection, timing, and drug treatment.

Sullivan, Davies, and Sowton (1984; 52: 147–53) exercised 74 postinfarction patients and obtained a positive result in 54 (73%). Twelve patients were, however, taking beta blocking drugs, five of these having a negative test and a further two being limited by fatigue alone. Moreover, in four beta blocked patients there was an inadequate blood pressure response to exercise.

Others have drawn attention to the possible reduction in sensitivity of the exercise test in patients receiving beta blockers, and in a subsequent report Sowton and colleagues concede that “beta blockers may blunt haemodynamic responses and mask ischaemic changes.”

We have found that beta blockade invariably affects ST segment changes of the predischarge test, the degree of ST segment shift after beta blockade being reduced or indeed absent depending on the initial magnitude of such elevation/depression. End points may also be affected—for example, that of fatigue replacing those of ST changes or angina before beta blockade.

Patients with myocardial infarction receiving short term treatment with beta blockers should therefore have their drugs withheld before the predischarge test if this is to be of optimal sensitivity.

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References

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