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Beta-Blockers Are Useless, and Sometimes Risky, for Most Cardiac Patients

Analysis by Dr. Joseph Mercola | March 31, 2026

STORY AT-A-GLANCE

- Beta-blockers offer no survival benefit for most heart attack patients with normal heart function, even though they're still widely prescribed
- Women face higher risks on beta-blockers, including nearly double the risk of death when given higher doses, while men show no measurable harm or benefit
- Side effects such as fatigue, dizziness, depression, and sexual dysfunction often burden patients without providing meaningful protection
- The real root of heart disease lies in damaged mitochondria, which are overwhelmed by linoleic acid (LA) from vegetable oils found in most processed foods
- You can protect your heart by reducing LA, eating the right kinds of carbohydrates, walking daily, getting safe sunlight, and tracking your HOMA-IR score

A large trial tracked 8,438 heart attack patients, and the findings turned decades of cardiology practice on its head.[1] Those who received beta-blockers after their heart attack fared no better than those who did not. Rates of death, repeat heart attack, and hospitalizations for heart failure were nearly identical. That means the drug class long considered a cornerstone of heart care offered no added protection in people whose hearts were still pumping normally.

Beta-blockers are drugs designed to slow your heart and reduce its workload. They're prescribed widely after a heart attack to lower the chance of another one. Side effects often include fatigue, dizziness, depression, and sexual dysfunction, which many patients dismiss as "just part of getting older."

Yet the new data suggest these side effects are being endured without any benefit in survival or long-term recovery for a large group of patients. Women, in particular, also face increased risks from these commonly prescribed drugs.[2] Guidelines from the American College of Cardiology and the European Society of Cardiology still endorse beta-blockers for most people after a heart attack, regardless of heart function.

Those recommendations were built on studies from the 1970s and 1980s, but today most patients receive aggressive medical therapy, fundamentally changing outcomes. The evidence base has shifted, but the prescribing habits have not.

Trial Shows Beta-Blockers Fail to Deliver Heart Protection

The study, published in The New England Journal of Medicine, investigated whether beta-blockers provide benefits to heart attack patients whose hearts still pump normally.[3] The trial set out to determine if beta-blockers could prevent death, new heart attacks, or hospitalization for heart failure in this group of patients. Researchers found that after a median follow-up of 3.7 years, the use of beta-blockers did not reduce the risk of death, repeat heart attack, or hospital admission for **heart failure**.

- **Event rates were virtually identical in both groups —** In the beta-blocker group, 316 patients experienced one of the key negative outcomes, compared with 307 patients in the group that did not take beta-blockers. This translated to 22.5 versus 21.7 events per 1,000 patient-years, showing almost no difference. In simple terms, taking the medication gave no measurable survival advantage.
- **No difference in survival or complications —** When broken down further, deaths were almost equal — 161 in those on beta-blockers versus 153 in those not taking them. The number of people who had another heart attack was the same in both

groups — 143 each — and hospitalizations for heart failure were also very similar, with 39 versus 44 cases. The message is clear: beta-blockers did not improve outcomes.

- **Safety outcomes showed no advantage —** Researchers noted there were no apparent differences in safety between the two groups. That means patients who accepted the common side effects of beta-blockers, such as fatigue or dizziness, did so without any added protection against life-threatening complications.

- **Beta-blockers are useless for many —** If your heart function is preserved after a heart attack, taking beta-blockers burdens you with side effects while giving no added protection. Asking your doctor to reassess whether this drug is necessary is an important step in taking control of your recovery and long-term health.

Women Face Higher Risk on Beta-Blockers After Heart Attack

Research published in the European Heart Journal examined whether men and women respond differently to beta-blockers after a heart attack when their heart's pumping ability is preserved.[4] The trial found that outcomes varied sharply by sex, with women facing higher risks when prescribed these drugs, while men showed no meaningful difference whether they took them or not.

- **Women had worse outcomes than men —** Out of 1,627 women in the study, those who received beta-blockers had more deaths, new heart attacks, and hospitalizations for heart failure compared with women not taking the drugs. Women on beta-blockers were 45% more likely to suffer serious complications. In men, however, results were neutral, with no increase or decrease in risk.

- **The risk was tied to higher doses and preserved heart function —** Women with fully preserved pumping strength were the ones most harmed by beta-blockers. Those taking higher doses faced nearly triple the risk of death or complications compared with women who avoided them. In contrast, women on lower doses showed fewer problems, though still no evidence of benefit.

- **All-cause death was significantly higher in women —** Among women, there were 46 deaths in the beta-blocker group compared with just 24 in the control group. This amounted to almost double the death rate for those prescribed the drugs. The increased risk was driven largely by cardiac causes. Men showed the opposite pattern: deaths were similar regardless of treatment, confirming that the harm was specific to women.

- **Why beta-blockers are riskier for women —** Women's hearts are usually smaller than men's, which means the main pumping chamber has less space to work with. Beta-blockers slow heart rate and reduce how forcefully your heart contracts, which in a smaller heart could cause more harm than good.

  In addition, women's bodies process these drugs differently. They often reach higher blood concentrations from the same dose because of differences in body fat, blood volume, and liver enzyme activity. This means the same pill that produces a mild effect in a man could hit a woman's system much harder.

- **A one-size-fits-all drug policy does not serve everyone equally —** Women with preserved heart function were clearly harmed by beta-blockers, particularly at higher doses, while men experienced no meaningful effect. If you're a woman prescribed a beta-blocker after a heart attack, this evidence gives you a strong reason to have a direct conversation with your doctor about whether the drug is necessary and whether better options exist for **protecting your heart**.

How to Protect Your Heart and Restore Optimal Health

If you've been told beta-blockers are the answer after a heart attack, the research shows otherwise. The truth is, your long-term protection comes from fixing the root problem inside your cells. When your **mitochondria** — the tiny engines that power every beat of your heart — are under attack, drugs won't save you. You need to change what's fueling those engines and how your body produces energy. Here are five direct steps you can take to strengthen your heart and add years to your life.

1. **Eliminate linoleic acid (LA) from your diet —** Vegetable oils are everywhere — in chips, salad dressings, sauces, restaurant meals, and fried foods. They're the main source of LA, a polyunsaturated fat that weakens your mitochondria and drives heart disease. If you only do one thing, cut these oils out completely.

   Replace them with stable fats like grass fed tallow, ghee, or butter. Keep your total LA intake below 5 grams per day, which you can track using an app like Food Buddy in my Health Coach, which is coming out this year. If you notice you're getting under 2 grams of LA per day, that's even better.

2. **Fuel your cells with the right carbs —** If you've been following a low-carb diet, you're stressing your mitochondria even more. Your body runs best on glucose from carbs. Aim for about 250 grams a day, mostly from whole fruits, white rice, root vegetables, and well-tolerated grains. If your gut is sensitive or you deal with bloating and other digestive symptoms, skip the fiber-heavy foods until your gut is healed and start with easier-to-digest options like white rice or fruit.

3. **Use walking as daily heart care —** Movement is one of the simplest ways to restore energy production. Walking improves blood flow, lowers blood pressure, and gives your mitochondria the oxygen they need to make adenosine triphosphate (ATP), your body's energy currency. Ideally, aim for one hour of walking daily. If an hour feels overwhelming, begin with short 10- to 15-minute walks after meals. Build up gradually until daily walking feels like part of your routine, not a chore.

4. **Get sunlight exposure for energy and repair —** Sunlight is like medicine for your mitochondria. It triggers nitric oxide release, balances your circadian rhythm, and helps your body create melatonin inside the cells that protect your heart. But if your body is loaded with LA from vegetable oils, your skin burns faster. Until you've been off LA for six months, avoid peak sun hours between 10 a.m. and 4 p.m. Instead, aim for early morning or late afternoon light, which is still highly beneficial.

5. **Measure insulin resistance with the HOMA-IR test —** Recognizing insulin resistance early is essential, as it's a warning sign for your metabolic health. The HOMA-IR (Homeostatic Model Assessment of Insulin Resistance) test is a valuable diagnostic tool that helps assess insulin resistance through a simple blood test, so you can spot issues early and make necessary lifestyle changes.

   Created in 1985, it calculates the relationship between your fasting glucose and insulin levels to evaluate how effectively your body uses insulin. Unlike other more complex tests, HOMA-IR requires just one fasting blood sample, making it both practical and accessible. The HOMA-IR formula is as follows:

   HOMA-IR = (Fasting Glucose x Fasting Insulin) / 405, where

   - Fasting glucose is measured in mg/dL
   - Fasting insulin is measured in μIU/mL (microinternational units per milliliter)
   - 405 is a constant that normalizes the values

   If you're using mmol/L for glucose instead of mg/dL, the formula changes slightly:

   HOMA-IR = (Fasting Glucose x Fasting Insulin) / 22.5, where

   - Fasting glucose is measured in mmol/L
   - Fasting insulin is measured in μIU/mL
   - 22.5 is the normalizing factor for this unit of measurement

   Anything below 1.0 is considered a healthy HOMA-IR score. If you're above that, you're considered insulin resistant. The higher your values, the greater your insulin resistance. Conversely the lower your HOMA-IR score, the less insulin resistance you have, assuming you are not a Type 1 diabetic who makes no insulin.

Interestingly, my personal HOMA-IR score stands at a low 0.2. This low score is a testament to my body's enhanced efficiency in burning fuel, a result of increased glucose availability. By incorporating additional carbohydrates into my diet, I provided my cells with the necessary energy to operate more effectively.

This improved cellular function has significantly boosted my metabolic health, demonstrating how strategic dietary adjustments lead to better insulin sensitivity and overall metabolic performance.

FAQs About Beta-Blockers

Q: Why are beta-blockers not helpful for most heart attack patients with normal heart function?

A: Large studies show that beta-blockers offer no reduction in death, repeat heart attacks, or hospitalizations for heart failure in patients whose hearts still pump normally. These drugs were once considered helpful before modern treatments, but in today's era, they add risk without improving survival.

Q: Do beta-blockers affect women differently than men?

A: Yes. Research shows women face a 45% higher risk of death, new heart attacks, or heart failure when prescribed beta-blockers, especially at higher doses. Men, on the other hand, see no meaningful difference in outcomes whether they take the drugs or not.

Q: What are the common side effects of beta-blockers?

A: Side effects include fatigue, dizziness, depression, and sexual dysfunction. Many patients assume these are just part of aging, but studies reveal these effects occur without providing any real benefit in survival for people with preserved heart function.

Q: What's the root cause of heart disease that I should address instead?

A: The deeper problem lies in mitochondrial dysfunction — when your cells' energy factories are damaged. A major driver is LA, a fat found in vegetable oils that disrupts energy production, raises oxidative stress, and sets the stage for insulin resistance and heart disease.

Q: What steps can I take to protect my heart without relying on beta-blockers?

A: You can:

- Cut LA by eliminating vegetable oils and processed foods.
- Eat around 250 grams of healthy carbs daily to fuel your mitochondria.
- Walk daily to boost blood flow and energy production.
- Get daily sun exposure but avoid peak hours until you've reduced LA in your body.
- Track your HOMA-IR score to monitor insulin resistance early.

Sources and References

- [1, 3] The New England Journal of Medicine August 30, 2025
- [2, 4] European Heart Journal August 30, 2025