



## BÖLÜM 28

### Akut ST Segment Yükselmeli Miyokard Enfarktüsü Tedavisinde Beta Bloker İlaçların Kullanımı

Ramazan ASLAN 1

#### GİRİŞ

Akut ST segment yükselmeli miyokard enfarktüsü (STEMI) hızlı koroner reperfüzyon sağlanması gereken kardiyak bir acildir. STEMI tedavisinde reperfüzyon fibrinolitik ilaçlar, perkutan koroner girişimler (PCI) ve koroner arter bypass greft operasyonu (CABG) ile sağlanılabilir. Reperfüzyon tedavileri yanında antikoagülan ilaçlar, dual antiplateletler, renin-angiotensin-aldosteron sistem blokerleri, statinler ve beta bloker ilaçların morbidite ve mortaliteyi azaltmada önemli rolleri vardır.

Beta bloker ilaçlar kalp hızı ve kan basıncını düşürerek, miyokard kontraktilesini baskılayarak miyokard oksijen talebini azaltırlar. Sol ventrikül diyastolik dolum basıncını azaltmaları ve kalp hızının azalmasıyla koroner diyastolik dolum süresini uzatmaları sayesinde miyokarda oksijen sunumunu arttıırırlar. Ventriküler fibrilasyon eşik değerini yükselterek ve ektopik otomatisteyi baskılayarak ani kardiyak ölüm riskini düşürürler (1,2).

Beta bloker ilaçların akut miyokard enfarktüsü tedavisinde (çalışmalarda STEMI hastaları da bulunmaktadır) fayda sağladığını gösteren ilk çalışmalar dekatlar öncesine dayanmaktadır. Bu

çalışmaların çoğunluğu 1970 ve 1980’li yıllarda yapılmış olup genellikle i.v. (intravenöz) ve sonrasında oral beta bloker ilaçlarla kontrol grupları karşılaştırılmıştır. Bu çalışmaların hasta popülasyonları, tedavide kullanılan ajanlar ve dozları, primer ve sekonder sonlanım noktaları, takip süreleri ve sonuçları homojen olmamakla birlikte genel olarak akut miyokard enfarktüsünde beta bloker ilaçların hastane içi mortalite, reinfarkt ve malign aritmi oranlarında azalma sağladıkları, bazı çalışmalarda infarkt hacmini sınırladıkları gösterilmiştir.

#### ERKEN DÖNEM ÇALIŞMALAR

Henüz perkutan koroner girişimlerin ve fibrinolitik tedavilerin olmadığı erken dönem (pre-reperfüzyon çağ olarak da isimlendirilir) birçok çalışmada beta bloker ilaçların akut miyokard enfarktüsünde fayda sağladıklarının gösterilmesi günümüz STEMI tedavisinde de bu grup ilaçların kullanımına köken oluşturmaları açısından değerlidir.

ISIS-1 (First International Study of Infarct Survival Collaborative Group) çalışmasına akut miyokard enfarktüsünden şüphelenilen 16027 hasta dahil edilmiştir. Hastalar atenolol ( 5-10 mg i.v. sonrasında 100 mg/gün oral yedi gün)

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durumunda ise i.v. beta blokerlerden kaçınılmalıdır (III-B öneri ve kanıt düzeyiyle) (25).

2023 ESC AKS klavuzunda primer PCI'ya giden STEMI hastalarından kalp yetmezliği belirtileri olmayan, sistolik kan basıncı > 120 mmHg olan ve diğer kontrendikasyonları olmayan hastalara hasta başvurduğu anda i.v. beta bloker olarak tercihen metoprolol verilebileceği önerilmiştir (IIa-A öneri ve kanıt düzeyiyle). Aynı klavuzda NSTEMI hastalarında ise i.v. beta bloker kullanımı önerilmemektedir (44).

### ACC/AHA STEMI KLAVUZUNDA ÖNERİ

Hipertansiyon ve devam eden iskemi durumunda STEMI hastalarına i.v. beta bloker verilebilir (IIa-B öneri ve kanıt düzeyiyle) (26).

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