**BETA BLOCKER UPTITRATION POST CRT: A SINGLE CENTER EXPERIENCE**

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Introduction: Many trials show that beta blockers may reduce morbidity and mortality at specific target doses. However, beta blocker dose escalation is limited due to several factors including heart rate, hemodynamic status, and whether a dedicated heart failure (HF) cardiologist is involved in the management of the patient. In patients indicated for cardiac resynchronization therapy (CRT), the addition of pacing and improved hemodynamics may allow for beta blocker dose escalation. We sought to determine the percent of target beta blocker dose (TD) in patients managed by general cardiologists and a HF dedicated cardiologist before and after CRT at a large, private practice cardiology clinic.

Methods: A retrospective analysis of our CRT database from 2006-2010 was performed. The date of first CRT implant was documented along with the beta blocker dose prior to implant and at last follow up visit. Beta blocker doses were normalized as percent of target dose based on target doses from published heart failure trials.

Results: HF cardiologist patients (n=135) averaged 70+66% of TD pre-implant. Following CRT implant, HF cardiologist patients averaged 104+74% of TD (p=0.0001). General cardiologist patients (n=226) averaged 39 ± 40% of TD pre-implant and 49±41% of TD post-implant (p=0.008). The percent TD increase post-implant was significantly greater by the HF cardiologist (34% versus 10%, p=0.0007).

Conclusion: Beta blocker dose escalation can be accomplished to a significant degree after CRT implant by both general and dedicated HF cardiologists and should improve patient clinical status if routinely employed.