A myth of ophthalmic beta-blockers therapy

Weekitt Kittisupamongkol

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Dear Editor,

I read with interest the article by Ramdas and colleagues [1] who state that patients with a cardiovascular history are not likely to receive ophthalmic beta-blockers from their ophthalmologist. This is a myth that deserves further discussion. Table 1 shows that topical beta-blockers are not contraindicated in every cardiovascular disease, and new guidelines recommend use of beta-blockers in many patients with symptomatic congestive heart failure [2].

Lastly, Dr. Charles Sidney Burwell (1893–1967), Dean of Harvard Medical School, said “half of what you are taught as medical students will in 10 years have been shown to be wrong. And the trouble is, none of your teachers knows which half” [3].

W. Kittisupamongkol (✉)
Hua Chiew Hospital,
Bangkok 10100, Thailand
e-mail: weekitti@gmail.com

Table 1 Absolute contraindications to topical beta-blockers therapy [4]

1. Asthma or hyper-reactive airways disease
2. Decompensated congestive heart failure (hemodynamically unstable or with pulmonary edema)
3. Symptomatic bradycardia or heart block
4. History of syncope without diagnosis

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