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Title: The β-blockers in combined treatment of coronary heart disease in patients with chronic obstructive pulmonary disease (COPD)

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Body: Background: β-blockers, until recently, considered to be contraindicated in patients with COPD. This is due to the fact that their purpose is not only the blockade of β1-adrenergic receptors, which causes the antihypertensive and cardioprotective effects of these drugs, but the β2-adrenergic receptors, which leads to a bronchial spasm. The deterioration of lung ventilation causes hypoxemia and clinically increased shortness of breath and rapid breathing. Methods: The effects of selective β-blockers were studied on 234 (173 male, 61 female; average age-62.5±1.7) patients with COPD (114 of them with coronary heart diseases). Results: It should be remembered that the cardioselective property is not absolute, and decreases with increasing dose. For long-term (more than 7 years) patients found that taking cardioselective β-blocker atenolol caused a marked reduction in forced expiratory volume (FEV) in 200 ml of a year in people with COPD and coronary artery disease. For bisoprolol, nebivolol, metoprolol succinate extended these studies have been conducted, but taking these drugs up to a year showed their safety in patients with COPD.Conclusion: Use a highly selective drugs: bisoprolol, nebivolol, metoprolol succinate with proven efficacy in patients with combined pathology. The principle of titration with a minimum to the maximum tolerated dose can continue β-blocker therapy in the majority (86%) of patients with COPD. As a result of the long-term treatment was a reduction in mortality after myocardial infarction in patients with COPD by 40%.