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# 老年高血压患者血糖、血脂与体质量指数的相关性分析

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**【摘要】目的** 分析老年高血压患者的血糖和血脂状况及其与体质量指数(BMI)的相关性。**方法** 选取 2016 年 1 月至 2017 年 12 月济南市历下区姚家社区和甸柳新村 376 例 65 岁以上的高血压患者, 调查患者的性别、年龄、BMI、空腹血糖和血脂状况。调查高血压患者冠心病、糖尿病的患病状况, 采用相关分析揭示 BMI 与血糖、血脂和肝功能指标间的关系。**结果** 376 例高血压患者中, 合并糖尿病 79 例, 检出率 21.01%; 合并冠心病 221 例, 检出率为 58.78%。随着 BMI 的升高, 空腹血糖呈现出上升趋势。Person 相关分析显示, BMI 分组与空腹血糖之间存在显著正相关( $r=0.167, P=0.003$ )。方差分析也显示, 不同 BMI 分组间甘油三酯(TG)和总胆固醇(TC)间差异均有统计学意义( $F_{TG}=12.48, P<0.001; F_{TC}=4.83, P<0.001$ )。超重组和肥胖组的丙氨酸氨基转移酶的水平均显著高于正常体质量组, 差异有统计学意义( $F=5.24, P=0.005$ )。**结论** 对于老年高血压患者, 要及时进行血糖的检测和冠心病的筛查, 做到早发现、早治疗。65 岁以上高血压患者, 肥胖仍然是高血脂、高血糖的重要危险因素。因此, 要加强对老年高血压患者体质量的控制。

**【关键词】** 高血压; 老年人; 血糖; 血脂异常; 人体质量指数; 肥胖症; 性别因素; 年龄因素

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## Relationship between blood glucose, blood lipid and body mass index in urban hypertensive communities

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**【Abstract】Objective** To analyze the relationship between blood glucose, blood lipid and body mass index (BMI) in elderly patients with hypertension. **Methods** From January 2016 to December 2017, 376 hypertensive patients over 65 year old in Jinan city were enrolled in this study. The sex, age, BMI, fasting blood glucose and blood lipid were investigated and tested. The prevalence of coronary heart disease and diabetes mellitus in hypertensive patients were investigated, and the relationship between BMI and blood glucose, blood lipid and liver function index were explored. **Results** Of 376 hypertensive patients, the detection rate of diabetes mellitus was 21.01% (79/376), 221 cases were diagnosed with coronary heart disease, with the detection rate of 58.78%. With the rise of BMI, fasting blood glucose showed an upward trend. Person correlation analysis showed that there was a significant positive correlation between BMI and fasting blood glucose ( $r=0.167, P=0.003$ ). The difference between TG and TC in different BMI groups was statistically significant ( $F_{TG}=12.48, P<0.001; F_{TC}=4.83, P<0.001$ ). The content of alanine transaminase in the overweight group and obese group was significantly higher than that in the normal body weight group, the difference was statistically significant ( $F=5.24, P=0.005$ ). **Conclusion** For elderly hypertensive patients, it is urgent to test blood glucose and coronary heart disease screening. For people over the age of 65, obesity is still an important risk factor for hyperlipidemia and hyperglycemia. Therefore, body weight control is needed in elderly patients with hypertensive.

**【Key words】** Hypertension; Aged; Blood glucose; Dyslipidemias; Body mass index; Obesity; Sex factors; Age factors

**Fund program:** Medical and Health Science and Technology Development Planning Project of Shandong Province (2016WS069)

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# 氯沙坦与厄贝沙坦对女性高血压伴高尿酸血症患者血压、胰岛素敏感指数的影响

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**【摘要】** **目的** 比较氯沙坦与厄贝沙坦对女性高血压伴高尿酸血症患者血压、血尿酸、胰岛素敏感性、胰岛素抵抗的影响。**方法** 选取 2015 年 8 月至 2017 年 12 月在宁夏回族自治区第三人民医院治疗的女性高血压伴高尿酸血症患者 100 例。采用随机数字表法分成两组,观察组( $n=50$ )采用氯沙坦钾治疗,对照组( $n=50$ )采用厄贝沙坦治疗,两组疗程均为 8 周。比较两组总有效率和不良反应发生情况,比较两组治疗前后血压、血尿酸、空腹血糖(FBG)、空腹胰岛素(FINS)、高敏 C 反应蛋白(hs-CRP)、胰岛素敏感指数(ISI)和胰岛素抵抗指数(HOMA-IR)的变化。**结果** 观察组与对照组总有效率[92.0% (46/50)比 90.0% (45/50)]差异无统计学意义( $P>0.05$ )。治疗前,两组血压、血尿酸、FBG、FINS、hs-CRP、ISI 和 HOMA-IR 差异均无统计学意义(均  $P>0.05$ )。治疗后,观察组收缩压、舒张压分别为( $133.09 \pm 10.11$ )mmHg、( $82.76 \pm 6.23$ )mmHg,对照组分别为( $131.54 \pm 11.01$ )mmHg、( $83.75 \pm 6.88$ )mmHg,两组均比治疗前明显降低(观察组: $t=19.742$ 、 $10.606$ ,对照组: $t=18.925$ 、 $-9.956$ ,均  $P<0.05$ ),组间差异均无统计学意义(均  $P>0.05$ );观察组血尿酸[ $(387.21 \pm 25.56)$ μmol/L]明显低于对照组[ $(429.67 \pm 27.44)$ μmol/L],差异有统计学意义( $t=8.006$ ,  $P<0.05$ );观察组 hs-CRP、FINS、HOMA-IR、ISI 分别为( $4.92 \pm 1.02$ )mg/L、( $15.92 \pm 3.01$ )mU/L、( $1.71 \pm 0.24$ )、( $1.047 \pm 0.095$ ),对照组分别为( $4.54 \pm 1.00$ )mg/L、( $17.23 \pm 3.20$ )mU/L、( $1.65 \pm 0.27$ )、( $1.140 \pm 0.083$ ),两组 hs-CRP、FINS、HOMA-IR 均降低,ISI 均升高,且观察组 FINS、ISI 和 HOMA-IR 改善情况明显优于对照组,差异均有统计学意义( $t=2.109$ 、 $-5.213$ 、 $3.191$ ,均  $P<0.05$ )。**结论** 氯沙坦与厄贝沙坦治疗女性高血压伴高尿酸血症患者,均可有效改善临床症状,降低患者血压,改善患者胰岛素抵抗,两者相比氯沙坦的治疗效果更为显著。

**【关键词】** 高血压; 高尿酸血症; 女(雌)性; 血压; 尿酸; 胰岛素敏感性; 胰岛素抵抗; 疗效比较研究; 氯沙坦; 厄贝沙坦

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## Effect of losartan and irbesartan on blood pressure and ISI in female hypertension patients complicated with hyperuricemia

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**【Abstract】 Objective** To compare the effects of losartan and irbesartan on blood pressure, blood uric acid, insulin sensitivity and insulin resistance in female hypertensive patients complicated with hyperuricemia. **Methods** From August 2015 to December 2017, 100 females of hypertension complicated with hyperuricemia who hospitalized in the Third People's Hospital of Ningxia were enrolled in the study. All the patients were divided into two groups according to the random digital table, with 50 cases in each group. The observation group was treated with losartan, and the control group was treated with irbesartan for 8 weeks. The total effective rate and adverse reactions were compared

between the two groups. Also the changes of blood pressure, serum uric acid, fasting glucose (FBG), fasting insulin (FINS), high sensitivity C-reactive protein (hs-CRP), insulin sensitivity index (ISI) and insulin resistance index (HOMA-IR) were compared between the two groups after treatment. **Results** There was no statistically significant difference in the total effective rate between the two groups [92.0% (46/50) vs. 90.0% (45/50)] ( $P > 0.05$ ). Before treatment, there were no statistically significant differences in blood pressure, serum uric acid, FBG, FINS, hs-CRP, ISI and HOMA-IR between the two groups (all  $P > 0.05$ ). After treatment, the systolic blood pressure and diastolic blood pressure in the two groups were (133.09 ± 10.11) mmHg vs. (131.54 ± 11.01) mmHg and (82.76 ± 6.23) mmHg vs. (83.75 ± 6.88) mmHg, which were lower than those before treatment (observation group:  $t = 19.742, 10.606$ , control group:  $t = 18.925, -9.956$ , all  $P < 0.05$ ). But there were no statistically significant differences between the two groups (all  $P > 0.05$ ). After treatment, the serum uric acid in the observation group was lower than that in the control group [(387.21 ± 25.56) μmol/L vs. (429.67 ± 27.44) μmol/L] ( $t = 8.006, P < 0.05$ ). The hs-CRP, FINS, HOMA-IR, ISI in the observation group were (4.92 ± 1.02) mg/L, (15.92 ± 3.01) mU/L, (1.71 ± 0.24), (1.047 ± 0.095), which in the control group were (4.54 ± 1.00) mg/L, (17.23 ± 3.20) mU/L, (1.65 ± 0.27), (1.140 ± 0.083). After treatment, the hs-CRP, FINS, HOMA-IR in the two groups were decreased (all  $P < 0.05$ ), while ISI was increased ( $P < 0.05$ ). Furthermore, the improvement of FINS, ISI and HOMA-IR in the observation group was better than those in the control group ( $t = 2.109, -5.213, 3.191$ , all  $P < 0.05$ ). **Conclusion** Both losartan and irbesartan can improve clinical symptoms, lower blood pressure and improve insulin resistance in female hypertension patients complicated with hyperuricemia, and losartan is more effective than irbesartan.

**【Key words】** Hypertension; Hyperuricemia; Female; Blood pressure; Uric acid; Insulin sensitivity; Insulin resistance; Comparative effectiveness research; Losartan; Irbesartan

**Fund program:** Key Scientific Research Project of Ningxia Hui Autonomous Region Health and Family Planning Commission (2015-NW-046)

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# 单硝酸异山梨酯联合美托洛尔治疗冠心病心力衰竭的疗效观察

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**【摘要】** **目的** 观察单硝酸异山梨酯联合美托洛尔治疗冠心病心力衰竭的临床疗效。**方法** 选取余姚市第二人民医院 2015 年 1 月至 2017 年 5 月收治的冠心病心力衰竭患者 100 例为观察对象,采用随机数字表法分为两组,常规组 50 例进行常规治疗,观察组 50 例在常规治疗基础上应用单硝酸异山梨酯联合美托洛尔治疗,两组疗程均为 30 d。比较两组的临床疗效、心功能指标及血浆脑钠肽水平。**结果** 观察组总有效率为 96.0% (48/50),高于常规组的 78.0% (39/50) ( $\chi^2 = 7.161, P < 0.01$ )。治疗后,观察组心排血量指数 [(3.14 ± 0.53) L · min<sup>-1</sup> · (m<sup>2</sup>)<sup>-1</sup>],心排血量 [(5.62 ± 0.95) L/min],每搏输量 [(79.24 ± 2.56) mL],左室射血分数 [(61.62 ± 4.95)%]均优于常规组的 (2.41 ± 0.45) L · min<sup>-1</sup> · (m<sup>2</sup>)<sup>-1</sup>、(4.79 ± 0.23) L/min、(72.30 ± 2.78) mL、(53.79 ± 4.23)% ( $t = 7.043, 5.696, 12.318, 8.066$ , 均  $P < 0.05$ );观察组血浆脑钠肽为 (172.17 ± 10.36) pg/mL,低于常规组的 (215.47 ± 12.48) pg/mL ( $t = 17.908, P < 0.05$ )。**结论** 单硝酸异山梨酯联合美托洛尔治疗冠心病心力衰竭可提高临床疗效,改善心功能。

**【关键词】** 冠状动脉疾病; 心力衰竭; 单硝酸异山梨酯; 美托洛尔

**基金项目:**浙江省医药卫生科技计划项目(2012RCA047)

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## Effect of isosorbide mononitrate combined with metoprolol in the treatment of heart failure in patients with coronary heart disease

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**【Abstract】 Objective** To observe the clinical effect of isosorbide mononitrate combined with metoprolol in the treatment of coronary heart failure. **Methods** From January 2015 to May 2017, 100 patients with coronary heart failure treated in the Second People's Hospital of Yuyao were randomly divided into two groups according to the digital table, with 50 cases in each group. The conventional group was treated with conventional therapy. The observation group was treated with isosorbide mononitrate combined with metoprolol on the basis of conventional treatment for 30 days. The clinical efficacy, cardiac function index and plasma BNP level were compared between the two groups.

**Results** The total effective rate of the observation group was 96.0% (48/50), which was higher than 78.0% (39/50) in the conventional group ( $\chi^2 = 7.161, P < 0.01$ ). After treatment, the cardiac drainage index (CI) [(3.14 ± 0.53) L · min<sup>-1</sup> · (m<sup>2</sup>)<sup>-1</sup>], cardiac output blood volume (CO) [(5.62 ± 0.95) L/min], each stroke volume (SV) [(79.24 ± 2.56) mL], left ventricular ejection fraction (LVEF) [(61.62 ± 4.95)%] in the observation group were better than those in the conventional group [(2.41 ± 0.45) L · min<sup>-1</sup> · (m<sup>2</sup>)<sup>-1</sup>, (4.79 ± 0.23) L/min, (72.30 ± 2.78) mL, (53.79 ± 4.23)%],  $t = 7.043, 5.696, 12.318, 8.066$ , all  $P < 0.05$ . The BNP level of the observation group was (172.17 ± 10.36) pg/mL, which was lower than (215.47 ± 12.48) pg/mL of the conventional group ( $t = 17.908, P < 0.05$ ). **Conclusion** The treatment of coronary heart failure with isosorbide mononitrate and metoprolol can improve the clinical effect and improve cardiac function.

**【Key words】** Coronary disease; Heart failure; Isosorbide mononitrate; Metoprolol

**Fund program:** Medical Health and Family Planning Project of Zhejiang Province (2012RCA047)

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# 经鼻高流量氧疗在急性心力衰竭治疗中的临床应用

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**【摘要】** 目的 探讨经鼻高流量氧疗在急性心力衰竭患者中的临床应用价值。方法 选取 2016 年 1 月至 2018 年 1 月济宁医学院附属湖西医院(单县中心医院)重症医学科收治的急性心力衰竭患者 61 例为研究对象,采用随机数字表法将患者分为对照组和治疗组,对照组 31 例,治疗组 30 例,两组患者均常规给予控制液体量、镇痛、强心、利尿、扩血管、抗血小板聚集、营养支持等治疗。对照组给予常规氧疗,治疗组给予经鼻高流量氧疗(NHF)。观察两组患者治疗开始前及治疗后 12 h、24 h、48 h、72 h,各时间点左心室射血分数(LVEF)、氧合指数( $\text{PaO}_2/\text{FiO}_2$ )、血乳酸(Lac)、血清中 B 型脑钠肽(BNP)浓度,以及 7 d 内无创机械通气及有创机械通气的的应用率情况。**结果** 治疗组与对照组比较,治疗后各时间点 LVEF 均增大[(35.58 ± 3.64)% 比 (37.77 ± 3.76)% , (37.87 ± 3.58)% 比 (40.07 ± 3.36)% , (44.94 ± 3.19)% 比 (46.83 ± 3.21)% , (47.55 ± 3.45)% 比 (49.97 ± 4.12)% ,  $t = -2.308$ 、 $-2.466$ 、 $-2.316$ 、 $-2.487$ , 均  $P < 0.05$ ];治疗后各时间点  $\text{PaO}_2/\text{FiO}_2$  明显增高[(177.39 ± 10.62) mmHg 比 (184.17 ± 10.49) mmHg, (188.00 ± 11.72) mmHg 比 (198.57 ± 18.47) mmHg, (204.06 ± 17.69) mmHg 比 (221.40 ± 23.80) mmHg, (265.23 ± 34.51) mmHg 比 (290.37 ± 26.72) mmHg,  $t = -2.507$ 、 $-2.678$ 、 $-3.236$ 、 $-3.174$ , 均  $P < 0.05$ ];治疗后各时间点 BNP 明显下降[(2 462.90 ± 288.00) ng/mL 比 (2 264.53 ± 366.44) ng/mL, (1 646.61 ± 377.19) ng/mL 比 (1 474.07 ± 214.03) ng/mL, (991.94 ± 242.95) ng/mL 比 (811.90 ± 258.67) ng/mL, (653.77 ± 147.67) ng/mL 比 (526.47 ± 127.87) ng/mL,  $t = 2.355$ 、 $2.187$ 、 $2.803$ 、 $3.594$ , 均  $P < 0.05$ ];Lac 在治疗后 12 h 及 24 h 明显下降[(5.05 ± 0.69) mmol/L 比 (4.55 ± 0.80) mmol/L, (3.68 ± 0.89) mmol/L 比 (3.13 ± 0.77) mmol/L,  $t = 2.610$ 、 $2.601$ , 均  $P < 0.05$ ], 而 48 h 及 72 h 两组比较无明显统计学意义[(1.62 ± 0.65) mmol/L 比 (1.53 ± 0.65) mmol/L, (1.36 ± 0.64) mmol/L 比 (1.26 ± 0.46) mmol/L, 均  $P > 0.05$ ];对照组与治疗组 7 d 内无创机械通气应用率差异有统计学意义[35.48% (11/31) 比 13.33% (4/30),  $\chi^2 = 4.034$ ,  $P < 0.05$ ];对照组与治疗组 7 d 内有创机械通气应用率[12.90% (4/31) 比 3.33% (1/30),  $\chi^2 = 4.957$ ,  $P < 0.05$ ]。**结论** 经鼻高流量氧疗对急性心力衰竭患者有更好的临床疗效,是一种更为积极、主动的治疗措施,值得临床推广应用。

**【关键词】** 氧吸入疗法; 心输出量; 乳酸; 利钠肽, 脑; 高频通气

**基金项目:** 山东省医药卫生科技发展计划(2015WS0467)

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## Clinical application of transnasal high volume oxygen therapy in acute heart failure

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**【Abstract】 Objective** To explore the clinical value of transnasal high volume oxygen therapy in the treatment of patients with acute heart failure. **Methods** From January 2016 to January 2018, 61 cases with acute heart failure in Huxi Hospital Affiliated to Jining Medical College were selected. The patients were randomly divided into control group and treatment group according to the digital table, 31 cases in the control group and 30 cases in the treatment group. The two groups were routinely given control of fluid volume, analgesia, strong heart, diuresis, vasodilator, anti-platelet aggregation, camp support and so on. The control group was given conventional oxygen therapy, and the treatment group was treated with high flow oxygen through nose. Before treatment and 12h, 24h, 48h, 72h after treatment, the left ventricular ejection fraction (LVEF), oxygen index ( $\text{PaO}_2/\text{FiO}_2$ ), serum lactic acid (Lac), B type sodium and titanium (BNP) in serum, and the application rate of non-invasive mechanical ventilation and invasive mechanical ventilation in 7d were observed in the two groups. **Results** Compared with the control group, the LVEF of the treatment group in each time point increased[(35.58 ± 3.64)% vs. (37.77 ± 3.76)% , (37.87 ± 3.58)% vs.



( $40.07 \pm 3.36$ )% , ( $44.94 \pm 3.19$ )% vs. ( $46.83 \pm 3.21$ )% , ( $47.55 \pm 3.45$ )% vs. ( $40.07 \pm 3.36$ )% ,  $t = -2.308, -2.466, -2.316, -2.487$ , all  $P < 0.05$ ]. The PaO<sub>2</sub>/FiO<sub>2</sub> of the treatment group increased significantly at each time point after treatment [ ( $177.39 \pm 10.62$ ) mmHg vs. ( $184.17 \pm 10.49$ ) mmHg, ( $188.00 \pm 11.72$ ) mmHg vs. ( $198.57 \pm 18.47$ ) mmHg, ( $204.06 \pm 17.69$ ) mmHg vs. ( $221.40 \pm 23.80$ ) mmHg, ( $265.23 \pm 34.51$ ) mmHg vs. ( $290.37 \pm 26.72$ ) mmHg,  $t = -2.507, -2.678, -3.236, -3.174$ , all  $P < 0.05$ ]. The BNP level of the treatment group decreased significantly at each time point after treatment [ ( $2462.90 \pm 288.00$ ) ng/mL vs. ( $2264.53 \pm 366.44$ ) ng/mL, ( $1646.61 \pm 377.19$ ) ng/mL vs. ( $1474.07 \pm 214.03$ ) ng/mL, ( $991.94 \pm 242.95$ ) ng/mL vs. ( $811.90 \pm 258.67$ ) ng/mL, ( $653.77 \pm 147.671$ ) ng/mL vs. ( $526.47 \pm 127.87$ ) ng/mL,  $t = 2.355, 2.187, 2.803, 3.594$ , all  $P < 0.05$ ]. The Lac level of the treatment group decreased significantly at 12h and 24h after treatment [ ( $5.05 \pm 0.69$ ) mmol/L vs. ( $4.55 \pm 0.80$ ) mmol/L, ( $3.68 \pm 0.89$ ) mmol/L vs. ( $3.13 \pm 0.77$ ) mmol/L,  $t = 2.610, 2.601$ , all  $P < 0.05$ ], but there were no statistically significant differences between the two groups at 48h and 72h after treatment [ ( $1.62 \pm 0.65$ ) mmol/L vs. ( $1.53 \pm 0.65$ ) mmol/L, ( $1.36 \pm 0.64$ ) mmol/L vs. ( $1.26 \pm 0.46$ ) mmol/L, all  $P > 0.05$ ]. In the control group and the treatment group, the incidence rates of non-invasive mechanical ventilation in 7d were 35.48% (11/31), 13.33% (4/30), respectively, the difference was statistically significant ( $\chi^2 = 4.034$ ,  $P < 0.05$ ). In the control group and the treatment group, the incidence rates of invasive mechanical ventilation in 7d were 12.90% (4/31), 3.33% (1/30), respectively, the difference was statistically significant ( $\chi^2 = 4.957$ ,  $P < 0.05$ ). **Conclusion** Nasal high flow oxygen therapy has better clinical effect on patients with acute heart failure. It is a more active treatment measure, and is worthy of clinical application.

**【Key words】** Oxygen inhalation therapy; Cardiac output; Lactic acid; Natriuretic peptide, brain; High-frequency ventilation

**Fund program:** Medical Science and Technology Development Planning Project of Shandong Province (2015WS0467)

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# 前列地尔对冠心病患者心肌微循环及血液流变学的影响

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**【摘要】 目的** 探讨前列地尔治疗冠心病患者的临床效果及其对患者心肌微循环、血液流变学的影响。**方法** 选择温岭市第一人民医院 2015 年 1 月至 2017 年 10 月收治的冠心病患者 100 例,采用随机数字表法分为两组,每组 50 例。对照组采用常规治疗,观察组在常规治疗基础上加用前列地尔治疗,比较两组患者的临床疗效、心肌微循环指标、血液流变学指标。**结果** 观察组总有效率为 96% (48/50),对照组为 82% (41/50),两组差异有统计学意义( $\chi^2 = 5.005, P < 0.05$ )。治疗后,观察组心肌肌钙蛋白 I、心肌肌钙蛋白 T 分别为  $(0.023 \pm 0.014) \mu\text{g/L}$ 、 $(0.012 \pm 0.006) \mu\text{g/L}$ ,对照组分别为  $(0.037 \pm 0.015) \mu\text{g/L}$ 、 $(0.019 \pm 0.008) \mu\text{g/L}$ ,两组差异均有统计学意义( $t = 4.825, 4.950$ , 均  $P < 0.05$ );观察组红细胞比容、红细胞电泳时间、红细胞沉降率、血浆黏度分别为  $(25.69 \pm 3.87)\%$ 、 $(293.42 \pm 12.73) \text{s}$ 、 $(15.21 \pm 4.59) \text{mm/h}$ 、 $(1.29 \pm 0.37) \text{mp/s}$ ,对照组分别为  $(32.54 \pm 4.52)\%$ 、 $(326.17 \pm 18.65) \text{s}$ 、 $(21.85 \pm 5.93) \text{mm/h}$ 、 $(1.76 \pm 0.43) \text{mp/s}$ ,两组差异均有统计学意义( $t = 8.140, 10.256, 6.261, 5.859$ , 均  $P < 0.05$ )。**结论** 采用前列地尔治疗冠心病可提高临床疗效,有效改善患者的心肌微循环及血液流变学指标。

**【关键词】** 冠状动脉疾病; 前列地尔; 微循环; 血液流变学

**基金项目:**浙江省温岭市科技计划项目(2013c31099)

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## Effect of alprostadil on myocardial microcirculation and hemorheology in patients with coronary heart disease

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**【Abstract】 Objective** To investigate the clinical effect of alprostadil in the treatment of coronary heart disease and its effect on myocardial microcirculation and hemorheology. **Methods** From January 2015 to October 2017, 100 patients with coronary heart disease admitted to the First People's Hospital of Wenling were randomly divided into two groups according to the digital table, with 50 cases in each group. The control group was treated with routine therapy. The observation group was treated with alprostadil on the basis of routine treatment. The clinical efficacy, myocardial microcirculation index and hemorheology index were compared between the two groups. **Results** The total effective rate of the observation group was 96% (48/50), which was higher than 82% (41/50) of the control group, and the difference between the two groups was statistically significant ( $\chi^2 = 5.005, P < 0.05$ ). After treatment, the cardiac troponin I and myocardial troponin T in the observation group were  $(0.023 \pm 0.014) \mu\text{g/L}$ ,  $(0.012 \pm 0.006) \mu\text{g/L}$ , respectively, which in the control group were  $(0.037 \pm 0.015) \mu\text{g/L}$ ,  $(0.019 \pm 0.008) \mu\text{g/L}$ , respectively, the differences between the two groups were statistically significant ( $t = 4.825, 4.950$ , all  $P < 0.05$ ). The erythrocyte hematocrit, plasma viscosity, erythrocyte sedimentation rate, erythrocyte electrophoresis time in the observation group were  $(25.69 \pm 3.87)\%$ ,  $(293.42 \pm 12.73) \text{s}$ ,  $(15.21 \pm 4.59) \text{mm/h}$ ,  $(1.29 \pm 0.37) \text{mp/s}$ , respectively, which in the control group were  $(32.54 \pm 4.52)\%$ ,  $(326.17 \pm 18.65) \text{s}$ ,  $(21.85 \pm 5.93) \text{mm/h}$ ,  $(1.76 \pm 0.43) \text{mp/s}$ , respectively, the differences between the two groups were statistically significant ( $t = 8.140, 10.256, 6.261, 10.256$ , all  $P < 0.05$ ). **Conclusion** Alprostadil in the treatment of coronary heart disease can improve the clinical efficacy and improve the patients' myocardial microcirculation and hemorheological indicators.

**【Key words】** Coronary artery disease; Alprostadil; Microcirculation; Hemorheology

**Fund program:** Science and Technology Project of Wenling City, Zhejiang Province (2013c31099)

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# 高血压视网膜病变与胱抑素 C 相关性研究

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**【摘要】 目的** 分析高血压视网膜病变(HRP)的特点,探讨其与高血压患者血清胱抑素 C(Cys-C)水平的相关性。**方法** 选取济南市第二人民医院 2015 年 7 月到 2017 年 10 月收治的 280 例高血压患者为研究对象,通过眼底镜及眼底照相进行眼底检查,根据《中华眼科学》(第三版)将高血压视网膜病变分为正常、轻度、中度、恶性四个级别,检测 Cys-C 水平,分析所有患者临床资料、不同级别视网膜病变的特点及相关因素。**结果** 在纳入的病例中,有 204 例存在 HRP,占 72.86%,正常眼底组血清 Cys-C 为(0.76 ± 0.12),HRP 轻度组为(0.82 ± 0.19)mg/L,两组差异有统计学意义( $t = 2.424, P < 0.05$ ),中度组和重度组血清 Cys-C 分别为(2.37 ± 0.13)mg/L 和(3.24 ± 0.45)mg/L,与正常眼底组差异均有统计学意义( $t = 80.917, 42.153$ , 均  $P < 0.01$ )。**结论** 高血压患者视网膜病变的严重程度与 Cys-C 呈正相关。

**【关键词】** 高血压; 胱抑素 C; 视网膜病变

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## Correlation of retinopathy and serum cystatin C in patients with primary hypertension

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**【Abstract】 Objective** To analyze the features of hypertensive retinopathy (HRP), and to evaluate the correlation of serum cystatin C (Cys - C) and retinopathy in patients with primary hypertension. **Methods** From July 2015 to October 2017, 280 cases of primary hypertension in the Second People's Hospital of Ji'nan were recruited to receive fundus examination by funduscopy and eye - ground photography. Based on the findings, 4 groups were established according to Chinese Ophthalmology (Third Edition) classification standard, normal, mild, moderate and malignant four levels. Clinical courses were monitored and Cys - C levels were determined. **Results** There were 204 cases of HRP, accounting for 72.86%. Compared with that of the normal fundus group (0.76 ± 0.12)mg/L, the serum Cys - C level of the mild HRP group was (0.82 ± 0.19)mg/L, the difference was statistically significant ( $t = 2.424, P < 0.05$ ). The serum Cys - C levels of the moderate HRP group and severe HRP group were (2.37 ± 0.13)mg/L and (3.24 ± 0.45)mg/L, respectively, the differences were statistically significant compared with that of the control group ( $t = 80.917, 42.153$ , all  $P < 0.01$ ). **Conclusion** The severity of HRP is positively correlated with Cys - C.

**【Key words】** Hypertension; Cystatin C; Retinopathy

**Fund program:** Medical Science and Technology Project of Ji'nan City, Shandong Province(2012-6)

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# 尿微量蛋白联合检测对高血压肾损害的诊断价值

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**【摘要】 目的** 探讨尿微量蛋白联合检测在高血压肾损害诊断中的应用价值。**方法** 选择宁波市奉化区人民医院 2015 年 1 月至 2017 年 10 月收治的单纯高血压患者 60 例(高血压组)、高血压肾病患者 60 例(高血压肾损害组)及同期行健康体检者 60 例(对照组)为研究对象,检测三组尿微量白蛋白、尿  $\alpha_1$ -微球蛋白、尿  $\beta_2$ -微球蛋白,分析尿微量白蛋白、尿  $\alpha_1$ -微球蛋白、尿  $\beta_2$ -微球蛋白与高血压肾损害的相关性,计算三项检测指标对高血压肾损害的诊断灵敏度、特异度、准确性及其与临床确诊结果的一致性。**结果** 高血压肾损害组尿微量白蛋白、尿  $\alpha_1$ -微球蛋白、尿  $\beta_2$ -微球蛋白分别为  $(13.96 \pm 4.23)$  mg/L、 $(16.94 \pm 5.17)$  mg/L、 $(1.04 \pm 0.58)$  mg/L,高血压组分别为  $(9.25 \pm 2.81)$  mg/L、 $(11.29 \pm 3.58)$  mg/L、 $(0.56 \pm 0.39)$  mg/L,对照组分别为  $(6.43 \pm 2.16)$  mg/L、 $(7.65 \pm 2.47)$  mg/L、 $(0.27 \pm 0.18)$  mg/L,三组差异均有统计学意义( $F = 11.913, 10.534, 10.925$ , 均  $P < 0.05$ )。经皮尔逊相关系数法分析发现,尿微量白蛋白、尿  $\alpha_1$ -微球蛋白、尿  $\beta_2$ -微球蛋白与高血压肾损害的发生均呈正相关( $r = 0.794, 0.803, 0.765$ , 均  $P < 0.05$ )。尿微量白蛋白、尿  $\alpha_1$ -微球蛋白、尿  $\beta_2$ -微球蛋白对高血压肾损害诊断的灵敏度、特异度、准确性差异均无统计学意义( $\chi^2 = 0.379, 1.515, 0.189$ , 均  $P > 0.05$ )。三项检测指标对高血压肾损害的诊断结果与临床确诊结果的一致性良好, Kappa 均  $> 0.7$ 。**结论** 尿微量白蛋白、尿  $\alpha_1$ -微球蛋白、尿  $\beta_2$ -微球蛋白是高血压患者早期肾损害的灵敏指标,可作为高血压肾损害早期诊断的标志物。

**【关键词】** 高血压; 肾功能不全,慢性; 白蛋白尿; 诊断

**基金项目:**浙江省中医药科技计划项目(2015ZA074)

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## Diagnostic value of urine microprotein combined test for hypertensive renal damage

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**【Abstract】 Objective** To investigate the clinical value of combined detection of urinary microprotein in the diagnosis of hypertensive renal damage. **Methods** From January 2015 to October 2017, in the People's Hospital of Fenghua District, 60 patients with hypertension (hypertension group) and 60 patients with hypertension nephropathy (hypertensive nephropathy group) were selected, and 60 cases who underwent physical examination at the same time were selected as control group. Urinary microalbumin, urinary  $\alpha_1$ -microglobulin, urinary  $\beta_2$ -microglobulin were detected in three groups. The correlation between urinary microalbumin, urinary  $\alpha_1$ -microglobulin, urinary  $\beta_2$ -microglobulin and hypertensive renal damage was analyzed. The diagnostic sensitivity, specificity and accuracy of the three indicators for hypertensive renal damage were calculated. **Results** The levels of urinary microalbumin,  $\alpha_1$ -microglobulin and  $\beta_2$ -microglobulin in the hypertensive nephropathy group were  $(13.96 \pm 4.23)$  mg/L,  $(16.94 \pm 5.17)$  mg/L and  $(1.04 \pm 0.58)$  mg/L, respectively, which in the hypertension group were  $(9.25 \pm 2.81)$  mg/L,  $(11.29 \pm 3.58)$  mg/L and  $(0.56 \pm 0.39)$  mg/L, respectively, which in the control group were  $(6.43 \pm 2.16)$  mg/L,  $(7.65 \pm 2.47)$  mg/L and  $(0.27 \pm 0.18)$  mg/L, respectively, the differences among the three groups were statistically significant ( $F = 11.913, 10.534, 10.925$ , all  $P < 0.05$ ). By Pearson correlation coefficient analysis, it was found that urinary microalbumin, urinary  $\alpha_1$ -microglobulin and urinary  $\beta_2$ -microglobulin levels were positively correlated with the occurrence of renal damage in hypertension ( $r = 0.794, 0.803, 0.765$ , all  $P < 0.05$ ). The sensitivity, specificity and accuracy of urinary microalbumin, urinary  $\alpha_1$ -microglobulin and urinary  $\beta_2$ -microglobulin in the diagnosis of hypertensive renal damage had no statistically significant differences ( $\chi^2 = 0.379, 1.515, 0.189$ , all  $P > 0.05$ ). **Conclusion** Urinary microalbumin, urinary  $\alpha_1$ -microglobulin and urinary  $\beta_2$ -microglobulin are sensitive markers of early renal damage in patients with hypertension, and can be used as markers for early diagnosis of hypertensive renal damage.

**【Key words】** Hypertension; Renal insufficiency, chronic; Albuminuria; Diagnosis

**Fund program:** Traditional Chinese Medicine Science and Technology Project of Zhejiang Province (2015ZA074)

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# 心脏超声检查对冠心病节段性室壁运动异常的诊断价值

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**【摘要】 目的** 探讨心脏超声在冠心病节段性室壁运动异常诊断中的应用价值,持续提高冠心病的诊治质量。**方法** 将 2015 年 1 月至 2017 年 4 月在大同市第四人民医院接受治疗的 200 例冠心病节段性室壁运动异常患者(经心脏超声确诊)作为研究对象,治疗前先进行心脏超声检查,检查出有节段性室壁运动异常后,再通过冠状动脉造影检查做进一步的确定,计算出心脏超声的疾病检出率,详细记录患者在经过冠脉造影后出现的不良反应。**结果** 心脏超声检查出正常 16 例(8.00%),184 例(92.00%)。经冠状动脉造影确诊节段性室壁运动异常 184 例(92.00%),即心脏超声检查的疾病检出率为 92.00%,患者接受心脏超声检查后无不良反应出现,经过冠状动脉造影检查后,出现了过敏、恶心等不适反应,但差异无统计学意义( $\chi^2 = 26.64$ ,  $P > 0.05$ )。**结论** 在冠心病节段性室壁运动异常诊断中,冠状动脉造影检查准确性高,但费用昂贵,而心脏超声检查准确性也较高且具有无创性,没有冠状动脉造影检查条件的基层医院可选择心脏超声检查。

**【关键词】** 超声心动描记术,多普勒,彩色; 冠状动脉疾病; 节段性室壁运动异常; 冠状动脉造影

**基金项目:**山西省重点研发计划(指南)项目(201603D321054)

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## Clinical value of cardiac ultrasound in the diagnosis of segmental ventricular wall motion abnormalities of coronary heart disease

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**【Abstract】 Objective** To explore the application value of cardiac ultrasound in the diagnosis of segmental ventricular wall motion abnormality of coronary heart disease (CHD), and to continuously improve the diagnosis and treatment quality of CHD. **Methods** From January 2015 to April 2017, 200 CHD patients with segmental ventricular wall motion abnormalities (the echocardiographic diagnosis) in the Fourth People's Hospital of Datong were selected in the research. Before treatment, the patients received cardiac ultrasound examination, checked out the segmental ventricular wall motion abnormalities, the coronary artery angiography was used for further identification. The cardiac ultrasound detection rate was calculated. The adverse reactions after coronary angiography were recorded. **Results** Echocardiography showed normal results in 16 cases (8.00%) and 184 cases (92.00%). And 184 cases (92.00%) were diagnosed with segmental wall motion abnormality by coronary angiography, that is, the disease detection rate of cardiac ultrasonic examination was 92.00%. No adverse reactions were found after receiving cardiac ultrasound examination. After coronary angiography examination, there were allergic reactions, nausea and other discomfort reactions, but the difference was not statistically significant ( $\chi^2 = 26.64$ ,  $P > 0.05$ ). **Conclusion** In the diagnosis of segmental ventricular wall motion abnormality of CHD, coronary angiography has high accuracy but it is expensive, and cardiac ultrasound examination is highly accurate and non-invasive, and can be selected by grassroots hospitals without the conditions of coronary angiography.

**【Key words】** Echocardiography, doppler, color; Coronary disease; Segmental wall motion anomaly; Coronary angiography

**Fund program:** Key Research and Development Planning (guide) Project of Shanxi Province (201603D321054)

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# 老年高血压患者肾功能与血浆致动脉硬化指数的相关性研究

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**【摘要】** 目的 观察老年高血压患者的血脂代谢异常和肾功能的变化,了解血浆致动脉硬化指数(AIP)与肾小球滤过率的相关性。**方法** 选择衢州市人民医院 2015 年 7 月至 2017 年 6 月收治的老年高血压患者 182 例为观察组、健康体检者 192 例为对照组,测定总胆固醇(TC)、甘油三酯(TG)、高密度脂蛋白胆固醇(HDL-C),计算  $AIP = \log[TG/HDL-C]$ ,以 Cockcroft-Gault 方程估算两组的肾小球滤过率,分析各项血脂参数与估算肾小球滤过率之间的关系。**结果** 观察组、对照组的估算肾小球滤过率分别为  $(84.94 \pm 19.49) \text{ mL} \cdot \text{min}^{-1} \cdot (1.73 \text{ m}^2)^{-1}$ 、 $(154.91 \pm 20.44) \text{ mL} \cdot \text{min}^{-1} \cdot (1.73 \text{ m}^2)^{-1}$ ,两组差异有统计学意义( $t = 11.27, P < 0.01$ ); AIP 分别为  $(0.68 \pm 0.03)$ 、 $(-0.22 \pm 0.02)$ ,两组差异有统计学意义( $t = 3.43, P < 0.01$ )。观察组 AIP 与估算肾小球滤过率之间呈显著负相关( $r = -0.845, P < 0.01$ )。**结论** 老年高血压患者存在血脂代谢紊乱, AIP 作为动脉硬化形成性的血浆脂蛋白的一种标志物,也是高血压肾病患者临床观察中有实用价值的重要参数。

**【关键词】** 高血压; 血浆致动脉硬化指数; 血脂异常; 肾小球滤过率

**基金项目:** 浙江省衢州市科技计划资助项目(2014J023)

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## Correlation between atherogenic index of plasma and renal function change in the elderly patients with hypertension

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**【Abstract】 Objective** To observe the abnormality of lipid metabolism and renal function change in elderly patients with hypertension, and to evaluate the relationship between atherogenic index of plasma(AIP) and glomerular filtration rate(GFR). **Methods** From July 2015 to June 2017, in Quzhou People's Hospital, 182 elderly patients with hypertension were selected as observation group, and 192 elderly healthy people with normal blood pressure were selected as control group. The total cholesterol(TC), triglyceride(TG), high density lipoprotein cholesterol(HDL-C) were detected, and the  $AIP = \log[TG/HDL-C]$  was calculated. The GFR was estimated by Cockcroft-Gault equation. The relationship between the estimated GFR(eGFR) and the blood lipid parameters was analyzed. **Results** The eGFR of the observation group and control group were  $(84.94 \pm 19.49) \text{ mL} \cdot \text{min}^{-1} \cdot (1.73 \text{ m}^2)^{-1}$ ,  $(154.91 \pm 20.44) \text{ mL} \cdot \text{min}^{-1} \cdot (1.73 \text{ m}^2)^{-1}$ , respectively, the difference between the two groups was statistically significant ( $t = 11.27, P < 0.01$ ). The AIP of the observation group and control group were  $(0.68 \pm 0.03)$ ,  $(-0.22 \pm 0.02)$ , respectively, the difference between the two groups was statistically significant ( $t = 3.43, P < 0.01$ ). There was a negative correlation between AIP and eGFR in the elderly patients with hypertension ( $r = -0.845, P < 0.01$ ). **Conclusion** The fact shows that abnormality of lipid metabolism in the elderly patients with hypertension is present. AIP can be used as a plasma marker of atherosclerosis and could be used as a useful and important parameter for clinical observation in the elderly hypertensive patients with renal impairment.

**【Key words】** Hypertension; Atherogenic index of plasma(AIP); Dyslipidemias; Glomerular filtration rate

**Fund program:** Science and Technology Planning Project of Quzhou City, Zhejiang Province (2014J023)

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# 静脉溶栓后介入疗法与直接介入疗法治疗老年人急性心肌梗死的疗效比较

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**【摘要】目的** 比较静脉溶栓后介入疗法与直接介入疗法治疗老年人急性心肌梗死的疗效及安全性。**方法** 选取 2014 年 1 月至 2017 年 7 月杭州市第一人民医院收治的 110 例老年急性心肌梗死患者作为研究对象,采用随机数字表法分为观察组(55 例,采用静脉溶栓后联合冠状动脉介入治疗)和对照组(55 例,采用直接冠状动脉介入治疗)。比较两组治疗前后的 IRA 血流、达 TIMI3 级开通情况、心功能改善情况[包括左心室射血分数(LVEF)、左室舒张末期径(LVEDD)],以及治疗后的心电图检测 ST 段下移、胸痛缓解、支架植入成功与否、并发症发生情况。**结果** 治疗前,两组 IRA 达 TIMI3 级血流开通例数(10 例、15 例)、TIMI3 级开通例数(12 例、18 例)差异无统计学意义( $P > 0.05$ );治疗后,观察组分别增加到 50 例、51 例,对照组仅增加到 39 例、40 例,观察组人数增加更明显( $\chi^2 = 7.698, P < 0.05$ )。治疗后,两组的 LVEF 值有所升高,LVEDD 明显降低,观察组的 LVEF ( $57.38 \pm 4.23$ )%、LVEDD ( $44.32 \pm 2.93$ ) mm 较对照组的 LVEF ( $51.07 \pm 4.17$ )%、LVEDD ( $50.09 \pm 2.97$ ) mm,改善更明显( $t = 7.878, 10.257$ , 均  $P < 0.05$ ),观察组治疗后心电图检测 ST 段下移发生率(92.73)%、胸痛缓解率(90.91)%均高于对照组的 ST 段下移发生率(65.45)%、胸痛缓解率(61.82)%( $\chi^2 = 12.369, 12.894, 2.633$ , 均  $P < 0.05$ ),观察组的并发症总发生率 9.09%,低于对照组的 29.09%,差异有统计学意义( $\chi^2 = 7.122, P < 0.05$ )。**结论** 溶栓后介入疗法治疗老年急性心肌梗死,能有效改善患者心功能,疗效显著,安全可靠,值得进一步研究。

**【关键词】** 心肌梗死; 经皮冠状动脉介入疗法; 血栓溶解疗法; 心肌再灌注; 老年人

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## Comparison of the effects of interventional therapy and direct interventional therapy after thrombolysis in the treatment of elderly patients with acute myocardial infarction

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**【Abstract】 Objective** To compare the efficacy and safety of interventional therapy and direct interventional therapy after thrombolysis in the treatment of senile acute myocardial infarction. **Methods** From January 2014 to July 2017, a total of 110 elderly patients with acute myocardial infarction admitted to the First People's Hospital of Hangzhou were enrolled in this study. The patients were randomly divided into two groups according to the digital table, with 55 cases in each group. The observation group received combination of intravenous thrombolysis and coronary intervention, and the control group received arterial intervention. The blood flow of IRA before and after treatment, TIMI level 3 open situation, cardiac function improvement (including LVEF, LVEDD), and electrocardiogram ST segment down after treatment, chest pain relief, stent implantation success or failure, incidence of complications were compared between the two groups. **Results** Before treatment, there were no statistically significant differences in the number of TIMI3 blood flow patients (10 cases, 15 cases) and number of TIMI3 patients (12 cases, 18 cases) between the two groups ( $P > 0.05$ ). After treatment, those in the observation group increased to 50 cases and 51 cases, respectively. Those in the control group only increased to 39 cases and 40 cases. The observation group increased more significantly ( $\chi^2 = 7.698, P < 0.05$ ). After treatment, the LVEF values of the two groups were increased, the LVEDD decreased significantly. The LVEF [ $(57.38 \pm 4.23)\%$ ] and LVEDD [ $(44.32 \pm 2.93)$  mm] in the observation group were improved more significantly than those in the control group [ $(51.07 \pm 4.17)\%$ ,  $(50.09 \pm 2.97)$  mm,  $t = 7.878, 10.257$ , all  $P < 0.05$ ]. The incidence rate of ST segment depression (92.73%) and chest pain relief rate (90.91%) in the observation group after treatment were higher than those in the control group (65.45%, 61.82%,  $\chi^2 = 12.369, 12.894, 2.633$ , all  $P < 0.05$ ). The total incidence rate of complications of the observation group was 9.09%, which was lower than that of the control group (29.09%), the difference was statistically significant ( $\chi^2 = 7.122, P < 0.05$ ). **Conclusion** Interventional therapy after thrombolysis in the treatment of elderly patients with acute myocardial infarction, can effectively improve the patients' cardiac function, the effect is significant, safe and reliable, it is worthy of further study.

**【Key words】** Myocardial infarction; Percutaneous coronary intervention; Thrombolysis therapy; Myocardial reperfusion; Aged

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# 胺碘酮在快速型心律失常急诊治疗中的应用效果及安全性研究

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**【摘要】** **目的** 探讨快速型心律失常患者于急诊治疗中应用胺碘酮治疗的效果、安全性。**方法** 对晋中市第一人民医院 2017 年 3 月至 2018 年 3 月收治的急诊快速型心律失常 112 例患者临床资料加以分析,按照不同治疗方案分成两组,将 56 例行常规急救治疗患者设为对照组,将 56 例在对照组基础上行胺碘酮治疗患者设为观察组,对两组疗效、血压、心率和安全性进行比对、分析。**结果** 观察组总有效率 91.07%,比对照组的 69.64% 高 ( $\chi^2 = 8.145, P < 0.05$ ),且观察组舒张压 ( $77.40 \pm 6.21$ ) mmHg、收缩压 ( $124.24 \pm 6.15$ ) mmHg、心率 ( $130.18 \pm 6.14$ ) 次/min,均比对照组的 ( $93.47 \pm 7.40$ ) mmHg、( $140.60 \pm 7.48$ ) mmHg、( $150.35 \pm 12.32$ ) 次/min 低 ( $t = 12.448, 12.642, 10.965$ , 均  $P < 0.05$ );观察组总不良反应率 3.57%,比对照组的 19.64% 低 ( $\chi^2 = 7.049, P < 0.05$ )。**结论** 对快速型心律失常患者于急诊中应用胺碘酮治疗效果显著,能够稳定患者血压和心率,促进病情改善,且安全性较高,不良反应少。

**【关键词】** 心律失常,心性; 抗心律失常药; 急诊处理; 血压; 胺碘酮

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## Effect and safety of amiodarone in emergency treatment of tachyarrhythmia

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**【Abstract】** **Objective** To analyze the efficacy and safety of amiodarone in the treatment of patients with tachyarrhythmia in emergency department. **Methods** The clinical data of 112 patients with emergency tachyarrhythmia admitted to the Emergency Department of the First People's Hospital of Jinzhong from March 2017 to March 2018 were analyzed. According to the different treatment plans applied, the patients were divided into two groups, with 56 patients in each group. The control group was given routine emergency treatment, and the observation group was treated with routine emergency treatment and amiodarone. The efficacy, blood pressure, heart rate and safety in the two groups were compared. **Results** The total effective rate in the observation group was 91.07%, which was higher than that in the control group (69.64%) ( $\chi^2 = 8.145, P < 0.05$ ). The diastolic blood pressure, systolic blood pressure and heart rate in the observation group were ( $77.40 \pm 6.21$ ) mmHg, ( $124.24 \pm 6.15$ ) mmHg and ( $130.18 \pm 6.14$ ) beats/min, respectively, which were lower than those in the control group [ $(93.47 \pm 7.40)$  mmHg, ( $140.60 \pm 7.48$ ) mmHg and ( $150.35 \pm 12.32$ ) beats/min] ( $\chi^2 = 8.145, t = 12.448, 12.642, 10.966$ , all  $P < 0.05$ ). The total incidence rate of adverse reactions in the observation group was 3.57%, which was lower than 19.64% in the control group ( $\chi^2 = 7.049, P < 0.05$ ). **Conclusion** For patients with tachyarrhythmia in the emergency department, the application of amiodarone has significant curative effects and high safety, which can help stabilize their blood pressure, heart rate and improve their conditions, and yet incurs less adverse reactions. Therefore, it is of significant value to be popularized in clinical applications.

**【Key words】** Arrhythmias, cardiac; Anti-arrhythmia agents; Emergency treatment; Blood pressure; Tachyarrhythmia

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# 不稳定型心绞痛患者血清炎性因子、血管内皮功能和血脂水平变化及临床意义

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**【摘要】 目的** 探讨不稳定型心绞痛患者血清炎性因子、血管内皮功能及血脂水平变化。**方法** 选自台州市中心医院于 2017 年 3 月至 2018 年 3 月期间收治的冠心病不稳定型心绞痛患者 270 例作为观察组;另选自台州市中心医院于 2017 年 3 月至 2018 年 3 月期间健康体检者 100 例作为对照组。采用酶联免疫吸附法(ELISA 法)测定 C 反应蛋白(CRP)、白细胞介素 6(IL-6)和肿瘤坏死因子- $\alpha$ (TNF- $\alpha$ )含量,采用放射免疫法测定内皮素-1(ET-1)含量,采用硝酸还原法测定一氧化氮(NO)含量,采用全自动生化分析仪测定血脂四项含量。**结果** 观察组血清 CRP( $6.07 \pm 1.25$ )mg/L、IL-6( $10.42 \pm 2.56$ )mg/L 和 TNF- $\alpha$ ( $3.24 \pm 0.58$ )mg/L,高于对照组 CRP( $1.04 \pm 0.32$ )mg/L、IL-6( $2.79 \pm 0.78$ )mg/L 和 TNF- $\alpha$ ( $1.16 \pm 0.34$ )mg/L( $t = 39.729, 29.283, 33.760$ ,均  $P < 0.05$ )。观察组 ET-1( $126.42 \pm 20.91$ )ng/L,高于对照组的( $68.93 \pm 8.79$ )ng/L,而 NO( $40.38 \pm 7.65$ ) $\mu$ mol/L,低于对照组的( $67.42 \pm 10.42$ ) $\mu$ mol/L( $t = 26.619, 27.224$ ,均  $P < 0.05$ )。观察组总胆固醇(TC)( $5.63 \pm 0.84$ )mmol/L、低密度脂蛋白胆固醇(LDL-C)( $3.78 \pm 0.81$ )mmol/L 和甘油三酯(TG)( $1.39 \pm 0.29$ )mmol/L,高于对照组 TC( $4.10 \pm 0.65$ )mmol/L、LDL-C( $2.19 \pm 0.42$ )mmol/L 和 TG( $0.65 \pm 0.12$ )mmol/L 水平,而 HDL-C( $1.10 \pm 0.21$ )mmol/L 水平低于对照组( $1.49 \pm 0.17$ )mmol/L( $P < 0.05$ )。**结论** 不稳定型心绞痛患者存在明显的炎症反应、血管内皮功能紊乱及血脂异常,与冠心病不稳定型心绞痛发生、发展密切相关,值得临床借鉴。

**【关键词】** 心绞痛,不稳定型; C 反应蛋白质; 白细胞介素 6; 肿瘤坏死因子  $\alpha$ ; 血管内皮生长因子类

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## Clinical significance of inflammatory factors, vascular endothelial function and blood lipid levels in patients with unstable angina pectoris

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**【Abstract】 Objective** To investigate the changes of inflammatory factors, vascular endothelial function and blood lipid in patients with unstable angina pectoris. **Methods** From March 2017 to March 2018, 270 patients with unstable angina pectoris treated in Taizhou Central Hospital were selected as the observation group, and 100 healthy persons from March 2017 to March 2018 were selected as the control group. The contents of CRP, IL-6 and TNF- $\alpha$  were determined by enzyme linked immunosorbent assay (ELISA). The content of ET-1 was measured by radioimmunoassay. The content of NO was determined by the method of nitric acid reduction. The content of blood lipid was measured by automatic biochemical analyzer. The contents of four items of blood lipid were determined by automatic biochemical analyzer. **Results** The levels of serum CRP [ $(6.07 \pm 1.25)$ mg/L], IL-6 [ $(10.42 \pm 2.56)$ mg/L] and TNF- $\alpha$  [ $(3.24 \pm 0.58)$ mg/L] in the observation group were higher than those in the control group [ $(1.04 \pm 0.32)$ mg/L,  $(2.79 \pm 0.78)$ mg/L,  $(1.16 \pm 0.34)$ mg/L] ( $t = 39.729, 29.283, 33.760$ , all  $P < 0.05$ ). The level of ET-1 in the observation group was  $(126.42 \pm 20.91)$ ng/L, which was higher than that in the control group [ $(68.93 \pm 8.79)$ ng/L] ( $t = 26.619, P < 0.05$ ), while the level of NO in the observation group [ $(40.38 \pm 7.65)$  $\mu$ mol/L] was lower than that in the control group [ $(67.42 \pm 10.42)$  $\mu$ mol/L] ( $t = 27.224, P < 0.05$ ). The levels of TC [ $(5.63 \pm 0.84)$ mmol/L], LDL-C [ $(3.78 \pm 0.81)$ mmol/L] and TG [ $(1.39 \pm 0.29)$ mmol/L] in the observation group were

higher than those in the control group[ (4.10 ± 0.65) mmol/L, (2.19 ± 0.42) mmol/L and (0.65 + 0.12) mmol/L], and the level of HDL - C in the observation group[ (1.10 ± 0.21) mmol/L] was lower than that in the control group [ (1.49 ± 0.17) mmol/L] ( $P < 0.05$ ). **Conclusion** Patients with unstable angina pectoris have obvious inflammatory reaction, vascular endothelial dysfunction and dyslipidemia. It is believed that inflammatory reaction, vascular endothelial function and blood lipid are closely related to the occurrence and development of unstable angina pectoris of coronary heart disease. It is worthy of clinical reference.

**【Key words】** Angina, unstable; C-reactive protein; Interleukin-6; Tumor necrosis factor-alpha; Vascular endothelial growth factors

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# 二丁酰环磷腺苷钙联合左卡尼丁辅助治疗心力衰竭的临床观察

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**【摘要】 目的** 观察二丁酰环磷腺苷钙联合左卡尼丁辅助治疗心力衰竭(Heart failure, CHF)的临床效果。**方法** 将 2016 年 2 月至 2017 年 2 月烟台市烟台山医院收治的 80 例 CHF 患者采用随机数字表法分为观察组和对照组,每组 40 例,两组患者均给予强心、利尿、扩血管、血管紧张素转换酶抑制剂,降血脂、抗凝等常规治疗,对照组为二丁酰环磷腺苷钙注射液静滴治疗,观察组在二丁酰环磷腺苷钙治疗同时加左卡尼丁注射液静滴,疗程均为 2 周。观察两组患者治疗前后心功能指标变化情况,左室射血分数(LVEF)、心输出量(CO)、每分排量指数(CI)、利钠肽前体(N-proBNP)、血尿酸(UA)。**结果** 两组患者治疗后心功能均有所改善,LVEF、CO、CI 均较治疗前提高,观察组治疗后分别为 $(59.95 \pm 4.17)\%$ 、 $(6.24 \pm 0.22)\text{L}$ 、 $(2.86 \pm 0.10)\text{L} \cdot \text{min}^{-1} \cdot (\text{m}^2)^{-1}$ ;对照组分别为 $(49.05 \pm 5.72)\%$ 、 $(4.83 \pm 0.44)\text{L}$ 、 $(2.25 \pm 0.16)\text{L} \cdot \text{min}^{-1} \cdot (\text{m}^2)^{-1}$ ,差异均有统计学意义( $t = 2.26, 18.18, 5.78, P = 0.03, 0.00, 0.01$ );治疗后两组 N-proBNP、UA 水平均有所下降(均  $P < 0.05$ ),观察组分别为 $(207.78 \pm 42.35)\text{pg/mL}$ 、 $(268.50 \pm 14.30)\mu\text{mol/L}$ ;对照组分别为 $(498.88 \pm 72.06)\text{pg/mL}$ 、 $(422.75 \pm 46.48)\mu\text{mol/L}$ ,两组间治疗后比较,差异均有统计学意义( $t = -22.03, 20.06, P = 0.00, 0.00$ )。**结论** 二丁酰环磷腺苷钙联合左卡尼丁治疗心力衰竭能更好地改善心功能,提高患者生活质量。

**【关键词】** 心力衰竭; 心输出量; 利钠肽,脑; 尿酸; 二丁酰环磷腺苷钙; 左卡尼丁

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## Clinical effect of calcium dibutyryl adenosine cyclophosphate injection combined with levocarnitine in the treatment of heart failure

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**【Abstract】 Objective** To observe the clinical effect of calcium dibutyryl adenosine cyclophosphate injection combined with levocarnitine in the treatment of chronic heart failure (CHF). **Methods** From February 2016 to February 2017, 80 patients with CHF were randomly divided into observation group and control group according to the digital table, with 40 cases in each group. The control group was treated with calcium dibutyryl adenosine cyclophosphate injection. The observation group was treated with calcium dibutyryl adenosine cyclophosphate and levocarnitine injection. The patients were treated for 2 weeks. The changes in cardiac function indicators before and after treatment, left ventricular ejection fraction (LVEF), cardiac output (CO), each stroke volume index (CI), N-terminal B-type natriuretic peptide (N-proBNP) and blood uric acid (UA) were observed. **Results** The cardiac function of two groups was improved after treatment. The LVEF, CO, CI in the two groups were increased after treatment. The LVEF, CO, CI in the observation group after treatment were  $(59.95 \pm 4.17)\%$ 、 $(6.24 \pm 0.22)\text{L}$ 、 $(2.86 \pm 0.10)\text{L} \cdot \text{min}^{-1} \cdot (\text{m}^2)^{-1}$ , respectively, which in the control group were  $(49.05 \pm 5.72)\%$ 、 $(4.83 \pm 0.44)\text{L}$ 、 $(2.25 \pm 0.16)\text{L} \cdot \text{min}^{-1} \cdot (\text{m}^2)^{-1}$ , respectively, the differences were statistically significant ( $t = 2.26, 18.18, 5.78, P = 0.03, 0.00, 0.01$ ). After treatment, the N-proBNP and UA levels in the two groups were decreased (all  $P < 0.05$ ). The N-proBNP and UA levels in the observation group were  $(207.78 \pm 42.35)\text{pg/mL}$ 、 $(268.50 \pm 14.30)\mu\text{mol/L}$ , respectively, which in the control group were  $(498.88 \pm 72.06)\text{pg/mL}$ 、 $(422.75 \pm 46.48)\mu\text{mol/L}$ , respectively, the differences between the two groups were significant ( $t = -22.03, 20.06, P = 0.00, 0.00$ ). **Conclusion** Calcium dibutyryl adenosine cyclophosphate combined with levocarnitine in the treatment of heart failure can improve cardiac function and the quality of life of patients.

**【Key words】** Heart failure; Cardiac output; Natriuretic peptide, brain; Uric acid; Dibuty cyclophosphate calcium; Left carnitine

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# 头颈伴食管三原发癌的临床特征及预后分析

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**【摘要】** **目的** 总结头颈伴食管三原发癌(TPC)的临床及预后特点。**方法** 回顾性分析浙江省肿瘤医院 2007 年 1 月至 2016 年 12 月收治的头颈伴食管 TPC 患者 30 例的癌种分布情况,同时性(同时和发生在 6 个月之内)与异时性癌(>6 个月)发病情况,并比较两者的临床特征和预后情况,同时比较不同住院次数和治疗方式对生存情况的影响。**结果** 30 例头颈伴食管 TPC 患者中,下咽+食管+肺和下咽+食管+口咽的发生率为 20.0%(6/30),其次是下咽+食管+喉。同时性和异时性各占 15 例,异时性的手术率(73.3%, 11/15)和住院次数[住院次数≥5 次为 73.3%(11/15)]高于同时性的手术率(33.3%, 5/15)和住院次数[住院次数≥5 次为 33.3%(5/15)],两者差异均有统计学意义( $\chi^2 = 4.661, 4.661$ , 均  $P < 0.05$ )。同时性癌的 1、3、5 年生存率分别为 39.9%、19.9%、0.0%,中位生存时间(10.0 ± 2.9)个月;异时性癌 1、3、5 年生存率分别为 78.7%、77.8%、59.1%,中位生存时间(37.0 ± 33.9)个月。两者差异均有统计学意义(生存率:  $\chi^2 = 10.934, P = 0.001$ ;中位生存时间:  $t = 3.201, P = 0.003$ )。住院次数≥5 次与 <5 次生存率差异有统计学意义( $\chi^2 = 10.574, P = 0.001$ )。单独的手术、化疗和靶向治疗两者生存期(OS)差异无统计学意义( $P > 0.05$ )。**结论** 头颈伴食管 TPC,通过多学科综合的多次治疗,仍可具有较高的生存率,尤其是异时性癌。

**【关键词】** 头颈部肿瘤; 食管肿瘤; 癌,原位; 肿瘤,多原发性; 肿瘤,继发原发性; 肿瘤治疗方案; 综合疗法; 预后

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## Clinical features and prognosis of head and neck cancer in patients with esophagus cancer and triple primary carcinoma

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**【Abstract】** **Objective** To investigate the clinical features and prognostic characteristics of head and neck cancer in patients with esophagus cancer and triple primary carcinoma (TPC). **Methods** A total of 30 patients with head and neck cancer with esophagus cancer TPC were collected in Zhejiang Cancer Hospital from January 2007 to December 2016. The distribution of cancer kinds and the incidence of synchronous and metachronous cancer were described. The clinical characteristics and prognosis were also compared in synchronous and metachronous cancer. The influence of number of hospitalization and different treatments on the survival time were analyzed. **Results** The TPC of “laryngeal pharynx + esophagus + lung” and “laryngeal pharynx + esophagus + oropharynx” had the highest incidence, that was 20.0% in 30 patients (6/30). The second type was “laryngeal pharynx + esophagus + larynx”. Fifteen cases were synchronous cancer and other 15 cases were metachronous cancer. The rate of surgery was 73.3% (11/15), and the number of hospitalization who more or equal than 5 was 73.3% (11/15) in the synchronous cancer. While the rate of surgery was 33.3% (5/15), and the number of hospitalization who more or equal than 5 was 33.3% (5/15) in the metachronous cancer. There were significant differences between synchronous and metachronous cancer ( $\chi^2 = 4.661, 4.661$ , all  $P < 0.05$ ). The 1-year, 3-year and 5-year survival rates were 39.9%, 19.9% and 0.0% in patients with synchronous cancer. The mean survival time was (18.4 ± 6.2) months. In contrast, the survival rates were 78.7%, 77.8% and 59.1% in metachronous cancer. The mean survival time was (122.2 ± 17.2) months.

There were significant differences between the two groups (survival rate:  $\chi^2 = 10.934, P = 0.001$ ; mean survival time:  $t = 3.201, P = 0.003$ ). The survival rate of the number of hospitalization more than or equal to 5 times had significant difference compared with those less than 5 times ( $\chi^2 = 10.574, P = 0.001$ ). There was no statistically significant difference in the improvement of OS between single operation, chemotherapy and target treatment ( $P > 0.05$ ).

**Conclusion** Head and neck cancer in patients with esophagus cancer TPC can still has a high survival rate through active combined modality therapies, especially in metachronous carcinoma.

**【Key words】** Head and neck neoplasms; Esophageal neoplasms; Carcinoma in situ; Neoplasms, multiple primary; Neoplasms, second primary; Antineoplastic protocols; Combined modality therapy; Prognosis

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# 头孢呋辛钠不同用药时间对妇产科手术患者手术切口感染及 C 反应蛋白的影响

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**【摘要】 目的** 探讨头孢呋辛钠不同用药时间对妇产科手术患者手术切口等医院感染及 C 反应蛋白的影响。**方法** 选择沁县人民医院妇产科在 2015 年 7 月至 2017 年 11 月收治的 158 例手术患者, 采用随机数字表方法分为观察组和对照组, 每组 79 例。观察组在围手术期前后给予头孢呋辛钠治疗, 对照组术后给予头孢呋辛钠治疗, 比较不同用药时间选择对两组医院感染发生率及 C 反应蛋白的影响。**结果** 观察组术后体温异常 45 例、体温恢复正常时间为  $(40.17 \pm 10.35)$  h, 均少于对照组的 59 例、 $(56.35 \pm 9.87)$  h, 两组差异均有统计学意义 ( $\chi^2 = 5.513, P = 0.019; t = 8.163, P = 0.000$ )。观察组术后 C 反应蛋白为  $(2.34 \pm 0.66)$  mg/L、降钙素原为  $(2.48 \pm 0.79)$  mg/L, 均优于对照组的  $(3.46 \pm 0.84)$  mg/L、 $(3.19 \pm 0.96)$  mg/L, 两组差异均有统计学意义 ( $t = 9.260, P = 0.000; t = 5.104, P = 0.000$ )。观察组术后出现切口感染 2 例, 少于对照组术后出现切口感染 9 例, 两组差异有统计学意义 ( $\chi^2 = 4.788, P = 0.029$ )。观察组平均住院天数为  $(6.70 \pm 1.04)$  d, 明显短于对照组的  $(8.26 \pm 1.25)$  d, 两组差异有统计学意义 ( $t = 8.513, P = 0.000$ )。术后观察组生活质量 SF-36 评分为  $(85.63 \pm 15.30)$  分, 优于对照组的  $(71.29 \pm 11.07)$  分, 两组差异有统计学意义 ( $t = -6.748, P = 0.000$ )。**结论** 妇产科手术患者围手术期给予头孢呋辛钠可降低手术患者医院感染发生率、改善体内炎性水平因子, 缩短住院时间以及提高患者生活质量。

**【关键词】** 妇产科; 手术患者; 头孢呋辛钠; 医院感染; C 反应蛋白

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## Effects of different medication time of cefuroxime sodium on nosocomial infections of surgical incision and C-reactive protein in patients of Department of Obstetrics and Gynecology

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**【Abstract】 Objective** To study the effect of different medication time of cefuroxime sodium on nosocomial infections of surgical incision and C-reactive protein (CRP) in patients of Department of Obstetrics and Gynecology.

**Methods** A total of 158 surgery patients in Department of Obstetrics and Gynecology who were treated in the People's Hospital of Qing County from July 2015 to November 2017 were enrolled in the study. According to random number method, they were randomly divided into control group and observation group, with 79 cases in each group. The observation group received the treatment of cefuroxime sodium in the perioperative period, the control group was given cefuroxime sodium treatment after surgery. The differences of the probability of a nosocomial infection and CRP between the two groups who chose different medication time were compared. **Results** The observation group had 45 patients appearing abnormal temperature after surgery, and the temperature restoring normal time was  $(40.17 \pm 10.35)$  h. The control group had 59 patients appearing abnormal temperature after surgery, and the temperature restoring normal time was  $(56.35 \pm 9.87)$  h, which of the observation group were less than that of the control group, the differences were statistically significant ( $\chi^2 = 5.513, P = 0.019; t = 8.163, P = 0.000$ ). The levels of CRP and procalcitonin of the observation group after surgery were  $(2.34 \pm 0.66)$  mg/L,  $(2.48 \pm 0.79)$  mg/L, respectively, which were lower than those of the control group [ $(3.46 \pm 0.84)$  mg/L,  $(3.19 \pm 0.96)$  mg/L], the differences were statistically significant ( $t = 9.260, P = 0.000; t = 5.104, P = 0.000$ ). The observation group had 2 patients appeared incision infection after surgery, the control group had 9 patients appeared incision infection after surgery, there was statistically significant difference

between the two groups( $\chi^2 = 4.788, P = 0.029$ ). The hospitalization time of the observation group was ( $6.70 \pm 1.04$ ) d, which was shorter than ( $8.26 \pm 1.25$ ) d of the control group, there was statistically significant difference between the two groups( $t = 8.513, P = 0.000$ ). The quality of life score of the observation group after surgery was ( $85.63 \pm 15.30$ ) points, which was higher than ( $71.29 \pm 11.07$ ) points of the control group, there was statistically significant difference between the two groups( $t = -6.748, P = 0.000$ ). **Conclusion** Using cefuroxime sodium in the perioperative period can reduce the probability of nosocomial infection in surgical patients, improve the level of inflammation in vivo, shorten the hospital stay and improve the quality of life of patients.

**【Key words】** Department of obstetrics and gynecology; Surgery patient; Cefuroxime sodium; Nosocomial infection; C-reactive protein

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# 右美托咪定用于气管插管全身麻醉下腹部以下手术的效果观察

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**【摘要】 目的** 探讨右美托咪定用于气管插管全身麻醉下腹部以下手术的效果。**方法** 选取 2015 年 1 月至 2018 年 1 月山西大医院气管插管全身麻醉下行腹部以下手术的患者 100 例为研究对象,采用随机数字表法将患者分为观察组和对照组各 50 例。观察组术中给予右美托咪定静脉泵入,对照组术中不给予右美托咪定。比较两组麻醉前后的血压、心率,比较两组术后麻醉恢复期的自主呼吸恢复时间、睁眼时间、拔管时间、不良事件发生率、呛咳评分、躁动评分以及认知功能情况。**结果** 麻醉后,观察组的收缩压 $[(103.75 \pm 2.26) \text{ mmHg}]$ 、舒张压 $[(71.92 \pm 1.95) \text{ mmHg}]$ 、心率 $[(70.91 \pm 1.89) \text{ 次/min}]$ ,均高于对照组的 $(100.37 \pm 2.91) \text{ mmHg}$ 、 $(70.27 \pm 1.84) \text{ mmHg}$ 、 $(69.08 \pm 1.63) \text{ 次/min}$  ( $t = 6.487, 4.532, 5.185$ , 均  $P < 0.05$ )。在术后麻醉恢复期,观察组的自主呼吸恢复时间 $[(7.14 \pm 1.37) \text{ min}]$ 、睁眼时间 $[(9.85 \pm 2.31) \text{ min}]$ 、拔管时间 $[(20.57 \pm 2.94) \text{ min}]$ ,均短于对照组的 $(8.75 \pm 1.89) \text{ min}$ 、 $(12.41 \pm 2.97) \text{ min}$ 、 $(24.06 \pm 3.42) \text{ min}$  ( $t = 4.877, 4.811, 5.472$ , 均  $P < 0.05$ )。观察组不良事件总发生率(8%)低于对照组的 24% ( $\chi^2 = 4.762, P < 0.05$ )。观察组呛咳评分 $[(4.09 \pm 1.63) \text{ 分}]$ 、躁动评分 $[(4.27 \pm 1.96) \text{ 分}]$ ,均低于对照组的 $(6.24 \pm 2.18) \text{ 分}$ 、 $(6.51 \pm 2.32) \text{ 分}$  ( $t = 5.186, 5.215$ , 均  $P < 0.05$ )。手术后 6 h,观察组的简易精神状态量表(MMSE)评分 $[(23.95 \pm 2.13) \text{ 分}]$ 、词语记忆能力评分 $[(7.35 \pm 1.08) \text{ 分}]$ 、简单计算能力评分 $[(7.14 \pm 1.12) \text{ 分}]$ 、图片记忆能力评分 $[(7.26 \pm 1.17) \text{ 分}]$ ,均高于对照组的 $(20.47 \pm 1.91) \text{ 分}$ 、 $(6.17 \pm 0.94) \text{ 分}$ 、 $(5.89 \pm 1.04) \text{ 分}$ 、 $(6.02 \pm 0.89) \text{ 分}$  ( $t = 8.601, 5.828, 5.783, 5.965$ , 均  $P < 0.05$ )。**结论** 右美托咪定应用在气管插管全身麻醉下腹部以下手术中,有利于维持患者血流动力学稳定,还可促进患者术后意识恢复,预防麻醉恢复期不良事件,减轻麻醉对患者认知功能的影响。

**【关键词】** 麻醉,全身; 外科手术; 腹部; 血流动力学; 认知功能; 右美托咪定

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## Effect of dexmedetomidine on tracheal intubation under general anesthesia for abdominal surgery

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**【Abstract】 Objective** To study the effect of dexmedetomidine on tracheal intubation under abdominal anesthesia.

**Methods** From January 2015 to January 2018, 100 patients were selected to perform tracheal intubation under abdominal anesthesia in Shanxi Provincial Hospital of Taiyuan. A total of 100 patients under abdominal surgery were randomly divided into two groups, with 50 patients in each group. The observation group was given dexmedetomidine intravenous injection during the operation, while the control group was not given dexmedetomidine during the operation. The blood pressure and heart rate of the two groups were compared before and after anesthesia. The recovery time of spontaneous respiration, eye opening time, extubation time, incidence of adverse events, cough score and restlessness score were compared between the two groups, and the cognitive function of the two groups was compared. **Results** After anesthesia, the systolic blood pressure $[(103.75 \pm 2.26) \text{ mmHg}]$ , diastolic blood pressure $[(71.92 \pm 1.95) \text{ mmHg}]$ , heart rate $[(70.91 \pm 1.89) \text{ rpm}]$  in the observation group were significantly higher than those in the control group $[(100.37 \pm 2.91) \text{ mmHg}, (70.27 \pm 1.84) \text{ mmHg}, (69.08 \pm 1.63)]$  ( $t = 6.487, 4.532, 5.185$ , all  $P < 0.05$ ). The recovery time of spontaneous respiration $[(7.14 \pm 1.37) \text{ min}]$ , eye opening time $[(9.85 \pm 2.31) \text{ min}]$  and extubation time $[(20.57 \pm 2.94) \text{ min}]$  in the observation group were significantly shorter than those in the control group $[(8.75 \pm 1.89) \text{ min}, (12.41 \pm 2.97) \text{ min}, (24.06 \pm 3.42) \text{ min}]$  ( $t = 4.877, 4.811, 5.472$ , all  $P < 0.05$ ). The incidence rate of adverse events in the observation group (8%) was lower than 24% in the control group ( $\chi^2 = 4.762, P < 0.05$ ). The score of cough and the score of restlessness in the observation group were  $(4.09 \pm 1.63)$  and  $(4.27 \pm 1.96)$ ,



respectively, which were significantly lower than those in the control group[ (6.24 ± 2.18) and (6.51 ± 2.32) ] ( $t = 5.186, 5.215$ , all  $P < 0.05$ ). At 6 h after operation, the scores of MMSE, vocabulary memory, simple calculation and picture memory in the observation group were (23.95 ± 2.13), (7.35 ± 1.08), (7.14 ± 1.12) and (7.26 ± 1.17), respectively, which were higher than those in the control group[ (20.47 ± 1.91), (6.17 ± 0.94), (5.89 ± 1.04), (6.02 ± 0.89) ] ( $t = 8.601, 5.828, 5.783, 5.965$ , all  $P < 0.05$ ). **Conclusion** The application of dexmetomidine in patients under general anesthesia under tracheal intubation can effectively reduce the fluctuation of hemodynamic indicators after anesthesia, help to maintain the hemodynamic stability of patients, and promote the recovery of consciousness after operation. It can prevent adverse events during recovery of anesthesia and reduce the effect of anesthesia on cognitive function of patients.

**【Key words】** Anesthesia, general; Surgical procedures, operative; Abdomen; Hemodynamics; Cognitive function; Dexmetidine

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# 继续小剂量阿司匹林联合雷贝拉唑对消化性溃疡愈合的影响

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**【摘要】目的** 探讨阿司匹林相关性消化性溃疡出血止血后,继续小剂量阿司匹林联合雷贝拉唑对消化性溃疡愈合的影响,并探讨与溃疡愈合失败相关的独立因素。**方法** 收集福建医科大学附属第二医院 2016 年 6 月至 2018 年 6 月收治的阿司匹林引起上消化道溃疡出血患者 138 例的临床资料,患者经治疗无再活动性出血后采用随机数字表法分为两组,阿司匹林组( $n=68$ )接受阿司匹林 100 mg/d 加雷贝拉唑 80 mg/d 治疗 8 周,安慰剂组( $n=70$ )采用雷贝拉唑 80 mg/d 加安慰剂治疗 8 周。对有幽门螺杆菌感染的受试者用标准四联疗法治疗。观察两组消化性溃疡的愈合情况。**结果** 阿司匹林组溃疡愈合率 79.4% (54/68),安慰剂组溃疡愈合率 84.3% (59/70),两组差异无统计学意义( $\chi^2=0.552, P>0.05$ );阿司匹林组和安慰剂组各有 5 例溃疡再出血,再出血率分别为 7.4% (5/68) 和 7.1% (5/70),两组差异无统计学意义( $\chi^2=0.002, P>0.05$ )。影响阿司匹林相关性消化性溃疡愈合的因素中,愈合率与治疗期间使用类固醇( $\chi^2=6.135, P=0.041$ )和吸烟( $\chi^2=5.616, P=0.018$ )显著相关,其他因素包括年龄、高血压、糖尿病、饮酒、既往溃疡出血史、初始幽门螺杆菌状态和溃疡位置均未影响溃疡的愈合。**结论** 阿司匹林相关性消化性溃疡出血后,继续小剂量阿司匹林联合雷贝拉唑并不影响消化性溃疡的愈合,而使用类固醇、饮酒和吸烟是影响溃疡愈合的独立危险因素。

**【关键词】** 剂量效应关系,药物; 阿司匹林; 非甾体类抗炎药; 雷贝拉唑; 药物疗法,联合; 消化性溃疡出血; 消化性溃疡; 危险因素

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## Continuation of low-dose aspirin combined with rabeprazole on healing of peptic ulcer bleeding

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**【Abstract】 Objective** To investigate the effect of low-dose aspirin combined with rabeprazole on the healing of peptic ulcer after hemostasis with aspirin-related peptic ulcer bleeding, and to explore the independent factors associated with ulcer healing failure. **Methods** A total of 138 patients with acute upper gastrointestinal hemorrhage in the Department of Gastroenterology of the Second Affiliated Hospital of Fujian Medical University from June 2016 to June 2018 were enrolled. The clinical data of 138 patients with upper gastrointestinal ulcer bleeding caused by aspirin were analyzed. The patients were randomly divided into two groups. Aspirin group ( $n=68$ ) received aspirin 100 mg/d plus rabeprazole 80 mg/d, while the placebo group ( $n=70$ ) received rabeprazole 80 mg/d plus placebo. The patients were treated for 8 weeks. Subjects with *H. pylori* infection were treated with standard quadruple therapy. Follow-up endoscopy was performed at the end of 8 weeks. The primary endpoint was the healing of peptic ulcers. **Results** The ulcer healing rate was 79.4% (54/68) in the aspirin group and 84.3% (59/70) in the placebo group. There was no statistically significant difference between the two groups ( $\chi^2=0.552, P>0.05$ ). There were 5 cases of ulcer bleeding in aspirin group and placebo group. The rehaemorrhage rate was 7.4% (5/68) and 7.1% (5/70), respectively. There was no statistically significant difference between the two groups ( $\chi^2=0.002, P>0.05$ ). Among the factors affecting the healing of aspirin-associated peptic ulcer, the healing rate was significantly associated with steroid use during treatment ( $\chi^2=6.135, P=0.041$ ) and smoking status ( $\chi^2=5.616, P=0.018$ ). Other factors, including age, hypertension, diabetes, alcohol history, history of previous ulcer bleeding, initial *Helicobacter pylori* status, and ulcer location did not affect ulcer healing. **Conclusion** After aspirin-associated peptic ulcer bleeding, continued low-dose aspirin plus rabeprazole did not affect the healing of peptic ulcers, and the use of steroids and smoking status are independent risk factors for ulcer healing.

**【Key words】** Dose-response relationship, drug; Aspirin; Nonsteroidal antiinflammatory drugs; Rabeprazole; Drug therapy, combination; Peptic ulcer hemorrhage; Peptic ulcer; Risk factors

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# 丙泊酚与咪达唑仑对无创正压通气治疗患者预后的影响比较

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**【摘要】 目的** 比较丙泊酚与咪达唑仑对无创正压通气治疗患者预后的影响。**方法** 以 2014 年 10 月至 2016 年 12 月上海交通大学附属六院南院重症医学科收治的急性呼吸困难需应用无创通气治疗的患者 90 例为研究对象, 采用随机数字表法分为三组: 对照组(30 例)不予镇静治疗; 丙泊酚组(30 例)给予 0.5~1 mg/kg 负荷量后, 用微量泵静脉输注 1 mg·kg<sup>-1</sup>·h<sup>-1</sup> 进行维持; 咪达唑仑组(30 例)给予 0.05~0.1 mg/kg 负荷量后, 微量泵静脉输注 0.05~0.1 mg·kg<sup>-1</sup>·h<sup>-1</sup> 进行维持, 患者的镇静目标均为 Ramsay 评分为 2 级。比较各组的气管插管率、医院感染发生率、住 ICU 时间、住院时间、病死率及镇静相关的并发症。**结果** 丙泊酚组气管插管率[20.0% (6/30)]与咪达唑仑组[23.3% (7/30)]差异无统计学意义( $\chi^2 = 2.65, P > 0.05$ ), 对照组气管插管率[46.7% (14/30)]均明显高于丙泊酚组、咪达唑仑组( $\chi^2 = 4.21, 4.17$ , 均  $P < 0.05$ ); 丙泊酚组住 ICU 时间、住院时间分别为(7±3)d、(15±5)d, 咪达唑仑组分别为(8±4)d、(16±4)d, 对照组分别为(13±4)d、(20±6)d, 丙泊酚组、咪达唑仑组住 ICU 时间、住院时间均较对照组明显缩短( $t = 2.384, 2.371, 2.392, 2.389$ , 均  $P < 0.05$ ); 对照组 30 d 病死率、90 d 病死率分别为 20.0% (6/30)、30.0% (9/30), 丙泊酚组分别为 10.0% (3/30)、20.0% (6/30), 咪达唑仑组分别为 13.3% (4/30)、23.3% (7/30), 三组差异均无统计学意义(均  $P > 0.05$ ); 丙泊酚组、咪达唑仑组医院感染率发生率分别为 6.7% (2/30)、10.0% (3/30), 差异无统计学意义, 两组均明显低于对照组的 33.3% (10/30)( $\chi^2 = 4.32, 4.23$ , 均  $P < 0.05$ )。**结论** 对于伴有躁动的急性呼吸困难患者, 使用无创呼吸机后, 早期应用轻度镇静治疗, 可以提高患者的耐受率, 降低行气管插管的概率及医院感染发生率, 缩短住 ICU 时间, 无明显不良反应, 使用丙泊酚与咪达唑仑无明显差异。

**【关键词】** 丙泊酚; 咪达唑仑; 镇静; 连续气道正压通气; 呼吸, 人工; 呼吸困难; 交叉感染; 预后; 疗效比较研究

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## Effects of propofol and midazolam on the prognosis of patients treated with noninvasive positive pressure ventilation

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**【Abstract】 Objective** To compare the effects of propofol and midazolam on the prognosis of patients treated with noninvasive positive pressure ventilation. **Methods** A prospective, single-blind, randomized controlled trial (RCT) was conducted in 90 patients who were treated with noninvasive ventilation for acute dyspnea in the ICU of the Sixth People's Hospital Affiliated to Shanghai Jiaotong University from October 2014 to December 2016. They were randomly divided into three groups according to the digital table, with 30 cases in each group. The control group was not given sedation treatment. The propofol group was given propofol 0.5~1 mg/kg, and then administered by intravenous infusion of 1 mg·kg<sup>-1</sup>·h<sup>-1</sup> with a micropump. The midazolam group was given midazolam 0.05~0.1 mg/kg, and then with intravenous infusion of 0.05~0.1 mg·kg<sup>-1</sup>·h<sup>-1</sup> maintaining the patients' sedation goals (Ramsay score of 2). The vital signs and blood gas analysis indicators were recorded. The incidence of tracheal intubation, the incidence

of hospital infection, length of ICU and hospital stay, mortality and sedation – related complications were compared.

**Results** The tracheal intubation rate in the propofol group was similar to that in the midazolam group (20.0% vs. 23.3%,  $\chi^2 = 2.65, P > 0.05$ ), while the tracheal intubation rate (46.7%) in the control group was significantly higher ( $\chi^2 = 4.21, 4.17$ , all  $P < 0.05$ ). The length of ICU and hospital stay in the propofol group [(7 ± 3) d and (15 ± 5) d] and midazolam treatment group [(8 ± 4) d and (16 ± 4) d] were significantly shorter than those in the control group [(13 ± 4) d and (20 ± 6) d] ( $t = 2.384, 2.371, 2.392, 2.389$ , all  $P < 0.05$ ). The mortality rates of 30d (20.0%, 6/30) and 90d (30.0%, 9/30) in the control group were higher than those in the propofol group (10.0%, 3/30; 20.0%, 6/30), and the midazolam group (13.3%, 4/30; 23.3%, 7/30), but the differences were not statistically significant ( $P > 0.05$ ). The incidence rates of hospital infection in the propofol group and midazolam group were 6.6% (2 cases) and 10.0% (3 cases), which were significantly lower than 33.3% (10 cases) in the control group ( $\chi^2 = 4.32, 4.23$ , all  $P < 0.05$ ). **Conclusion** The use of mild sedation in patients of acute dyspnea treated with noninvasive positive pressure ventilation can improve the patients' tolerance rate, reduce the rate of tracheal intubation and the incidence of hospital infection, and decrease the length of ICU and hospital stay, without significant adverse reactions. There was no significant difference between propofol and midazolam.

**【Key words】** Propofol; Midazolam; Sedation; Continuous positive airway pressure; Respiration, artificial; Dyspnea; Cross infection; Prognosis; Comparative effectiveness research

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# 来氟米特联合白芍总苷治疗 类风湿关节炎疗效分析

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**【摘要】 目的** 观察来氟米特联合白芍总苷治疗类风湿关节炎的临床效果。**方法** 选择 2014 年 9 月至 2016 年 6 月酒泉市人民医院诊治的类风湿关节炎患者 83 例为研究对象,按照就诊顺序分为对照组 41 例和治疗组 42 例,两组患者均给予来氟米特治疗(20 mg,口服,1 次/d),治疗组加用白芍总苷(0.6 g,口服,3 次/d)治疗,两组疗程均为 1 个月。观察两组治疗前、后类风湿因子(RF)、红细胞沉降率(ESR)、C-反应蛋白(CRP)、D-二聚体等临床指标的变化及临床疗效。**结果** 治疗前,两组 RF、ESR、CRP、D-二聚体差异均无统计学意义(均  $P > 0.05$ )。治疗后,治疗组 RF、ESR、CRP、D-二聚体分别为(76.9 ± 25.6) U/L、(18.5 ± 6.3) mm/h、(15.4 ± 6.3) mg/L、(5.22 ± 4.65) mg/L,对照组分别为(99.6 ± 32.7) U/L、(27.8 ± 8.6) mm/h、(21.7 ± 7.8) mg/L、(14.08 ± 5.76) mg/L,两组差异均有统计学意义( $t = 3.480, 5.230, 4.680, 4.513$ ,均  $P < 0.05$ )。治疗组总有效率为 83.33%,高于对照组的 58.54%,两组差异有统计学意义( $\chi^2 = 5.330, P < 0.05$ )。**结论** 来氟米特联合白芍总苷治疗类风湿关节炎的临床效果优于单用来氟米特。

**【关键词】** 关节炎,类风湿; 白芍总苷; 来氟米特

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## Curative effect of leflunomide combined with total glucosides of paeony on rheumatoid arthritis

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**【Abstract】 Objective** To observe the clinical effect of leflunomide combined with total glucosides of paeony (TGP) on rheumatoid arthritis (RA). **Methods** From September 2014 to June 2016, 83 RA patients in Jiuquan People's Hospital were selected in the research, and according to time sequence seeing doctors, the patients were divided into control group (41 patients) and treatment group (42 patients). The patients of the two groups were orally given leflunomide (20 mg, 1 time/d), while the treatment group was added with TGP (0.6 g, 3 times/d). The patients of the two groups were treated for one month. The changes of clinical indicators such as RF, ESR, CRP, 2-dimer of the two groups before and after treatment were observed. **Results** Before treatment, the RF, ESR, CRP, 2-dimer between the two groups had no statistically significant differences (all  $P > 0.05$ ). After treatment, the RF, ESR, CRP, 2-dimer of treatment group were (76.9 ± 25.6) U/L, (18.5 ± 6.3) mm/h, (15.4 ± 6.3) mg/L, (5.22 ± 4.65) mg/L, respectively, which of the control group were (99.6 ± 32.7) U/L, (27.8 ± 8.6) mm/h, (21.7 ± 7.8) mg/L, (14.08 ± 5.76) mg/L, respectively, the differences between the two groups were statistically significant ( $t = 3.480, 5.230, 4.680, 4.513$ , all  $P < 0.05$ ). The total effective rate of the treatment group was 83.33%, which was higher than 58.54% of the control group, the difference was statistically significant ( $\chi^2 = 5.330, P < 0.05$ ). **Conclusion** The clinical effect of leflunomide combined with TGP in the treatment of RA is better than leflunomide.

**【Key words】** Arthritis, rheumatoid; Total glucosides of white paeony; Leflunomide

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# 脑心通胶囊对气虚血瘀型 2 型糖尿病并发脑梗死患者血脂和血液流变学的影响

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**【摘要】 目的** 观察脑心通胶囊对气虚血瘀型 2 型糖尿病并发脑梗死患者的血脂和血液流变学的影响。**方法** 选取 2015 年 2 月至 2017 年 2 月桐乡市中医院收治的气虚血瘀型 2 型糖尿病并发脑梗死患者共 96 例纳入研究,并采用随机数字表法分为观察组和对照组各 48 例,其中对照组依据指南仅采取常规治疗方案,观察组在对照组治疗的基础上加用脑心通胶囊。比较两组患者治疗前后的血脂指标[总胆固醇(TC)、三酰甘油(TG)、高密度脂蛋白胆固醇(HDL-C)、低密度脂蛋白胆固醇(LDL-C)]和血液流变学[红细胞比容(HCT)、红细胞沉降率(ESR)、红细胞电泳(EEP)、纤维蛋白原(Fib)]情况。**结果** 治疗后,观察组 LDL-C、TG、TC 及 HDL-C 分别为(1.8±0.3)mmol/L、(0.9±0.4)mmol/L、(2.1±0.4)mmol/L、(1.6±0.7)mmol/L,均低于对照组的(2.2±0.4)mmol/L、(1.2±0.6)mmol/L、(2.3±0.3)mmol/L、(1.3±0.4)mmol/L( $t=5.54, 2.88, 3.18, 2.58$ , 均  $P<0.05$ );观察组 HCT、ESR、EEP、Fig 分别为(41.5±1.3)%、(16.5±2.1)mm/h、(292.1±18.3)s、(7.6±0.4)g/L,均低于对照组的(45.6±1.4)%、(21.1±3.2)mm/h、(332.3±19.2)s、(8.2±0.3)g/L( $t=14.87, 8.33, 10.50, 8.31$ , 均  $P<0.05$ )。**结论** 脑心通胶囊用于气虚血瘀型 2 型糖尿病并发脑梗死患者临床疗效确切,能够有效改善患者的血脂及血液流变学相关指标,有利于稳定颈动脉斑块,值得临床推广应用。

**【关键词】** 糖尿病,2 型; 糖尿病并发症; 脑梗死; 脑缺血; 血脂异常; 血液流变学; 脑心通胶囊  
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## Effect of Naoxintong capsule on blood lipids and hemorheology in the treatment of type 2 diabetes mellitus patients complicated with cerebral infarction with Qi deficiency and blood stasis type

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**【Abstract】 Objective** To observe the effect of Naoxintong capsule on blood lipid and hemorheology in the treatment of type 2 diabetes mellitus patients complicated with cerebral infarction with Qi deficiency and blood stasis type. **Methods** From February 2015 to February 2017, 96 type 2 diabetes mellitus patients complicated with cerebral infarction with Qi deficiency and blood stasis type who treated in the Traditional Chinese Medicine Hospital of Tongxiang were selected in the research. The patients were randomly divided into two groups according to the digital table, with 48 cases in each group. The control group was treated with routine treatment scheme, while the observation group was added Naoxintong capsule. The blood lipids and hemorheology data before and after treatment were compared between the two groups. **Results** After treatment, the levels of LDL-C, TG, TC and HDL-C in the observation group were (1.8±0.3)mmol/L, (0.9±0.4)mmol/L, (2.1±0.4)mmol/L, (1.6±0.7)mmol/L, respectively, which were lower than those in the control group[(2.2±0.4)mmol/L, (1.2±0.6)mmol/L, (2.3±0.3)mmol/L, (1.3±0.4)mmol/L] ( $t=5.54, 2.88, 3.18, 2.58$ , all  $P<0.05$ ). The HCT, ESR, EEP, Fig in the observation group were (41.5±1.3)% , (16.5±2.1)mm/h, (292.1±18.3)s, (7.6±0.4)g/L, respectively, which were lower than those in the control group[(45.6±1.4)% , (21.1±3.2)mm/h, (332.3±19.2)s, (8.2±0.3)g/L] ( $t=14.87, 8.33, 10.50, 8.31$ , all  $P<0.05$ ). **Conclusion** Naoxintong capsule is effective in the treatment of type 2 diabetes mellitus patients complicated with cerebral infarction with Qi deficiency and blood stasis type, and can effectively improve the related indicators of blood lipids and hemorheology and stabilize the carotid artery plaque, it is worthy of clinical application.

**【Key words】** Diabetes mellitus, type 2; Diabetes complications; Brain infarction; Brain ischemia; Dyslipidemias; Hemorheology; Naoxintong capsule

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# 稳心颗粒联合常规治疗对阵发性心房颤动患者心功能、心室重构及局部炎性反应的影响

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**【摘要】 目的** 探讨稳心颗粒联合常规治疗对阵发性心房颤动(PAF)患者心功能、心室重构及局部炎性反应的影响。**方法** 选取2016年2月至2017年2月台州市中西医结合医院收治的116例PAF患者,按照随机数字表法分为对照组(55例)和联合组(61例)。对照组给予常规盐酸胺碘酮片和马来酸依那普利片治疗,联合组在对照组基础上联合稳心颗粒治疗。比较两组患者临床疗效,对比分析两组患者治疗前后心功能、炎性反应水平及心室重构指标,观察并分析两组患者不良反应发生情况。**结果** 联合组临床疗效总有效率为93.44%,明显高于对照组的76.36%,差异有统计学意义( $\chi^2 = 6.745, P < 0.05$ )。联合组治疗后的左房内径、左室内径短轴缩短率(FS)和心脏指数(CI)水平均明显高于对照组及治疗前(均  $P < 0.05$ )。联合组治疗后p波离散度(Pd)水平为(47.16 ± 0.80)ms;对照组治疗后Pd水平为(50.25 ± 0.75)ms,联合组明显低于对照组及治疗前( $t = 21.395, 48.318$ , 均  $P < 0.05$ )。联合组治疗后高敏C-反应蛋白(hs-CRP)和B型尿钠肽(BNP)水平分别为(7.12 ± 2.71)mg/L、(118.43 ± 11.16)ng/L;对照组治疗后hs-CRP和BNP水平分别为(11.21 ± 2.89)mg/L、(123.65 ± 11.27)ng/L,联合组均明显低于对照组及治疗前( $t = 7.865, 2.504, 8.585, 8.752$ , 均  $P < 0.05$ )。联合组治疗后左心室射血分数(LVEF)水平高于对照组及治疗前( $t = 4.785, 10.573$ , 均  $P < 0.05$ );左心室舒张末期径(LVEDD)和左心室搏出量(LVSV)水平均明显低于对照组及治疗前( $t = 9.089, 2.313, 10.890, 4.299$ , 均  $P < 0.05$ )。联合组不良反应总发生率为6.56%,略低于对照组的7.28%,但差异无统计学意义( $\chi^2 = 0.023, P > 0.05$ )。**结论** 稳心颗粒联合常规治疗PAF的临床疗效显著提升,心功能明显改善,可有效延缓心室重构,局部炎性反应水平显著下降,安全性高。

**【关键词】** 心房颤动; 稳心颗粒; 胺碘酮; 马来酸依那普利; 心脏功能试验; 心室重构; 炎症; 疗效比较研究

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## Effect of Wenxin granule combined with routine therapy on cardiac function, ventricular remodeling and local inflammatory response in patients with paroxysmal atrial fibrillation

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**【Abstract】 Objective** To explore the effects of Wenxin granule combined with conventional therapy on cardiac function, ventricular remodeling and local inflammatory response in patients with paroxysmal atrial fibrillation (PAF). **Methods** From February 2016 to February 2017, 116 patients with PAF in the Integrated Traditional Chinese and Western Medicine Hospital of Taizhou were randomly divided into control group (55 cases) and combined group (61 cases) according to the digital table. The control group was treated with routine amiodarone hydrochloride tablets and enalapril maleate tablets, and the combined group was treated with Wenxin granule on the basis of the control group. The clinical efficacy of the two groups was compared, and the cardiac function, the level of inflammatory reaction and the index of ventricular remodeling before and after treatment were compared and analyzed in the two groups. The adverse reactions were observed and analyzed in the two groups. **Results** The total effective rate in the combined group was 93.44%, which was significantly higher than 76.36% in the control group ( $\chi^2 = 6.745, P < 0.05$ ). After treatment, the left atrial diameter, the FS and CI levels in the combined group were significantly higher than those in the control group and before treatment (all  $P < 0.05$ ). The level of Pd in the combined group after treatment was (47.16 ± 0.80)ms, which was significantly lower than that in the control group [(50.25 ± 0.75)ms] and that before treatment ( $t = 21.395, 48.318$ , all  $P < 0.05$ ). The levels of hs-CRP and BNP in the combined group

were  $(7.12 \pm 2.71)$  mg/L,  $(118.43 \pm 11.16)$  ng/L, respectively, which were significantly lower than those in the control group [ $(11.21 \pm 2.89)$  mg/L,  $(123.6 \pm 11.27)$  ng/L] and before treatment ( $t = 7.865, 2.504, 8.585, 8.752$ , all  $P < 0.05$ ). After treatment, the LVEF level in the combined group was higher than that in the control group and before treatment ( $t = 4.785, 10.573$ , all  $P < 0.05$ ). The LVEDD and LVSV levels in the combined group were significantly lower than those in the control group and before treatment ( $t = 9.089, 2.313, 10.890, 4.299$ , all  $P < 0.05$ ). The total incidence rate of adverse reactions in the combined group was 6.56%, which was slightly lower than 7.28% in the control group, but there was no statistically significant difference between the two groups ( $\chi^2 = 0.023$ ,  $P > 0.05$ ). **Conclusion** Wenxin granule combined with routine treatment in the treatment of PAF can significantly improve the clinical efficacy, improve the cardiac function obviously, delay the ventricular remodeling, decrease the level of local inflammatory reaction significantly and the safety is high.

**【Key words】** Atrial fibrillation; Wenxin Granule; Amiodarone; Enalapril Maleate; Heart function tests; Ventricular remodeling; Inflammation; Comparative effectiveness research

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# 采用根管填充环氧树脂类糊剂治疗根尖周炎的临床效果观察

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**【摘要】 目的** 探讨根管填充环氧树脂类糊剂治疗根尖周炎患者临床效果。**方法** 选择 2017 年 1 月至 2018 年 1 月桐乡市第四人民医院接受诊治的根尖周炎患者 60 例作为观察对象,按照随机数字表法分为两组,分别为试验组和对照组,每组 30 例。试验组采用根管填充环氧树脂类糊剂治疗,对照组采用传统根管糊剂填充治疗。两组治疗前首先进行牙 X 线检查,确定牙周根尖情况,常规开髓术,完善根管预备且冲洗,拔髓。比较两组治疗后 1 周疼痛效果,治疗后 6 个月疗效情况。**结果** 试验组治疗后 1 周疼痛 0 级患者 (66.67%) 明显多于对照组 (36.67%), 差异有统计学意义 ( $\mu = 5.41, P = 0.019$ )。试验组治疗后 6 个月有效率 (90.00%) 高于对照组 (63.33%), 差异有统计学意义 ( $\mu = 5.96, P = 0.013$ )。**结论** 根管填充环氧树脂类糊剂治疗根尖周炎患者临床效果显著,值得临床推广应用。

**【关键词】** 根尖周炎; 根管充填材料; 环氧树脂; 临床效果

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## Clinical effect of root canal filled epoxy resin paste on periapical periodontitis

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**【Abstract】 Objective** To investigate the clinical effect of root canal filled epoxy resin paste in the treatment of periapical periodontitis. **Methods** From January 2017 to January 2018, 60 cases of periapical periodontitis in the Fourth People's Hospital of Tongxiang were selected and divided into two groups according to the random table method, with 30 cases in each group. The observation group was treated with root canal filling with epoxy resin paste, while the control group was treated with traditional root canal paste. The two groups were first examined by X ray examination before treatment, to determine the periodontal root tip condition, conventional pulp opening, root canal preparation and irrigation, and pullout. The pain effects of the two groups after 1 week of treatment were compared, and the efficacy of 6 months after treatment was compared. **Results** The pain level 0 in the observation group at 1 week after treatment (66.67%) was significantly higher than that in the control group (36.67%) ( $\mu = 5.41, P = 0.019$ ). The effective rate at 6 months after treatment in the observation group (90.00%) was higher than that in the control group (63.33%) ( $\mu = 5.96, P = 0.013$ ). **Conclusion** The root canal filling epoxy resin paste has significant clinical effect in the treatment of periapical periodontitis, and it is worthy of clinical application.

**【Key words】** Periapical periodontitis; Root canal filling materials; Epoxy resins; Clinical effect

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## 缺血性小动脉卒中强化二级预防 与标准预防的效果比较

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**【摘要】** 目的 比较缺血性小动脉卒中强化二级预防和标准预防复发率的效果。方法 本研究前瞻性连续性对 2013 年 9 月至 2014 年 6 月期间晋城市人民医院神经内科收治的缺血性小动脉卒中患者 176 例进行改良急性卒中治疗 org10172 试验(TOAST)分型及为期 1 年的随访。采用随机数字表法分为观察组( $n = 85$ )和对照组( $n = 91$ )。两组患者均按指南规范进行标准二级预防和健康宣教,1 个月随访 1 次,观察组则强化卒中二级预防,第 1 个月每周进行随访,第 2~3 个月每 2 周进行随访,第 4~6 个月每 3 周随访,第 7~12 个月每月进行随访。分别于出院后 1 个月、3 个月、6 个月、12 个月 4 个时间点对患者应用抗血小板聚集药物、他汀类药物及降血压药物的依从性进行统计、分析,并同时随访患者的生化指标进行监测、分析。结果 在服药依从性方面,观察组和对照组比较差异有统计学意义( $\chi^2 = 10.506, P = 0.005$ )。观察组的复发率为 22.4%,明显低于对照组的 42.9%,差异有统计学意义( $P < 0.05$ )。两组在吸烟情况、各时段的血压达标率、低密度脂蛋白胆固醇(LDL-C)控制达标率以及其他生化指标比较差异均无统计学意义(均  $P > 0.05$ )。结论 通过医护人员的电话随访,加强督促等实施强化二级预防方法可以改善患者的服药依从性,减少卒中复发情况。

**【关键词】** 卒中; 脑缺血; 二级预防; 复发; 药物治疗依从性

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### Study on the effect of two-stage prevention and standard prevention for patients with ischemic arterioles stroke

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## 口腔正畸结合修复治疗安氏 II 类错殆畸形的疗效分析

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**【摘要】** 目的 探讨口腔正畸结合修复治疗安氏 II 类错殆畸形的效果,为临床提供参考。方法 以烟台市莱阳中心医院 2014 年 10 月至 2017 年 5 月收治的安氏 II 类错殆畸形患者 50 例为观察对象,采用随机数字表法分为两组,联合组 25 例,应用口腔正畸结合修复治疗;常规组 25 例,应用常规修复治疗。随访半年,比较两组临床效果、菌斑指数、探诊深度、满意度评分及生活质量评分。**结果** 联合组总有效率为 100.00%,高于常规组的 80.00% ( $\chi^2 = 5.555, P < 0.05$ );联合组菌斑指数、探诊深度分别为  $(0.78 \pm 0.12)$ 、 $(1.25 \pm 0.23)$  cm,常规组分别为  $(0.71 \pm 0.14)$ 、 $(1.28 \pm 0.30)$  cm,两组差异均无统计学意义 ( $t = 1.898, 0.396, P = 0.063, 0.693$ );联合组治疗后患者满意度评分  $[(85.62 \pm 3.61)$  分] 高于常规组  $[(80.24 \pm 3.28)$  分],生活质量评分  $[(14.15 \pm 2.57)$  分] 低于常规组  $[(26.24 \pm 2.25)$  分],两组差异均有统计学意义 ( $t = 5.515, 17.697, P = 0.000, 0.000$ )。**结论** 口腔正畸结合修复治疗安氏 II 类错殆畸形的效果优于常规修复治疗,患者的满意度高。

**【关键词】** 正畸学,矫正; 牙制备,口腔修复; 牙畸形; 错殆,安氏 II 类

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### Clinical analysis of orthodontic treatment combined with orthodontic repair in the treatment of class II malocclusion

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## 高分辨率 CT 尘肺分期与肺功能的相关性研究

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**【摘要】** 目的 探讨高分辨率 CT(HRCT)尘肺分期与患者肺功能检测指标之间的相关性。方法 选取连云港市第二人民医院医学影像科 2007 年 9 月至 2017 年 12 月按照肺病诊断标准诊断为尘肺的患者共 66 例,其中一期 34 例,二期 22 例,三期 10 例。所有患者均接受高千伏胸片摄片、HRCT 扫描和肺功能检查,对检查结果进行统计学分析。**结果** HRCT 比高千伏胸片对尘肺圆形小阴影检出率高,差异有统计学意义(HRCT 圆形小阴影检出 62 例,高千伏胸片圆形小阴影检出 43 例, $\chi^2 = 16.808, P < 0.001$ );两者对不规则形小阴影检出率比较差异无统计学意义( $\chi^2 = 2.418, P = 0.182$ )。不同 HRCT 分期尘肺患者第一秒最大呼气量与用力肺活量的比值( $FEV_1/FVC$ )、残气量与肺总量比值( $RV/TLC$ )和一氧化碳弥散量( $DL_{CO}$ )之间比较差异有统计学意义[一期、二期、三期尘肺患者  $FEV_1/FVC$  分别为:( $79.15 \pm 7.25$ )%、( $75.41 \pm 8.38$ )%和( $43.50 \pm 10.92$ )%, $F = 74.356, P < 0.001$ ;一期、二期、三期尘肺患者  $RV/TLC\%$  分别为:( $32.12 \pm 4.37$ )、( $37.59 \pm 5.22$ )和( $43.70 \pm 4.57$ ), $F = 26.156, P < 0.001$ ;一期、二期、三期尘肺患者  $DL_{CO}(\%P)$  分别为:( $82.85 \pm 4.81$ )、( $73.14 \pm 5.71$ )和( $59.50 \pm 6.90$ ), $F = 75.493, P < 0.001$ ]。**结论** HRCT 对尘肺诊断和分期更准确,尘肺患者可出现不同程度肺功能异常,且与不同 HRCT 分期相关。

**【关键词】** 尘肺; 体层摄影术,X 线计算机; 分期; 肺功能

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### Correlation of the high-resolution CT stage and pulmonary function in pneumoconiosis

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## 多元化健康教育对改善老年骨质疏松骨折患者生活质量的影响

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**【摘要】** 目的 探讨多元化健康教育对改善老年骨质疏松骨折患者生活质量的影响。方法 选取 2012 年 1 月至 2017 年 6 月金华市第二医院老年科收治的 90 例老年骨质疏松骨折患者,采用随机数字表法分为观察组和对照组,每组 45 例,其中观察组采用多元化健康教育进行护理干预,对照组采用常规护理干预,对比分析两组患者在临床中的效果。结果 观察组总有效率(95.56%)优于对照组总有效率(71.11%),差异有统计学意义( $\chi^2 = 16.021, P < 0.05$ );观察组生活质量各项评分[(48.35 ± 13.27)分、(78.66 ± 13.21)分、(72.74 ± 14.48)分、(78.69 ± 14.52)分]均优于对照组[(51.22 ± 12.67)分、(63.85 ± 12.34)分、(68.77 ± 16.29)分、(68.34 ± 10.55)分],差异均有统计学意义( $t = 6.241, 9.882, 8.135, 9.047$ , 均  $P < 0.05$ )。观察组发生二次骨折 1 例,发生率为 2.22%,对照组发生二次骨折 6 例,发生率为 13.33%,差异有统计学意义( $\chi^2 = 17.825, P < 0.05$ )。结论 多元化健康教育可促进老年骨质疏松骨折患者骨折愈合,降低二次骨折发生率,并显著提高患者生活质量。

**【关键词】** 骨质疏松性骨折; 健康教育; 护理; 老年人

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### Role of diversified health education in improving the quality of life of elderly patients with osteoporotic fracture

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## 预习 - 主题 - 案例教学法对重症监护室实习护士教学效果的影响

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**【摘要】** 目的 预习 - 主题 - 案例教学法对重症监护室实习护士教学效果的影响。方法 选取在永康市第一人民医院重症医学科(ICU)进行实习的护士为研究对象,其中 2012 - 2014 年学年的 39 名实习护士为对照组,2015 - 2017 学年的 41 名实习护士为观察组。对照组采用传统教学模式,一对一带教模式,观察组以实习大纲为指导,采用预习 - 主题 - 案例教学法进行教学。评价两组实习护士期末考核成绩、两组实习护士培训前后的自我效能评分及两组实习护士对培训的满意度。**结果** 观察组实习护士患者沟通、护理记录书写、知识点考核以及笔试总成绩高于对照组,差异均有统计学意义( $t = 6.48, 2.67, 6.67, 9.06$ , 均  $P < 0.05$ );观察组实习护士急救、接诊、床边实践及操作总成绩均高于对照组,差异均有统计学意义( $t = 6.11, 4.08, 5.16, 7.45$ , 均  $P < 0.05$ );观察组实习护士平时作业成绩、平时总成绩均高于对照组,差异均有统计学意义( $t = 3.60, 3.55$ , 均  $P < 0.05$ );两组实习护士培训后各项自我效能评定包括自我教育积极性、对自我工作职责的认知,独立学习机工作的能力、质疑性思考能力均有所升高(对照组  $t = 5.92, 9.04, 5.41, 7.39$ , 均  $P < 0.05$ ;观察组  $t = 11.63, 13.29, 4.99, 11.85$ , 均  $P < 0.05$ ),而观察组实习护士各项评分改善较对照组实习护士显著(培训前  $t = 0.25, 0.27, 0.46, 0.26$ ,  $P = 0.40, 0.39, 0.32, 0.39$ , 培训后  $t = 6.13, 4.72, 5.26, 3.93$ , 均  $P < 0.05$ ),差异均有统计学意义(均  $P < 0.05$ );对照组中实习护士总满意度为 69.23%;观察组总满意度为 92.68%。两组实习护士满意度比较差异有统计学意义( $\chi^2 = 28.62, P = 0.00$ )。**结论** 预习 - 主题 - 案例教学法对重症监护室实习护士教学效果显著,可提高实习护士对相关知识的掌握程度,并提高自我效能评分及对培训的满意度,因此值得临床教学使用推广。

**【关键词】** 程序教学; 预习 - 主题 - 案例教学法; 重症医学; 实习; 教学满意度

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**Effect of preview - theme - case teaching method on the teaching effect of intern nurses in intensive care unit**

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## 低聚壳聚糖溶液在重症监护室气管插管机械通气患者口腔护理中的应用

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**【摘要】** 目的 分析低聚壳聚糖溶液在气管插管机械通气患者口腔护理中的应用效果。方法 选择苏州大学附属常熟医院(常熟市第一人民医院)2016年6月至2017年4月收治的气管插管机械通气的患者120例为研究对象,采用随机数字表法分为对照组、试验组各60例,对照组采用0.9%氯化钠注射液+氯己定溶液进行口腔护理,试验组在对照组基础上分别在两侧颊部、上颚、舌部四个方向外喷低聚壳聚糖溶液。比较两组护理前后的口腔表现、口腔溃疡以及呼吸机相关性肺炎(VAP)发生率。结果 试验组舌及舌苔阳性率为3.3%(2/60),口臭阳性率为6.7%(4/60),口腔溃疡发生率为31.7%(19/60),VAP发生率为5.0%(3/60),均明显低于对照组的13.3%(8/60)、21.7%(13/60)、68.3%(41/60)、21.7%(13/60),两组差异均有统计学意义( $\chi^2=4.83, 5.17, 5.39, 5.57$ , 均 $P<0.05$ )。结论 在ICU气管插管机械通气患者中采用低聚壳聚糖溶液进行口腔护理可有效改善口腔不良表现,抑制口腔溃疡与VAP发生率,具有良好临床应用价值。

**【关键词】** 重症监护病房; 感染控制,口腔; 肺炎,呼吸机相关性; 低聚壳聚糖溶液; 护理

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### Application of oligosaccharide solution in oral nursing of patients with tracheal intubation mechanical ventilation in intensive care unit

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## 聚焦解决模式在肺癌患者术前心理干预中的应用效果

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**【摘要】** **目的** 探讨聚焦解决模式在肺癌患者术前心理干预中的应用效果。**方法** 回顾性分析 2016 年 3 月至 2017 年 12 月舟山医院手术治疗的肺癌患者 130 例的临床资料,根据护理方法不同分为对照组和观察组,每组 65 例。对照组患者采用常规护理,观察组采取聚焦解决护理模式,分析两组患者护理情况。**结果** 观察组干预后匹兹堡睡眠质量指数量表评分为(8.02 ± 1.13)分,汉密尔顿焦虑量表评分为(6.86 ± 1.38)分,汉密尔顿抑郁量表评分为(6.35 ± 1.57)分,对照组干预后分别为(13.23 ± 1.85)分,(11.19 ± 2.43)分,(12.46 ± 2.53)分,组间比较差异均有统计学意义( $t = 5.198, 6.013, 5.027$ , 均  $P < 0.05$ )。观察组躯体功能评分为(76.36 ± 4.55)分,心理功能评分为(85.17 ± 4.18)分,社会功能评分为(83.18 ± 3.89)分、物质功能评分为(79.88 ± 4.59)分,生活质量总分评分为(78.59 ± 5.15)分,对照组分别为(63.76 ± 2.15)分、(68.16 ± 2.25)分、(60.14 ± 2.35)分、(62.31 ± 2.66)分、(65.95 ± 2.53)分,组间差异均有统计学意义( $t = 6.273, 6.983, 8.938, 9.328, 8.108$ , 均  $P < 0.05$ )。**结论** 聚焦解决模式应用在肺癌手术患者中能够减轻患者术前心理负性情绪,改善患者睡眠质量,提升围手术期总体生活质量,值得在临床推广应用。

**【关键词】** 护理; 肺肿瘤; 外科手术; 心理疗法; 抑郁; 焦虑; 睡眠; 生活质量

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### Application effect of focused solution in preoperative psychological intervention for patients with lung cancer

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## 品管圈护理模式对艾滋病患者服药依从性的影响

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**【摘要】 目的** 探讨品管圈护理模式对艾滋病患者服药依从性的影响。**方法** 选取太原市第四人民医院 2016 年 1 月至 2017 年 10 月收治的艾滋病患者 90 例为研究对象,按照患者入院顺序进行分组,分为对照组和观察组,每组 45 例。给予对照组患者临床常规护理,给予观察组患者品管圈护理干预。对比两组患者的治疗依从性和患者对护理的满意度。**结果** 干预前,两组患者治疗依从率差异无统计学意义( $P > 0.05$ );干预后,观察组、对照组患者治疗依从性分别为 95.56% (43/45)、82.22% (37/45),组间差异有统计学意义( $\chi^2 = 4.050, P < 0.05$ );观察组、对照组患者对护理满意度分别为 97.78% (44/45)、86.67% (39/45),组间差异有统计学意义( $\chi^2 = 3.872, P < 0.05$ )。**结论** 艾滋病患者在临床治疗过程中采用品管圈护理干预模式可以有效地提高患者治疗依从性和患者对护理的满意度。

**【关键词】** 品管圈; 艾滋病; 依从性

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### Effect of quality control system on compliance of AIDS patients

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# 优质护理对下肢深静脉血栓介入治疗患者疗效、生活质量、依从性及心理的影响

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**【摘要】 目的** 探讨优质护理对下肢深静脉血栓介入治疗患者疗效、生活质量、依从性及心理的影响。**方法** 选择浙江省台州医院 2015 年 1 月至 2018 年 1 月收治的 100 例下肢深静脉血栓介入治疗患者,随机数字表法分为对照组 50 例,采用传统常规护理;观察组 50 例,采用优质护理。观察比较两组临床疗效、生活质量、依从性及心理。**结果** 观察组临床疗效总有效率 92%,显著优于对照组的 76% ( $\chi^2 = 4.73, P < 0.05$ );观察组生存质量评分在总体健康、躯体功能、躯体角色、活力(VT)、情绪角色及心理卫生均显著优于对照组 ( $t = 4.18, 5.85, 4.25, 6.29, 4.37, 5.62$ , 均  $P < 0.05$ );两组遵医行为均有显著改善 ( $t = 3.42, 4.62, 3.51, 4.39, 3.19, 4.71$ , 均  $P < 0.05$ ),且观察组显著优于对照组 ( $t = 3.61, 3.64, 3.48$ , 均  $P < 0.05$ );两组患者 HAMD 及 HAMA 评分护理前无统计学差异 ( $t = 0.75, 0.93$ , 均  $P > 0.05$ ),对照组护理后 HAMD 评分及 HAMA 评分分别为  $(17.13 \pm 2.14)$  分、 $(18.24 \pm 2.15)$  分,观察组护理后 HAMD 评分及 HAMA 评分分别为  $(9.08 \pm 2.37)$  分、 $(9.18 \pm 1.94)$  分,均较护理前显著降低 ( $t = 6.95, 10.64, 8.37, 10.46$ , 均  $P < 0.05$ ),且观察组显著低于对照组 ( $t = 9.63, 7.51$ , 均  $P < 0.05$ )。**结论** 优质护理能有效提高下肢深静脉血栓介入治疗患者疗效,提高其生活质量和临床依从性,改善负面心理,值得临床应用。

**【关键词】** 护理; 静脉血栓栓塞; 介入治疗; 生活质量; 依从性; 心理

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## Effect of high quality nursing on the efficacy, quality of life, compliance and psychology of patients with deep venous thrombosis in lower limbs

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## 在社区医疗工作中实施冠心病三级预防的问题分析

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**【摘要】** 以“冠心病三级预防”为检索词, 在《中国知网期刊数据库》中检索 2014-2018 年国内医药文献, 对社区医疗中冠心病三级预防的实施情况、存在的问题进行分析。存在的问题主要有: (1) 冠心病高危患者对疾病的认知水平有限, 不能及时就诊。(2) 社区医务人员对辖区内冠心病的高危人群不能定期进行规范地筛查。(3) 患者对规范化三级预防治疗的方案及必要性不能完全理解。(4) 规范化三级预防的经济成本较高, 治疗的依从性低。(5) 社区全科医生与心血管病专科医生对冠心病三级预防认知不能同质化。建议: (1) 在社区医疗中, 要规范实施冠心病三级预防治疗, 除了应重点关注患者的健康教育问题、定期筛查高危患者外, 还应指定心血管病专科医生定期对社区医生进行专业培训。(2) 政府层面也可对因为经济原因、不能坚持规范化治疗的低收入患者, 给予适当的政策帮扶。

**【关键词】** 冠状动脉疾病; 高血压; 糖尿病; 高脂血症; 危险因素; 社区卫生服务; 预防; 问题解决

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### Analysis of the problems in the implementation of three – level prevention of coronary disease in community medical treatment

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**【Abstract】** The "three – level prevention of coronary heart disease" was selected as the search term, the domestic medical literature from 2014 to 2018 was searched in the China Knowledge Network Journal Database, and the implementation and problems of the third – level prevention of coronary heart disease in community medical treatment was analyzed. The main problems are: (1) high – risk patients with coronary heart disease have limited knowledge of the disease and cannot be treated in time; (2) community medical personnel cannot regularly and regularly screen the high – risk groups of coronary heart disease in the area; (3) patients cannot fully understand the scheme and necessity of standardized tertiary prevention and treatment; (4) the economic cost of standardized third – level prevention is high, and the compliance of treatment is low; (5) community general practitioners and cardiovascular specialists cannot homogenize the cognitive knowledge of coronary heart disease. Recommendations: (1) In community health care, it is necessary to standardize the implementation of tertiary prevention and treatment of coronary heart disease. In addition to focusing on the health education of patients and regularly screening high – risk patients, cardiovascular specialists should also be designated to regularly conduct professional training for community doctors; (2) At the government level, appropriate policy assistance can be given to low – income patients who are unable to adhere to standardized treatment for economic reasons.

**【Key words】** Coronary disease; Hypertension; Diabetes; Hyperlipidemia; Risk factors; Community health services; Prevention; Problem solving

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