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中西医结合治疗老年心力衰竭合并 2 型糖尿病的疗效观察 *

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摘要 目的:研究中医强心贴穴位贴敷结合常规西医治疗老年心力衰竭合并 2 型糖尿病患者的临床疗效,为中西医结合治疗老年心力衰竭合并 2 型糖尿病提供理论依据。**方法:**选择 2014 年 11 月-2016 年 5 月于我院诊断与治疗的 100 例老年心力衰竭合并 2 型糖尿病患者,将其随机分为观察组与对照组,每组各 50 例,对照组患者仅给予常规抗心衰以及降血糖治疗,观察组患者在对照组治疗基础上加用强心贴穴位贴敷治疗。比较两组患者治疗前后左心室舒张末期径(LVEDD)、左心室射血分数(LVEF)、6 min 步行距离以及甘油三酯(TG)、总胆固醇(TC)、低密度脂蛋白胆固醇(LDL-C)、空腹血糖以及餐后两小时血糖水平的变化及治疗后的临床疗效,并采用 SF-36 量表评价治疗前后生活质量。**结果:**两组患者治疗后 LVEDD、血清 TG、LDL-C、TC 水平均较治疗前显著降低、LVEF、6 min 步行距离较治疗前显著升高,且观察组治疗后 LVEDD、血清 TG、LDL-C 水平均明显低于对照组,LVEF、6 min 步行距离、生理职能、社会功能、精神健康、躯体疼痛、情感职能、总体健康、活力评分、生理功能评分均显著高于对照组($P<0.05$),观察组治疗总有效率为 92.00%,显著高于对照组(72.00%, $P<0.05$);两组治疗后空腹血糖以及餐后两小时血糖比较差异无统计学意义($P>0.05$)。**结论:**相较于常规西医治疗,中医强心贴穴位贴敷联合西医治疗能够有效增强老年心力衰竭合并 2 型糖尿病患者的的心脏功能,降低血脂水平,提高临床疗效。

关键词:中西医结合;老年心力衰竭;2 型糖尿病;强心贴;穴位贴敷

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Observation on the Clinical Effects of Combination of Chinese Traditional and Western Medicine on the Elderly Heart Failure Patients with Type 2 Diabetes*

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ABSTRACT Objective: To study the clinical efficacy of traditional Chinese medicine and traditional western medicine in the treatment of elderly patients with heart failure and type 2 diabetes, and provide a theoretical basis for the combination of traditional Chinese and Western medicine in the treatment of senile heart failure and type 2 diabetes. **Method:** From November 2014 to May 2016, 100 cases of senile heart failure combined with type 2 diabetes diagnosed and treated in our hospital were randomly divided into the observation group and the control group, with 50 cases in each group. Patients in the control group were given conventional anti heart failure and hypoglycemic therapy, patients in the observation group were treated with Acupoint Application of Qiangxin plaster on the basis of control group. The changes of left ventricular end diastolic diameter (LVEDD), left ventricular ejection fraction (LVEF), 6min walking distance, triglyceride (TG), total cholesterol (TC), low density lipoprotein cholesterol (LDL-C), fasting blood glucose, two hours postprandial blood glucose levels before and after treatment and clinical effect were compared between two groups. SF-36 scale was used to evaluate the quality of life before and after treatment. **Results:** The levels of LVEDD, serum TG, LDL-C and TC in both groups were significantly lower than those before treatment, while the walking distance of LVEF and 6min were significantly increased than those before treatment, the levels of LVEDD, TG and LDL-C of observation group were significantly lower than those in the control group after treatment, the LVEF and 6min walking distance, physiological function, social function, mental health, body pain, emotional function, overall health, vitality score and physiological function score were significantly higher than those of the control group ($P<0.05$). The total effective rate of observation group was 92%, which was significantly higher than that in the control group (72.00%, $P<0.05$), and there was no significant difference in the fasting blood glucose and the two hour postprandial blood glucose ($P>0.05$) between the two groups after treatment. **Conclusion:** Compared with conventional western medicine, the combination of traditional Chinese medicine and Western medicine can effectively enhance the heart function, reduce the level of blood lipid and improve the clinical effect of elderly patients with heart failure and type 2 diabetes.

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慢性心力衰竭(chronic heart failure, CHF)是一种以原发性心肌病变为特征的疾病,其临床表现为心脏房室压力或容量负荷长期过重、心肌收缩力降低,心排出量减少^[1]。临床上治疗心衰不仅仅在于临床症状、体征的改善,更需要着重于生活质量的提高,而且要重点关心中肌重构机制。2型糖尿病是一组以高血糖为主要特征的代谢性疾病,主要因胰岛素分泌缺陷或其生物作用受损,或两者兼有引起。2型糖尿病患者持续长时间的高血糖状态容易引起各种组织尤其是眼、心脏、肾、血管、神经的慢性损害,其也是慢性心力衰竭合并常见的合并症类型,高血糖也会加重心脏负荷,影响预后。

随着中医在内科治疗上的重视程度逐渐加强,针灸、推拿以及穴位贴敷等在心血管疾病的治疗效果也得到广泛认可。穴位贴敷法是指结合适当穴位贴敷中药制剂,在药物和穴位的协同作用下起到治疗疾病的目的。有研究表明中药穴位贴敷具有温阳化瘀的功效,治疗慢性心衰疗效显著^[2-3]。本研究主要探讨了中医强心贴穴位贴敷结合常规西医治疗老年心力衰竭合并2型糖尿病患者的临床疗效,旨在为中西医结合治疗老年心力衰竭合并糖尿病提供理论依据,结果报道如下。

1 资料与方法

1.1 一般资料

选择2014年11月-2016年5月于我院诊断与治疗的100例CHF合并老年糖尿病患者,将其随机分为观察组与对照组,每组各50例。对照组患者只给予常规抗心衰以及降血糖治疗,观察组患者在此基础上加用强心贴穴位贴敷治疗。本研究已通过我院伦理委员会许可。纳入标准:符合中华医学会心血管病分会《中国心力衰竭诊断和治疗指南2014》^[4]关于慢性心力衰竭的诊断标准;2型糖尿病;空腹血糖超过7.0 mmol/L、餐后两小时血糖大于11.1 mmol/L;无先天性心脏疾病;患者对本探究知情并签署同意书。排除标准:病历资料不全者、合并恶性肿瘤疾病。观察组中,男性27人,女性23人;最大年龄81周岁,最小57岁,平均年龄(68.65±5.77)岁;心衰病程最短2年,最长8年,平均(4.65±1.54)年;糖尿病史最短6年,最长15年,平均(8.56±1.87)年;心功能NYHA分级Ⅱ级12例、Ⅲ级28例、Ⅳ级10例;对照组中,男性25人,女性25人;最大年龄83周岁,最小59岁,平均年龄(69.05±5.88)岁;心衰病程最短3年,最长

9年,平均(4.39±1.51)年;2型糖尿病史最短5年,最长14年,平均(8.21±1.72)年;心功能NYHA分级Ⅱ级11例、Ⅲ级30例、Ⅳ级9例。两组一般资料进行对比分析,无统计学意义($P>0.05$),具有可比性。

1.2 治疗方法

对照组患者只进行常规药物治疗,包括适当吸氧治疗,强心、利尿等支持治疗,配合使用常规降糖药物。观察组在对照组治疗基础上加用强心贴穴位贴敷治疗,强心贴组成:桂枝15g,红花、泽泻、红参各10g,细辛、鹿茸各6g、白芥子4g,由我院制剂室同意研磨,用姜汁调匀。贴敷穴位选择虚里、膻中、心俞(双侧)、肾俞(双侧)、厥阴俞(双侧)、内关(双侧),每两日一次,每次贴敷6小时,一个月为1个疗程,连续治疗3个疗程。

1.3 指标判定标准

心脏功能:治疗前后运用美国GE便携式心脏超声仪检查两组患者左心室舒张末期内径(LVEDD)、以及左心室射血分数(LVEF),详细记录两组患者治疗前后6 min步行距离。血脂指标:治疗前后抽取清晨空腹静脉血,常规血脂检查,指标包括甘油三酯(TG)、总胆固醇(TC)、低密度脂蛋白胆固醇(LDL-C)。采用三诺血糖监测仪检测治疗前后空腹血糖以及餐后两小时血糖。临床疗效:参照《中药新药临床研究指导原则》^[5],显效:心脏功能改善幅度超过2级;有效:心脏能改善幅度超过1级;无效:心脏功能无显著改善。采用中文版简明健康调查量表(SF-36)调查社区老年人生活质量,包括社会功能、生理功能、生理职能、总体健康、精神健康、躯体疼痛、活力评分、情感职能等8个维度,每个维度总分均为100分,分数越高表示相应的生活质量越优,SF-36等级:差:0~40分,较差:41~70,较好:71~90;好:91~100。

1.4 统计学处理

采用SPSS21.00统计软件进行数据处理,计数资料以百分率(%)表示,组间比较运用 χ^2 检验,计量资料以“ $\bar{x}\pm s$ ”表示,组间比较行t检验,以 $P<0.05$ 为差异有统计学意义。

2 结果

2.1 两组临床疗效的比较

观察组治疗总有效率为92.00%,显著高于对照组(72.00%),差异有统计学意义($P<0.05$),结果见表1。

表1 两组临床疗效的比较

Table 1 Comparison of the clinical efficacy between two groups

Groups	n	Invalid	Valid	Effective	Efficacy Rate (%)
Observation group	50	4	22	24	92.00*
Control group	50	18	21	15	72.00

Note: compared with the control group, * $P<0.05$.

2.2 两组患者治疗前后心脏功能及6 min步行距离的比较

与治疗前相比,两组患者治疗后LVEDD显著降低、LVEF、6 min步行距离显著升高,且治疗后观察组LVEDD显

著低于对照组,LVEF、6 min步行距离明显高于对照组,差异均具有统计学意义($P<0.05$),见表2。

表 2 两组患者治疗前后心脏功能及 6min 步行距离比较($\bar{x} \pm s$)Table 2 Comparison of the cardiac function and 6min walking distance between two groups before and after treatment($\bar{x} \pm s$)

Groups	n	Time	LVEDD (mm)	LVEF (%)	6 min walking distance (m)
Observation group	50	Before treatment	64.21± 4.43	34.09± 5.28	234.35± 65.22
		After treatment	47.54± 4.11* [#]	52.32± 5.43* [#]	331.56± 68.43* [#]
Control group	50	Before treatment	63.29± 4.29	34.11± 5.10	232.18± 64.93
		After treatment	56.43± 4.17 [#]	45.54± 5.33 [#]	276.54± 66.07 [#]

Note: compared with the control group, * $P < 0.05$, compared with before treatment, * $P < 0.05$.

2.3 两组患者治疗前后血脂指标的比较

两组患者治疗后血清 TG、LDL-C、TC 均较治疗前显著降

低, 观察组治疗后血清 TG、LDL-C 水平均明显低于对照组, 差异具有统计学意义($P < 0.05$), 见表 3。

表 3 两组治疗前后血脂指标的比较($\bar{x} \pm s$)Table 3 Comparison of the blood lipid indexes before and after treatment between two groups($\bar{x} \pm s$)

Groups	n	Time	TG (mmol/L)	LDL-C (mmol/L)	TC (mmol/L)
Observation group	50	Before treatment	2.36± 0.56	2.51± 0.54	4.98± 1.04
		After treatment	1.37± 0.44* [#]	1.42± 0.41* [#]	3.89± 0.87 [#]
Control group	50	Before treatment	2.34± 0.59	2.48± 0.55	4.97± 1.07
		After treatment	1.79± 0.48 [#]	1.88± 0.51 [#]	4.08± 0.96 [#]

Note: compared with the control group, * $P < 0.05$, compared with before treatment, * $P < 0.05$.

2.4 两组治疗前后血糖水平的比较

两组治疗后空腹血糖以及餐后两小时血糖均较治疗前显

著降低, 但组间比较差异无统计学意义($P > 0.05$), 结果见表 4。

表 4 两组治疗前后血糖水平的比较($\bar{x} \pm s$, mmol/L)Table 4 Comparison of the blood glucose level before and after treatment between two groups($\bar{x} \pm s$, mmol/L)

Groups	n	Time	Fasting plasma glucose	2h postprandial plasma glucose
Observation group	50	Before treatment	9.65± 2.43	16.13± 2.75
		After treatment	5.12± 1.87 [#]	9.54± 1.89 [#]
Control group	50	Before treatment	9.61± 2.39	15.89± 2.82
		After treatment	5.43± 1.93 [#]	10.54± 2.01 [#]

Note: compared with before treatment, * $P < 0.05$.

2.5 两组治疗前后生活质量的比较

两组患者治疗后 SF-36 量表中生理职能、社会功能、精神健康、躯体疼痛、情感职能、总体健康、活力评分、生理功能均显著高于治疗前, 且观察组治疗后 SF-36 量表中生理职能、社会功能、精神健康、躯体疼痛、情感职能、总体健康、活力评分、生理功能均显著高于对照组, 差异有统计学意义($P < 0.05$), 见表 5。

3 讨论

慢性心力衰竭为临床多发疾病, 其以心肌功能的减退或异常为主要特征, 临床常见有黄疸、发绀, 劳作或活动后表现出严重的呼吸困难, 严重者可导致四肢末端苍白、外周血管收缩以及畏寒等。有报道表明^[6]慢性心力衰竭的原发病因包括急性肺栓塞、高血压、内分泌疾病、心脏瓣膜疾病、冠状动脉硬化、肺气肿、细菌毒素以及慢性肺脏疾病等, 劳累过度、妊娠、静脉内短时间补充大量液体等均可加重心脏负担诱发心力衰竭, 严重影响老年患者的生活质量以及生命健康。中医虽无慢性心力衰竭一词, 但众多医典均有记载, 《素问·举痛论》^[7]记载: “心痹者,

脉不通, 烦则心下鼓, 暴上气而喘。”《血证论》^[8]记载: “血积既久, 其水乃成”, “瘀血化水, 亦发水肿, 是血病而兼也”结合现代中医理论可知 “慢性心衰” 的发病机理在于心气虚损, 对心脏及血液的推动乏力, 进而减弱了心脏泵血功能, 增加患者末梢血管阻力, 加重心脏负荷, 最终引发慢性心衰, 将 “补心气, 温心阳, 活血通脉” 运用于慢性心力衰竭的治疗疗效确切^[9]。

本研究穴位贴敷治疗中药选择桂枝、红花、泽泻、红参、细辛、鹿茸、白芥子, 药物选择紧扣温补心之阳气、活血通络、提高心肌动力, 意在增强脉道血液顺应流通。其中, 细辛具有行水散寒的功效, 白芥子性温, 可温中散寒效果显著, 桂枝主温经通脉, 红花具有显著的活血通瘀的效果, 红参补元气, 泽泻渗湿利水, 鹿茸补肾壮阳, 具有濡养精血的效果, 诸药配伍得当、共奏通脉化瘀、温壮心阳的功效, 缓解了一系列心衰症状^[10]。穴位选择上, 内关在治疗心络瘀阻、气滞脉中等病症时具有疏通经络、畅通气机的功效。心膻主散热气, 包括心室之热以及湿热之气, 可治心痛、心悸之疾^[11]。其余各穴的选择均紧扣通畅气机、补脾胃肾之气, 配合中药贴敷已达温阳化瘀的目的, 同时具有调和脏

表 5 两组患者治疗后生活质量的比较($\bar{x} \pm s$)Table 5 Comparison of the quality of life before and after treatment between two groups($\bar{x} \pm s$)

Indexes	Observation group (n=50)		Control group(n=50)	
	Before Treatment	After Treatment	Before Treatment	After Treatment
Social Function	70.32± 6.32	87.23± 5.23 [#]	68.32± 5.73	82.23± 6.34 [#]
Emotional Function	73.43± 5.43	85.15± 6.32 [#]	72.78± 5.14	80.54± 5.76 [#]
Physical Function	68.32± 4.83	79.43± 5.34 [#]	69.35± 4.43	74.42± 5.21 [#]
Physiological Function	68.11± 4.45	76.17± 5.43 [#]	67.78± 4.41	71.91± 5.51 [#]
Physical Pain	78.32± 5.72	89.45± 5.32 [#]	80.01± 5.73	84.46± 4.84 [#]
General Health	57.37± 6.45	76.45± 8.12 [#]	59.04± 5.98	69.45± 6.89 [#]
Mental Health	70.32± 6.43	85.43± 5.54 [#]	69.87± 5.78	80.32± 4.95 [#]
Vitality Score	57.37± 6.45	76.45± 8.12 [#]	59.04± 5.98	69.45± 6.89 [#]

Note: compared with before treatment, * $P < 0.05$.

腑功能,激发经脉之气,舒经活络,加快气血运行,最终提高慢性心力衰竭心脏功能,改善心衰症状^[12,13]。

西医 β -受体阻滞剂、血管紧张素转化酶抑制剂(ACEI)、血管紧张素 II 受体拮抗剂、血管扩张剂对于心衰症的治疗有一定的作用^[14],但疗程长,治疗反复。中医标本兼治,毒副作用小,在慢性疾病的治疗中表现出独特的优势^[15]。对于合并 2 型糖尿病患者,西医降糖治疗必不可少,但慢性心衰的高血脂症状会导致脾虚失运,肾精亏虚,加重糖尿病病情。本研究结果显示加用强心贴穴位贴敷治疗可有效降低 CHF 合并 2 型糖尿病患者的血脂水平,也可有效降低高血糖。此外,加用强心贴穴位贴敷治疗的患者 LVEDD、LVEF、6 min 步行距离及生活质量评分较常规西医治疗的患者显著改善,表明中医强心贴穴位贴敷结合常规西医治疗对慢性心力衰竭心功能改善的协同作用,随着心脏功能等各项身体机能组间恢复,患者生活质量也得到了明显的改善。

综上所述,相较于常规西医治疗,中医强心贴穴位贴敷联合西医治疗能够有效增强老年心力衰竭合并 2 型糖尿病患者的心脏功能,并有助于降低血脂水平,提高临床疗效。

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