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稳心颗粒联合胺碘酮对心肌梗死合并室性心律失常治疗效果及 hs-CRP 水平的影响 *

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摘要 目的:探讨稳心颗粒联合胺碘酮对心肌梗死合并室性心律失常治疗效果及 hs-CRP 水平的影响。**方法:**选取 2017 年 11 月至 2019 年 9 月我院 84 例心肌梗死合并室性心律失常患者为研究对象,根据入院顺序分为两组,每组 42 例,对照组仅给予胺碘酮治疗,研究组给予稳心颗粒联合胺碘酮治疗,比较两组的治疗总有效率,治疗前后心功能、hs-CRP 水平、24 h 动态心电图变化。**结果:**研究组治疗总有效率 92.86%,显著高于对照组的 76.19%($P<0.05$);治疗前两组各心功能指标及 hs-CRP 水平比较无统计学差异($P>0.05$),治疗后两组各心功能指标及 hs-CRP 水平较治疗前均明显改善,且研究组显著优于对照组($P<0.05$);治疗前两组 24 h 动态心电图比较无统计学差异($P>0.05$),治疗后两组 24 h 动态心电图较治疗前均明显改善,且研究组显著优于对照组($P<0.05$)。**结论:**稳心颗粒联合胺碘酮可有效改善患者的心功能及心电图指标,降低血清 hs-CRP 水平,疗效确切,对促进心肌梗死合并室性心律失常患者病情康复具有积极意义。

关键词:稳心颗粒;胺碘酮;心肌梗死;室性心律失常;hs-CRP 水平;动态心电图

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Effect of Wenxin Granules Combined with Amiodarone on Myocardial Infarction Complicated with Ventricular Arrhythmia and hs-CRP Level*

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ABSTRACT Objective: To investigate the effect of wenxin granules combined with amiodarone on myocardial infarction complicated with ventricular arrhythmia and the level of hs-crp. **Methods:** 84 patients with myocardial infarction complicated with ventricular arrhythmia in our hospital from November 2017 to September 2019 were selected as the study objects, Subjects were divided into control group and study group according to the admission odd-even number. There were 42 cases in each group. Patients in the control group were treated with amiodarone alone, while patients in the study group were treated with wenxin granules combined with amiodarone, The total effective rate, cardiac function, hs-crp level and 24h ecg changes were compared between the two groups. **Results:** Total effective rate of treatment for patients in the study group and control group was 92.86%(39/42) and 76.19% (32/42), respectively; Before treatment, there was no statistical difference in cardiac function indexes and hs-crp level between the two groups($P>0.05$). After treatment, the cardiac function indexes and hs-crp level of the two groups were significantly improved compared with that before treatment, and the study group was significantly better than the control group ($P<0.05$). Before the treatment, there was no statistical difference in the 24 h DCG between the two groups ($P>0.05$). After the treatment, the 24 h DCG between the two groups was significantly improved compared with that before the treatment, and the study group was significantly better than the control group ($P<0.05$). **Conclusion:** Wenxin granule combined with amiodarone can effectively improve the cardiac function and electrocardiogram index of patients, reduce the serum hs-crp level, the curative effect is exact, and it has positive significance in promoting the recovery of patients with myocardial infarction complicated with ventricular arrhythmia.

Key words: Metacenter granules; Amiodarone; Myocardial infarction; Ventricular arrhythmia; The hs - CRP levels; Dynamic electrocardiogram

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前言

心肌梗死是因冠状动脉功能障碍使心肌血供出现减少或中断所引发的缺血性坏死,具有起病急、病情危重、预后差的特点,随着病情进展还可诱发心源性猝死及心律失常,给人类的健康发展造成极大的威胁^[1]。据数据调查,心律失常在心肌梗死中的发生率高达 60%以上,也是导致患者死亡的主要原因,因此及时有效的治疗是改善预后、挽救患者生命安全的关键环节^[2]。针对心肌梗死合并心律失常目前临床上尚无特效治愈药物,仅通过扩血管、利尿、抗心律失常药物来缓解临床症状,以提高患者的生存质量。胺碘酮是临床上常用的一种抗心律失常药物,尽管可有效改善心律失常症状,但长期应用易引发恶心呕吐、肝功能损害等不良反应,影响治疗效果^[3-5]。有研究表明,稳心颗粒在抗心律失常、改善心功能方面具有一定优势,且安全性较高^[6]。为此选取我院 84 例心肌梗死合并室性心律失常患者,探讨稳心颗粒联合胺碘酮对心肌梗死合并室性心律失常治疗效果及 hs-CRP 水平的影响。

1 资料与方法

1.1 一般资料

选取 2017 年 11 月至 2019 年 9 月我院 84 例心肌梗死合并室性心律失常患者,根据入院顺序分为两组,各 42 例,对照组中男 24 例,女 18 例;年龄 43-76 岁,平均(54.63±4.48)岁,病程 0.5-22 h,平均(14.23±2.58)h,NYHA 分级:Ⅱ级 12 例,Ⅲ级 17 例,Ⅳ级 13 例;研究组中男 23 例,女 19 例;年龄 41-79 岁,平均(55.02±4.37)岁,病程 1-23 h,平均(14.47±2.69)h,NYHA 分级:Ⅱ级 13 例,Ⅲ级 18 例,Ⅳ级 11 例。两组基本资料比较有可比性。

1.2 纳入及排除标准

所有患者经心脏彩超、24 h 动态心电图、心肌酶、床边心电图监测等相关检查均确诊为心肌梗死合并心律失常,患者自愿参与研究。排除心源性休克、严重的器官功能障碍、恶性肿瘤、严重的感染性疾病、严重的房室传导阻滞、精神病史、相关药物过敏史、其他心脏疾病及治疗依从性差者。

1.3 方法

所有患者均给予血管扩张剂、利尿剂、血管紧张素受体拮抗剂、利尿剂等药物进行常规治疗,对照组在此基础上口服盐酸胺碘酮片(上海信宜九福药业有限公司,国药准字 H31021872,规格 0.2 g/片)治疗,每次 0.2 g,每日 3 次,连续治疗 5 d 后减至每日 1 次。研究组在对照组的基础上口服稳心颗粒(山东步长制药股份有限公司,国药准字 Z10950026,规格:5 g/袋)治疗,每次 5 g,每日 3 次,两组均连续治疗 1 个月。

1.4 观察指标

比较两组的治疗总有效率,治疗前后左室收缩末期内径(Left ventricular end-systolic diameter, LVESD)、左室舒张末期内径(Left ventricular end-diastolic diameter, LVEDD)、左心射血分数(Left ventricular ejection fraction, LVEF)等心功能指标变化,并于治疗前后 24 h 动态心电图监测两组患者的室性期前收缩发生频率、ST 段压低持续时间及短阵室速发生频率,抽取患者空腹状态下肘静脉血 5 mL,离心分离出血清后采用免疫散射法检测治疗前后两组患者的血清超敏 C 反应蛋白(Hypersensitive c-reactive protein, hs-CRP)水平^[7];比较两组药物不良反应发生情况。

1.5 疗效评价标准

显效:治疗后症状及体征基本消失,短阵室速现象及室性早搏数量分别减少 90%及 70%以上;有效:治疗后症状及体征显著缓解,短阵室速现象及室性早搏数量分别减少 50%~70%与 70%~90%;无效:治疗后症状、体征、短阵室速现象及室性早搏数量均无显著好转^[8]。

1.6 统计学方法

采用 SPSS19.0, $P < 0.05$ 表示差异性显著,计量资料采用($\bar{x} \pm s$)表示,行 t 检验,计数资料用%表示,行 χ^2 检验。

2 结果

2.1 治疗总有效率

研究组治疗总有效率为 92.86%,显著高于对照组 76.19% ($P < 0.05$),见表 1。

表 1 治疗总有效率(例,%)

Table 1 Total effective rate of treatment (n, %)

Groups	Cases	Excellent	Effective	Invalid	Total
The study group	42	27(64.29)	12(28.57)	3(7.14)	39(92.86)*
The control group	42	23(54.76)	9(21.43)	10(21.43)	32(76.19)

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

2.2 治疗前后心功能及 hs-CRP 水平变化

治疗前两组各心功能指标及 hs-CRP 水平比较无统计学差异($P > 0.05$),治疗后两组各心功能指标及 hs-CRP 水平较治疗前均明显改善,且研究组显著优于对照组($P < 0.05$),见表 2。

2.3 治疗前后 24 h 动态心电图变化

治疗前两组 24 h 动态心电图比较无统计学差异 ($P > 0.05$),治疗后两组 24 h 动态心电图较治疗前均明显改善,且研究组显著优于对照组($P < 0.05$),见表 3。

3 讨论

心肌梗死是心血管疾病中的常见类型,室性心律失常不仅是心肌梗死的一种并发症,也是导致患者死亡的主要原因^[8-11]。大量的研究表明,心肌梗死患者发生室性心律失常主要是因心肌梗死后患者的心肌细胞缺血缺氧导致离子通道功能紊乱,加之梗死区域交感神经发生再分布及超分布,hs-CRP 等细胞因子的高表达等而引发室性心律失常^[12-17]。hs-CRP 是一种急性时

相蛋白,也是炎症反应的一种标志物,具有刺激组织因子生成,调节单核细胞聚集,损伤血管内皮细胞的作用,其表达水平对患者病情预测及治疗效果评价具有重要意义^[18-21]。胺碘酮是临床上的常用的一种第Ⅲ类广谱抗心律失常药物,具有阻滞钠离

子通道受体,抑制钠离子内流,减慢传导速度,延长心肌、房室结及旁路的有效不应期,降低窦房结自律性的作用,在改善心律失常症状方面具有显著作用,但治疗期间不良反应较多,具有一定局限性^[22-26]。

表 2 治疗前后心功能及 hs-CRP 水平变化($\bar{x} \pm s$)Table 2 Changes in cardiac function and hs-crp level before and after treatment($\bar{x} \pm s$)

Groups		LVEF (%)	LVESD (mm)	LVEDD (mm)	hs-CRP (mg/L)
The study group (n=42)	Before the treatment	44.85± 5.46	49.56± 7.47	31.55± 9.34	20.85± 5.24
	After treatment	70.23± 4.14 [#]	34.26± 6.14 [#]	22.18± 6.62 [#]	9.16± 2.28 [#]
The control group (n=42)	Before the treatment	45.11± 5.62	49.82± 7.69	31.24± 9.88	21.13± 5.58
	After treatment	60.33± 4.31 [#]	40.21± 6.83 [#]	27.73± 7.42 [#]	13.63± 3.22 [#]

Note: Compared with before treatment and the control group, [#] $P < 0.05$, * $P < 0.05$.

表 3 治疗前后 24 h 动态心电图变化($\bar{x} \pm s$)Table 3 Dynamic electrocardiogram changes 24 h before and after treatment($\bar{x} \pm s$)

Groups		Frequency of premature ventricular contraction(time / 24 h)	ST segment depression duration(min)	Frequency of tachycardia (time / 24 h)
The study group(n=42)	Before the treatment	6272.15± 677.46	3.18± 0.71	112.53± 22.34
	After treatment	1508.75± 349.67 [#]	1.05± 0.29 [#]	31.42± 3.58 [#]
The control group(n=42)	Before the treatment	6265.33± 682.36	3.19± 0.68	113.28± 23.68
	After treatment	3512.42± 459.28 [#]	1.88± 0.30 [#]	62.75± 4.13 [#]

Note: Compared with before treatment and the control group, [#] $P < 0.05$, * $P < 0.05$.

中医认为,心肌梗死合并心律失常属"心悸"、"怔忡"范畴,其主要病机为心血亏虚、心脉失养、阴阳失衡所致,因此应以活血化瘀、定悸复脉、滋阴益气为主治^[5]。稳心颗粒是由党参、黄精、三七、琥珀、甘松制成,方中党参补血益气;黄精滋阴益气;三七、甘松活血化瘀、理气止痛;琥珀宁心复脉、散瘀止血;诸药联用共奏活血化瘀、滋阴通脉、宁心益气之功效。现代药理研究表明,稳心颗粒可有效抑制血栓形成,延长动作电位时程,减少心肌耗氧量,进而改善心脏功能,与胺碘酮联合应用可协同性的恢复心肌细胞电生理特征,抑制心肌细胞钠离子及钙离子通道,进而改善患者的心功能,纠正心律失常症状^[27-30]。

本研究结果表明,研究组治疗总有效率显著高于对照组,提示稳心颗粒联合胺碘酮可协同性的改善患者的心脏功能及临床症状,提高治疗效果。结果还表明,治疗前两组各心功能指标及 hs-CRP 水平比较无统计学差异,治疗后两组各心功能指标及 hs-CRP 水平较治疗前均明显改善,且研究组显著优于对照组;提示稳心颗粒联合胺碘酮可有效改善患者的心功能,降低 hs-CRP 水平,对病情预后的改善具有积极意义。治疗前两组 24 h 动态心电图比较无统计学差异,治疗后两组 24 h 动态心电图较治疗前均明显改善,且研究组显著优于对照组;提示稳心颗粒联合胺碘酮可协同性的恢复心肌细胞电生理特征,延长动作电位时程,改善心功能。

综上所述,稳心颗粒联合胺碘酮可有效改善患者的心功能及心电图指标,降低血清 hs-CRP 水平,疗效确切,对促进心肌梗死合并室性心律失常患者病情康复具有积极意义。

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