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不同剂量瑞舒伐他汀钙对老年冠心病合并高脂血症患者血脂水平的影响分析*

鹿亚平¹ 徐 勇^{2Δ} 李 芳¹ 李云芳¹ 储 莉¹

(1 原军委后勤保障部第二门诊部内科 北京 100071; 2 中国人民解放军总医院心血管内科 北京 100853)

摘要 目的:探讨在瑞舒伐他汀不同剂量下对治疗对冠心病合并高脂血症的老年患者的血脂功能水平的影响。**方法:**回顾性选取我院接诊的冠心病老年患者 120 例,且经过血脂检查全部属于高脂血症,按照使用瑞舒伐他汀的剂量不同,分为三组各 40 例患者,分别给予剂量为 5 mg、10 mg 和 20 mg,以治疗后 2 个月为观察期,比较治疗前后患者的血脂水平变化及临床有效率。**结果:**① 20 mg 组患者的血脂水平 HDL-C [(1.17±0.62) mmol/L] 比其他两组明显上升,LDL-C [(3.67±0.83) mmol/L]、TC [(4.36±0.96) mmol/L]、TG[(1.68±0.94) mmol/L]也下降较另外两组明显(P 均<0.05);② 20 mg 组的治疗有效率为(97.5%)明显高于 5mg 组(87.5%)和 10mg 组(85.0%)(P 均<0.05)。**结论:**瑞舒伐他汀治疗冠心病合并高脂血症的老年患者,选择 20 mg 剂量可显著改善患者的血脂水平,且具有较高的治疗有效率,是一种使用方便,临床效果明显的给药方式。

关键词:瑞舒伐他汀;不同剂量;冠心病;高脂血症;血脂水平

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Analysis of Effects of Different Doses of Rosuvastatin Calcium on Serum Lipids in Elderly Patients with Coronary Heart Disease and Hyperlipidemia*

LU Ya-ping¹, XU Yong^{2Δ}, LI Fang¹, LI Yun-fang¹, CHU Li¹

(1 Department of Internal Medicine, Second Out-patient Department, Military Logistics Bureau, Beijing, 100071, China;

2 Department of Cardiovascular Medicine, General Hospital of PLA, Beijing, 100853, China)

ABSTRACT Objective: To investigate the effects of different doses of rosuvastatin on lipid levels in elderly patients with CHD complicated with hyperlipidemia. **Methods:** 120 elderly patients with coronary heart disease admitted in our hospital were retrospectively chosen. By lipid examination, they were all hyperlipidemia. According to the dose of rosuvastatin, they were divided into three groups, and 40 cases in each group. They were given 5 mg, 10 mg and 20 mg treatment, respectively. After 2 months, the changes of blood lipid level and the clinical effective rate were compared before and after the treatment. **Results:**① The blood lipid levels HDL-C [(1.17 ± 0.62) mmol / L] was significantly higher than the other two groups. LDL-C [(3.67 ± 0.83) mmol / L], TC [(4.36 ± 0.96) mmol / L] and TG [(1.68 ± 0.94) mmol / L] were significantly lower than those of the other two groups (P < 0.05). ② The effective rate of treatment in the 20mg group (97.5%) was significantly higher than that in the 5mg group (87.5%) and the 10mg group(85.0%). **Conclusions:** Rosuvastatin can treat coronary heart disease complicated with hyperlipidemia in elderly patients. The dosage of 20 mg can improve the blood lipid level of the patients, is an effective and convenient method, and with high therapeutic efficiency.

Key words: Rosuvastatin; Different doses; Coronary heart disease; Hyperlipidemia; Blood lipid level

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前言

冠心病是冠状动脉粥样硬化性心脏病的简称^[1,2],其发病机理是由于脂质代谢异常,这些脂质沉积在血液中光滑的动脉膜上,而膜内一些粥样状的脂质体不断聚集成白色的斑块,这一过程成为动脉粥样化,随着这些斑块的逐渐增加、移动,对动脉腔形成堵塞,发展成动脉狭窄而导致心脏疾病,严重者会引发心肌梗死危险生命。有多项研究表明^[3,4],冠心病患者中大多数

他汀是一种新型的 HMG-CoA 还原酶抑制剂^[5,6],具有显著的降血脂作用,同时它因几乎无横纹肌溶解不良反应而广泛被临床认可,那么关于瑞舒伐他汀的使用剂量一直是临床学者不易掌握的问题,所以本次研究针对冠心病合并高脂血症的老年患者选择不同剂量的瑞舒伐他汀进行了具体的研究,旨在为临床治疗提供有利参考依据。

1 对象与方法

1.1 一般对象

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作者简介:鹿亚平(1978-),主治医师,医学硕士,主要研究方向:心血管内科心衰、高脂血症等方向, E-mail: 15010118166@163.com

Δ 通讯作者:徐勇,主任医师

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回顾性选出 2014 年 11 月至 2016 年 8 月我院接诊的 120 例冠心病合并高脂血症患者作为研究对象,纳入标准^[7]:① 符合 WHO 颁布的《冠心病的分类与诊断标准》^[8,9];② 患者经心电图和心动超声等检查确诊为冠心病;③ 入选患者均未接受过心脏疾病手术;④ 患者血脂检测 HDL-C 过低、LDL-C 升高等血脂指标异常;⑤ 患者临床症状稳定。排除标准^[10,11]:① 合并严重肾功能损害;② 合并活动性肝病、不明原因血清转氨酶持续升高者;③ 妊娠期、哺乳期妇女或疑似怀孕女性;④ 对本研究药物过敏者;⑤ 近 1 个月使用过他汀类药物者;⑥ 合并甲亢性或高血压心脏病等其他类型心脏病者。将入选死亡 120 例病例按照用药的不同剂量分为三组,平均每组 40 例患者,5 mg 组男女比 22:18,年龄 60~87 岁,均(68.45±5.29)岁;10 mg 组男女比 21:19,年龄 61~85 岁,均(69.21±4.76)岁;20 mg 组男女比 17:23,年龄 60~89 岁,均(70.32±3.85)岁。比较组间基线数据未见明显差异,可以匹配研究($P>0.05$)。

1.2 治疗方法

三组患者均服用瑞舒伐他汀钙片(商品名:可定;企业:Ro-suvastaion Calcium Tablets;国药准字:J20120005、J20120006、J20120007;批号:130824、140705、151030);三组患者分别给予 5 mg、10 mg、20 mg/次,每日 1 次。用药期间嘱咐患者不得吸烟、饮酒,饮食需要清淡。

1.3 观察指标

在治疗 2 周后对患者进行血脂检测,血脂指标包括高密度

脂蛋白胆固醇(HDL-C)、总胆固醇(TC)、甘油三酯(TG)与低密度脂蛋白胆固醇(LDL-C)。患者在治疗前后检查前 1 天空腹 12h 以上,抽取外周静脉血 5 mL,将血浆分离放于零下 40℃的环境保存。血脂测定以人血脂 ELISA 试剂盒(由南京森北咖生物科技公司提供)进行检验。

1.4 评价标准

根据患者的临床表现、心电图检测是否正常评价冠心病稳定情况,血脂水平治疗显效: TG 下降幅度大于 40%, HDL-C 回升超过 0.26 mmol/L,患者所有临床不适症状消失,心电图未见异常;有效: TC、TG 下降达到 20%, HDL-C 升高 0.18-0.26 mmol/L 之间,临床症状缓解,心电图检测 T 段和 ST 段改善明显;无效:上述指标均为达到或病情加重。

1.5 统计学分析

统计学 SPSS19.0 软件分析研究中所有数据,其中计量数据用($\bar{x}\pm s$)表达,采取 t 检验;计数数据用率(%)表达,采取 χ^2 检验,以 $P<0.05$ 为标准判断是否具有统计学意义。

2 结果

2.1 患者的血脂指标比较

治疗后,患者的血脂指标(TC、TG、LDL-C、HDL-C)均有所改变(P 均 <0.05),比较组间,20 mg 组比其他两组的 HDL-C 数值上升明显,而 TG、TC、LDL-C 也下降明显,其中 10 mg 组指标改善程度优于 5 mg 组(P 均 <0.05),详见表 1。

表 1 三组患者血脂水平变化比较($\bar{x}\pm s$), mmol/L]

Table 1 Comparison of lipid level changes in three groups [$(\bar{x}\pm s)$, mmol/L]

Groups (n=40 in each group)	Before treatment				2 weeks after treatment			
	TC	TG	HDL-C	LDL-C	TC	TG	HDL-C	LDL-C
5 mg	8.28± 2.61	2.73± 1.49	1.27± 0.48	5.23± 1.04	5.71± 1.28	2.68± 1.15	0.86± 0.32	4.53± 1.24
10 mg	8.17± 2.39	2.69± 1.78	1.34± 0.62	5.45± 1.16	5.22± 1.09	2.17± 1.13	0.94± 0.51	4.18± 1.05
20 mg	8.43± 2.15	2.61± 1.98	1.61± 0.37	5.31± 1.08	4.36± 0.96	1.68± 0.94	1.17± 0.62	3.67± 0.83
t	1.364	2.937	1.081	1.476	10.274	11.986	12.352	10.715
P	>0.05	>0.05	>0.05	>0.05	<0.05	<0.05	<0.05	<0.05

2.2 患者的治疗效果比较

患者用药治疗后,三组患者的临床症状和血脂水平均有明

显改善,比较治疗结果,20 mg 组的治疗有效率明显高于其他两组组(P 均 <0.05),见表 2。

表 2 三组患者的治疗有效率比较(%)

Table 2 Comparison of effective rate of three groups (%)

Groups	Case	Excellent (n/%)	Effective (n/%)	Invalid (n/%)	Total effective rate (n/%)
5 mg	40	21(52.5)	13(32.5)	6(15.0)	34(85.0)
10 mg	40	27(67.5)	8(20.0)	5(12.5)	35(87.5)
20 mg	40	35(87.5)	4(10.0)	1(2.5)	39(97.5)
χ^2		3.746	4.529	3.952	5.836
P		<0.05	<0.05	<0.05	<0.05

3 讨论

老年患者是冠心病主要的病发人群,其中诱发冠心的主要因素有高龄、高血压、高血糖以及高血脂^[12,13]。根据多项临床研

究表明^[14,15],血脂水平的异常表达是引起冠心病的重要危险因素。又有大量动物实验结果发现^[16],冠状动脉出现粥样硬化性改变,可造成心血管的狭窄和堵塞,导致心肌处于长期缺血状态,引发冠心病。而冠心病患者通常体内的胆固醇含量居高,同时高脂血症会破坏患者的心肌内皮细胞结构,改变细胞膜的通透性,加重血管的粥样硬化,使冠心病患者的病情加重恶化。

他汀类降血脂药物是通过竞争性抑制内源性胆固醇 HMG-CoA 还原酶,从而将细胞内羟甲戊酸的代谢途径有效阻断,减少细胞内胆固醇的合成,同时促进肝细胞膜表面的低密度脂蛋白的受体数量增值,增加血清胆固醇的清除能力而降低水平。瑞舒伐他汀自问世以来以高疗效、低风险而著称,得到临床医学专家的广泛好评,但是在治疗冠心病合并高脂血症患者的治疗中其剂量的使用存在争议,在确保降血脂效果的同时又要避免影响冠心病的治疗效果^[17,18]。基于上述背景,本研究在选用不同剂量的瑞舒伐他汀治疗冠心病合并高脂血症的老年患者后,结果发现使用大剂量即每日口服 20 mg 的瑞舒伐他汀患者的血脂指标 (TC、TG、LDL-C、HDL-C) 均取得了显著的改善效果,并且比较结果由于使用 5 mg 和 10 mg 的两组患者(P 均 < 0.05),而在治疗有效率方面 20 mg 组的患者也均高于其他两组患者。这应该这是由于大剂量瑞舒伐他汀具有明显松弛平滑肌和抑制脂质发生过氧化反应,可以保护冠心病患者的血管内皮细胞,显著改善血管内皮的功能从而有效抑制冠状动脉血管发生粥样硬化。并且根据瑞舒伐他汀的临床试验研究表明,该药发生不良事件均属于轻度和暂时性的,及时大剂量使用其不良发生发生率不超过 4%,对于轻中度肾功能损害的患者无需调整剂量,这对于多发病的老年患者是具有比较广泛的选择性^[19,20]。

综上所述,使用 20 mg 的瑞舒伐他汀治疗冠心病合并高脂血症的老年患者具有降血脂水平显著,临床疗效确切的特点,是一种起效明显、价格经济、使用方面的优质降脂药物,可作为临床降血脂的一线治疗药物。

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