

doi: 10.13241/j.cnki.pmb.2018.02.028

黄芪当归汤联合莫沙比利治疗功能性便秘的疗效 及对血清胃肠激素水平的影响

彭随风 时昭红[△] 石拓 万莹 杨健

(武汉市第一医院消化内科 湖北 武汉 430022)

摘要 目的:研究黄芪当归汤联合莫沙比利治疗功能性便秘的临床疗效及对血清胃肠激素水平的影响。**方法:**选择2015年3月至2016年5月我院接受治疗的功能型便秘患者86例。按照随机数字表法分为观察组与对照组,各43例。对照组患者给予莫沙比利治疗,观察组同时加用黄芪当归汤治疗,对比两组临床疗效、不良反应;检测患者治疗前后血清胃动素(MTL)、P物质(SP)水平;采用SF-36生活质量量表对患者治疗后的生活质量进行评价。**结果:**观察组治疗总有效率为95.35%(41/43),显著高于对照组的81.40%(35/43),差异有统计学意义($P<0.05$)。两组腹痛、皮疹、稀便发生率对比,均无统计学意义(均 $P>0.05$)。治疗前两组血清胃肠激素水平对比无显著差异,治疗后两组MTL均降低,而SP均上升,且治疗后观察组MTL水平显著低于对照组,SP水平显著高于对照组(均 $P<0.05$)。治疗后观察组患者饮食、精神、睡眠以及心理四个维度的生活质量评分均显著高于对照组,差异均有统计学意义(均 $P<0.05$)。**结论:**黄芪当归汤联合莫沙比利治疗功能性便秘具有显著的临床疗效,能有效改善患者血清胃肠激素水平,提高患者生活质量,且安全可靠,值得推广应用。

关键词:黄芪当归汤;莫沙比利;功能性便秘;疗效;胃肠激素

中图分类号:R442.2; R574.62 **文献标识码:**A **文章编号:**1673-6273(2018)02-321-05

Functional Constipation: Curative Effect of Astragalus and Angelica Decoction Combined with Mosapride and its Influence on Level of Serum Gastrointestinal Hormones

PENG Sui-feng, SHI Zhao-hong[△], SHI Tuo, WAN Ying, YANG Jian

(Department of Gastroenterology, Wuhan No.1 Hospital, Wuhan, Hubei, 430022, China)

ABSTRACT Objective: To study the curative effect of astragalus and angelica decoction combined mosapride in the treatment of functional constipation and its influence on the level of serum gastrointestinal hormones. **Methods:** A total of 86 patients with functional constipation, who were treated in Wuhan No.1 Hospital from March 2015 to May 2016, were selected and randomly divided into observation group (n=43) and control group (n=43). The control group was treated with mosapride, while the observation group was treated with astragalus and angelica decoction. The clinical efficacy and adverse reactions of the two groups were compared. The levels of serum motilin (MTL) and substance P (SP) were detected before treatment and after treatment. The quality of life of patients after treatment were evaluated by SF-36 life quality scale. **Results:** The total effective rate [95.35% (41/43)] of observation group was significantly higher than that [81.40% (35/43)] of control group, the difference was statistically significant ($P<0.05$). There was no significant difference in the incidence of abdominal pain and rashes, loose stools between the two groups (all $P>0.05$). There was no significant difference in the serum level of gastrointestinal hormones between the two groups before treatment. After treatment, the levels of MTL of the two groups were all decreased, while the levels of SP increased, and the level of MTL in the observation group was significantly lower than that in the control group, the level of SP was significantly higher than that in the control group (all $P<0.05$). After treatment, the life quality scores of diet, spirit, sleep and psychological quality in the observation group were significantly higher than those in the control group, the differences were statistically significant (all $P<0.05$). **Conclusion:** Astragalus and angelica decoction combined with mosapride in the treatment of functional constipation can effectively improve the patients' serum gastrointestinal hormones level and improve their life quality, and it is safe and reliable, which is worthy of popularization and application.

Key words: Astragalus and angelica decoction; Mosapride; Functional constipation; Curative effect; Gastrointestinal hormone

Chinese Library Classification(CLC): R442.2; R574.62 **Document code:** A

Article ID: 1673-6273(2018)02-321-05

作者简介:彭随风(1981-),女,硕士,主治医师,从事胃肠动力方面的研究,E-mail:ldhuwv@163.com

[△] 通讯作者:时昭红(1967-),女,博士,主任医师,从事中西医结合诊治消化系统疾病方面的研究,E-mail:piitfg@163.com

(收稿日期:2017-05-01 接受日期:2017-05-23)

前言

功能性便秘是肛肠科的常见病与多发病, 发病率约为 5.89%~9.23%^[1]。该病具有慢性发作、症状迁延不愈的特点, 加之会引发痔疮等继发性疾病, 如不给予患者及时有效的治疗, 会严重影响患者生活质量^[2-4]。目前, 对于功能性便秘的发病机制仍未完全明确, 该病主要是激素、神经递质异常引发肠功能紊乱引起^[5]。临床上对于功能性便秘主要采用对症治疗的方法, 尚无特异性的治疗药物。莫沙比利是选择性 5-羟色胺 4 受体激动剂, 可通过促进乙酰胆碱的释放, 达到刺激胃肠道蠕动的目的, 对动力性便秘有一定治疗作用^[6,7]。传统中医学认为, 功能性便秘的病机是肠道传导失常、气机瘀滞所致^[8]。黄芪当归汤是由黄芪、生地、熟地、肉苁蓉、麻仁、陈皮、枳壳、当归、白术以及白蜜等组成的中药制剂, 具有益气养血、润肠通便的作用^[9]。有报道表明^[10], 应用黄芪当归汤可以益气养血、润肠通便, 联合西药莫沙比利可以对功能性便秘起到很好的治疗作用。鉴于此, 本文通过研究黄芪当归汤联合莫沙比利治疗功能性便秘的疗效及对血清胃肠激素水平的影响, 目的在于为临床有效治疗功能性便秘提供参考依据, 现报道如下。

1 资料和方法

1.1 临床资料

选取 2015 年 3 月至 2016 年 5 月我院接受治疗的功能型便秘患者 86 例。纳入标准: (1) 所有患者均符合西医学罗马Ⅲ的相关诊断标准^[1]; 必须包括以下 2 项及以上症状: ① 大于或等于 25% 的排便费力感, ② 大于或等于 25% 的排干球粪或硬粪, ③ 大于或等于 25% 的排便不尽感, ④ 大于或等于 25% 的肛门直肠梗阻感, ⑤ 大于或等于 25% 的排便需要手法辅助, ⑥ 每周排便小于 3 次。以上症状同时伴发不用泻药时很少出现稀便。(2) 符合《中医内科学》中中医辨证气虚肠燥证便秘的诊断标准^[11]; (3) 所有患者均签署了知情同意书; (4) 无精神障碍。排除标准: (1) 存在直肠或结肠器质性病变; (2) 代谢性及神经性便秘者; (3) 出口梗阻型便秘; (4) 入院治疗前 1 月内接受过益生菌、解痉药和其他会影响胃肠动力的药物治疗。按照随机数字表法分为观察组与对照组, 各 43 例。其中观察组男 24 例, 女 19 例, 年龄

35~81 岁, 平均年龄 (52.3±10.3) 岁; 病程 1.5~7 年, 病程 (3.8±0.5) 年; 对照组男 23 例, 女 20 例, 年龄 36~80 岁, 平均年龄 (52.1±10.7) 岁; 病程 1.5~7.5 年, 病程 (3.9±0.6) 年。两组患者在基本资料对比无显著性差异 ($P>0.05$), 具有可比性。

1.2 研究方法

对照组患者给予口服莫沙比利 (鲁南贝特制药有限公司, 国药准字: H19990317, 规格: 5 mg×24 片) 治疗, 5 mg/次, 3 次/d, 均于餐前 30 min 服用。观察组则在对照组的基础上加用黄芪当归汤治疗, 其中方药组成如下: 黄芪 20 g; 生地、熟地及肉苁蓉各 10 g; 麻仁、陈皮以及枳壳各 12 g; 当归、白术以及白蜜各 15 g。1 剂/d, 加水煎服, 分早晚两次温服。两组患者均以 8 周为 1 个疗程, 两组均服用一个疗程。

1.3 观察指标

对比两组治疗前后血清胃肠激素水平, 临床疗效, 不良反应发生情况以及生活质量。其中血清胃肠激素包括胃动素 (MTL) 以及 P 物质 (SP), 分别取患者治疗前后空腹静脉血 5 mL, 离心取上清液置于 -70℃ 冰箱中待检, 采用放射免疫法以及硝酸还原酶法分别测定 MTL 和 SP 水平。疗效判定标准^[12]: (1) 显效: 排便顺畅, 且大便次数为 1 次/d, 形状正常; (2) 有效: 大便≥3 次/周, 形状由硬块转变为软便; (3) 无效: 未达到上述标准。总有效率 = 显效率 + 有效率。采用 SF-36 生活质量量表对患者治疗一个疗程后的生活质量进行调查统计, 主要考察 4 个维度 (饮食、精神、睡眠和心理), 各维度总分均为 100 分, 得分越高表示生活质量越好^[13]。

1.4 统计学方法

采用 SPSS19.0 统计软件分析, 计数资料比较采用 χ^2 检验, 以 n(%) 的形式表示, 计量资料比较采用 t 检验以 ($\bar{x} \pm s$) 的形式表示, $P<0.05$ 表示差异有统计学意义。

2 结果

2.1 两组血清胃肠激素水平对比

治疗前两组血清 MTL、SP 水平比较无显著差异 ($P>0.05$), 治疗后两组 MTL 均降低, 而 SP 均上升, 且观察组治疗后的 MTL 水平显著低于对照组, 而 SP 水平显著高于对照组 (均 $P<0.05$), 见表 1。

表 1 两组血清胃肠激素水平对比

Table 1 Comparison of serum gastrointestinal hormone levels between two groups

Groups	Cases	MTL (pg/mL)		SP (pg/mL)	
		Before treatment	After treatment	Before treatment	After treatment
Observation group	43	169.8±28.4	100.4±19.2*	23.1±4.1	35.3±5.1*
Control group	43	167.5±29.1	137.4±23.7*	22.9±4.2	27.3±4.4*
t	-	0.371	2.955	0.223	2.828
P	-	0.712	0.000	0.824	0.000

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

2.2 两组临床疗效对比

观察组治疗总有效率为 95.35% (41/43), 显著高于对照组的 81.40% (35/43), 差异有统计学意义 ($P<0.05$), 见表 2。

2.3 两组不良反应发生情况对比

两组患者均发生腹痛、皮疹、稀便等轻微不良反应, 其发生率对比差异均无统计学意义 (均 $P>0.05$), 见表 3。

2.4 两组生活质量对比

观察组患者饮食、精神、睡眠以及心理四个维度的生活质

量评分均显著高于对照组,差异均具有统计学意义(均 $P < 0.05$),见表4。

表2 两组临床疗效对比[n(%)]

Table 2 Comparison of clinical efficacy between two groups [n (%)]

Groups	Cases	Effective	Valid	Invalid	Effective rate
Observation group	43	24(55.81)	17(39.53)	2(4.65)	41(95.35)
Control group	43	20(46.51)	15(34.88)	8(18.60)	35(81.40)
χ^2	-				4.074
P	-				0.044

表3 两组不良反应发生情况对比[n(%)]

Table 3 Comparison of adverse reactions between two groups [n(%)]

Groups	Cases	Abdominal pain	Rashes	Loose stools
Observation group	43	1(2.33)	1(2.33)	2(4.65)
Control group	43	2(4.65)	2(4.65)	2(4.65)
χ^2	-	0.345	0.345	0.000
P	-	0.557	0.557	1.000

表4 两组生活质量对比(分, $\bar{x} \pm s$)

Table 4 Comparison of quality of life between two groups (Scores, $\bar{x} \pm s$)

Groups	Cases	Diet	Spirit	Sleep	Psychological
Observation group	43	83.4 $\pm$ 12.5	84.5 $\pm$ 13.2	88.2 $\pm$ 14.4	85.2 $\pm$ 14.1
Control group	43	75.1 $\pm$ 11.3	73.2 $\pm$ 11.8	77.8 $\pm$ 13.2	73.1 $\pm$ 11.4
t	-	2.783	3.038	2.814	3.013
P	-	0.004	0.000	0.001	0.000

3 讨论

功能性便秘属于肛肠科多发病,随着近年来人们生活节奏加快,饮食结构也发生了变化,该病的发病率呈现出升高的趋势^[14,15]。对于功能性便秘的发病机制,目前临床上仍未完全明确,而传统的单纯西医治疗效果并不是十分理想^[16-18]。中医学认为功能性便秘病机是肠道传导失常、气机瘀滞。胃热过盛致津液耗伤,肠道失去濡养,时间长者致使脾肺气虚,大肠传导无力,肝气郁结,气郁化火,久之致排便困难^[19]。中西医结合治疗可一方面发挥西药起效快的优势,另一方面发挥出中医辨证论治的优点,可显著提高临床治疗效果。

本文对功能性便秘患者的治疗进行了对照研究。对照组患者给予莫沙比利治疗,观察组同时加用黄芪当归汤治疗。莫沙比利通过促进乙酰胆碱的释放,刺激胃肠道蠕动,对动力性便秘起到很好的治疗作用^[20-22]。而黄芪当归汤是由黄芪、生地、熟地、肉苁蓉、麻仁、陈皮、枳壳、当归、白术以及白蜜等组成的中药制剂,具有益气养血、润肠通便的作用。本研究发现,观察组治疗总有效率显著高于对照组,表明与单纯使用莫沙比利比较,黄芪当归汤联合莫沙比利治疗功能性便秘的临床疗效更为显著。究其原因,本文认为在中医学角度而言,功能性便秘属于

脾约、阴结范畴,且大部分患者属于脾虚气弱证,应以扶正祛邪、培本固元为治疗目标^[23]。而黄芪当归汤中以黄芪、当归为君药,其中黄芪具有补脾肺之气功效,当归具有养血润肠功能,两药合用可达到益气补血的目的;白术具有提高益气补血效果的作用;生地与熟地共用可滋阴养血;肉苁蓉、麻仁以及白蜜均可润肠通便;陈皮、枳壳则可行气通便^[24]。诸药合用,可达益气养血、润肠通便之功效。此外,两组腹痛、皮疹、稀便发生率对比均无显著差异,这表明了黄芪当归汤联合莫沙比利治疗功能性便秘具有一定的安全性。其中主要原因可能在于观察组治疗方式可有效调节患者肠神经递质功能,从而增加胃肠道兴奋性,进一步促进胃肠道蠕动以及胃肠道排空,最终改善肠动力障碍^[25]。

近年来研究发现,功能性便秘患者均存在不同程度的结肠运动功能减退、肛直肠功能障碍以及盆底功能减弱,其主要与肠胃肠激素水平的变化存在密切相关^[26]。MTL属于多肽类非胆碱能胃肠激素,主要经由空肠黏膜与十二指肠合成、分泌,并通过提高细胞内钙离子含量,从而促进胃肠道蠕动,加速胃肠道排空,进一步减轻患者便秘症状^[27,28]。而SP属于一种非胆碱能兴奋性神经递质,主要作用是对胃肠道环行肌与纵行肌具产生收缩效应,同时可刺激胃肠壁内神经元的去极化,从而增强胃肠道平滑肌收缩及胃肠液分泌,改善便秘症状^[29,30]。本研究结果

中,治疗后观察组 MTL 水平显著低于对照组,而 SP 水平显著高于对照组,说明了黄芪当归汤联合莫沙比利治疗功能性便秘可有效调节患者血清胃肠激素水平。另外,本研究中观察组患者饮食、精神、睡眠以及心理四个维度的生活质量评分均显著高于对照组,提示黄芪当归汤联合莫沙比利治疗功能性便秘可显著改善患者生活质量,具有一定的可行性。

综上所述,黄芪当归汤联合莫沙比利治疗功能性便秘疗效显著,可有效调节患者血清胃肠激素水平,能有效改善患者便秘症状和生活质量,且安全性较好,值得临床推广应用。

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