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阿托伐他汀钙片治疗急性冠脉综合征的临床疗效

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摘要 目的:探讨阿托伐他片汀治疗急性冠脉综合征(ACS)的临床疗效。**方法:**选择 2013 年 3 月至 2013 年 12 月我院收治的 156 例 ACS 患者,按随机字数表法分为实验组和对照组各 78 例,两组均采取常规治疗,实验组在此基础上加用阿托伐他汀钙片,对照组则用辛伐他汀滴丸。对比两组治疗效果及心血管事件发生率。**结果:**两组治疗后总胆固醇(TC)、甘油三酯(TG)、低密度脂蛋白胆固醇(LDL-C)、血清高敏 C 反应蛋白(hs-CRP)、纤维蛋白原(Fg)和尿酸水平均明显下降,且实验组下降更明显,比较差异均有统计学意义(P<0.05);治疗期间实验组心血管事件发生率率为 8.97%(7/78),显著低于对照组的 24.36%(19/78),比较差异均有统计学意义(P<0.05)。**结论:**阿托伐他汀片治疗 ACS 的临床效果优于辛伐他汀滴丸,能有效降低心血管事件的发生,值得的临床推广。

关键词:阿托伐他汀;急性冠脉综合征;疗效

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Clinical Curative Effect of Atorvastatin in the Treatment of Patients with Acute Coronary Syndrome

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ABSTRACT Objective: To investigate the effect of atorvastatin in the treatment of patients with acute coronary syndrome. **Methods:** 156 cases of patients with acute coronary syndrome in our hospital from March 2013 to December 2013 were randomly divided into experimental group and control group, each group with 78 cases. The two groups were taken routine treatment, the control group was added with simvastatin, while the experimental group was given atorvastatin in addition. The therapeutic effect and the incidence rate of cardiovascular events of the two groups were compared. **Results:** The levels of total cholesterol (TC), triglyceride (TG), low-density lipoprotein cholesterol (LDL-C), serum high-sensitivity c-reactive protein (hs-CRP), fibrinogen (Fg) and uric acid of the two groups significantly decreased after treatment, and the experimental group decreased more obviously (P<0.05); The incidence rate of cardiovascular events of the experimental group was 8.97% (7/78), significantly lower than 24.36% (19/78) of control group during the treatment period (P<0.05). **Conclusion:** Atorvastatin in the treatment of patients with acute coronary syndrome has a significant effect compared simvastatin, and can effectively reduce the incidence of cardiovascular events, which is worthy of further clinical application.

Key words: Atorvastatin; Acute coronary syndrome; Effect

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前言

急性冠脉综合征(Acute Coronary Syndrome,ACS)是由动脉粥样硬化斑块破裂并发血栓形成引起冠状动脉不完全或完全性阻塞引起的心血管疾病,临床常见疾病有,不稳定型心绞痛(Unstable Angina Pectoris ,UAP)、急性 ST 段抬高性心肌梗死、急性非 ST 段抬高性心肌梗死[1,2]。ACS 早期会并发诸多并发症,发病 30 天内死亡发生率高,早期加强治疗有利于预后的改善[3,4]。而他汀类药物具有显著的降脂功效,已被临床上广泛用于 ACS 的治疗[5,6]。近年来研究还发现,他汀类药物除了降脂,还能发挥抗炎、抗血栓和改善血管内皮功能等作用,有助于改善 ACS 预后[7]。而本研究据此展开,旨在探究高效降脂药阿托伐他汀治疗 ACS 的特殊临床疗效。

1 材料与方法

1.1 一般资料

选择 2013 年 3 月至 2013 年 12 月在我院内二科的 156 例典型 ACS 患者 (主要为 UAP 和急性心肌梗死), 其中男性 90 例,女性 66 例, 年龄 30~70 岁,平均年龄(60.7± 9.2)岁。纳入标准:1)符合 ACS 诊断标准;2)无严重合并症及并发症;3)知情同意,签署知情同意书。排除标准:1)介人治疗者;2)四周内服用抗炎及降脂药物者;3)未控制的高血压、糖尿病;4)风湿性、感染性、甲状腺性疾病,严重心功能不全,肝肾疾病患者。退

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出标准:1)未按规定服药无法判定疗效;2)资料不全无法判定疗效、安全性;3)严重不良反应、并发症,特殊生理变化等,难以继续治疗(不良反应者纳入不良反映统计);4)使用影响疗效药物。退出病例按退出时疗效纳入疗效判定。其中急性心肌梗死(AMI)患者 73 例和 UAP 患者 83 例。用随机数表法将患者分为实验组和对照组各 78 例,其中实验组男 47 例,女 31 例,年龄 35~70 岁,平均年龄(61.1± 7.8)岁;对照组男 43 例,女 35 例;年龄 30~66 岁,平均年龄 58.9± 8.4 岁。两组患者在性别、年龄方面均无显著性差异(P> 0.05),具有可比性。

1.2 诊断标准

AMI 诊断标准 [3]: 心肌坏死血清生物标志物发生动态变化,且升高超过参考值上限 99 百分位值,同时伴有以下任意一项心肌缺血的证据:(1)缺血性临床表现;(2)心电图提示新发的缺血性改变或病理性 Q 波形成;(3) 影像学证据表明存活心肌丢失或新发的节段性室壁运动异常。

UAP 诊断标准[3]: (1)小于 30min 的缺血性胸痛;(2)发作时心电图可有缺血性 ST-T 改变, 但之后 ST 段又恢复到先前水平;(3)未检测到心肌损伤的生化标志物等。入院前 48 h 内至少发生过 1 次心绞痛,且满足以上条件。

1.3 方法

两组均采用常规治疗,包括 β- 受体阻滞剂,阿司匹林,硝酸酯类,ACEI 等。此外,实验组再应用阿托伐他汀片(国药准字 H20051408,大连辉瑞制药有限公司)40 mg,对照组患者应用辛伐他汀滴丸(国药准字 H20030711,兴安药业有限公司)40 mg,每晚一次。治疗 3 个月。患者在研究期间保持平时的生活和饮食习惯,不服用其他调脂、消炎、抗氧化药物。

1.4 观测指标

在治疗前、治疗后检测两组患者的血总胆固醇(TC)、甘油三酯(TG)、低密度脂蛋白胆固醇(LDL-C)、血清高敏 C 反应蛋白(hs-CRP)、纤维蛋白原(Fg) 和尿酸水平,并进行比较。分别采用光学浊度法(BN-100)测定 TC、TG 和 LDL-C,采用光学浊度法 (DATA Dimen-sion RCL) 测定 hsCRP, 采用免疫浊度法(CA-1500)测定 Fg,以上仪器均由 DADE BEHRING 公司提供,另外使用奥林巴斯公司的全自动生化分析仪 Au5000 用酶法测定尿酸。同时观察两组患者在研究期间不良心血管事件(包括 AMI、再发性心绞痛及心源性猝死)的发生情况。

1.5 统计方法

所用数据采用 SPSS13.0 软件包处理。计数资料以百分数表示,采用卡方检验,计量资料以均数± 标准差表示,采用 t 检验,P< 0.05 表示有统计学意义。

2 结果

2.1 两组 TC、TG 及 LDL-C 水平比较

治疗前, 两组 TC、TG 及 LDL-C 水平无显著性差异 (均 P> 0.05);经过 3 个月治疗后,血脂水平均有所降低,其中实验组降低更明显(P< 0.05),详见表 1。

表 1 两组治疗前后 TC,TG 及 LDL-C 水平比较($\bar{x}$± s)

Table 1 Comparison of TC, TG and LDL-C level between two groups before and after treatment($\bar{x}$± s)

指标 Indexes	实验组 Experimental group		对照组 Control group	
	治疗前 Before treatment	治疗后 After treatment	治疗前 Before treatment	治疗后 After treatment
TC(mmol/L)	7.02± 0.69	3.94± 0.63*#	6.93± 0.54	6.23± 0.70
TG(mmol/L)	2.70± 0.49	1.21± 0.51*#	2.71± 0.34	2.49± 0.27
LDL-C(mmol/L)	4.36± 0.36	2.31± 0.41*#	4.40± 0.36	3.93± 0.59

注:与治疗前比较,* P< 0.05;与对照组治疗后比较,# P< 0.05。

Note:compared with before treatment,* P< 0.05;compared with control group after treatment,# P< 0.05.

2.2 两组 hsCPR、Fg 及血尿酸水平比较

治疗前, 两组 hsCPR、Fg 及血尿酸水平比较无显著差异 (P> 0.05)。经过 3 个月治疗后,均显著降低(均 P< 0.05),其中实验组降低更明显(P< 0.05),见表 2。

表 2 两组治疗前后 hsCPR、Fg 及血尿酸水平比较($\bar{x}$± s)

Table 2 Comparison of hsCPR, Fg and serum uric acid level between two groups before and after treatment ($\bar{x}$± s)

指标 Indexes	实验组 Experimental group		对照组 Control group	
	治疗前 Before treatment	治疗后 After treatment	治疗前 Before treatment	治疗后 After treatment
hsCPR (mg/L)	11.78± 2.79	4.91± 1.58*#	12.01± 3.10	8.45± 2.03*
Fg (g/L)	4.23± 0.71	2.77± 0.62*#	4.21± 0.82	3.03± 0.65*
血尿酸(μmol/L)serum uric acid	389.1± 30.1	299.4± 27.1*#	380.5± 31.9	324.1± 27.9*

注:与治疗前比较,* P< 0.05;与对照组治疗后比较,# P< 0.05。

Note:compared with before treatment,* P< 0.05;compared with control group after treatment,# P< 0.05.

2.3 两组心血管事件比较

治疗期间,实验组发生急性心肌梗死 2 例,再发性心绞痛 4 例,心源性猝死 1 例,心血管事件发生率为 8.97%(7/78);对照组发生急性心肌梗死 5 例,再发性心绞痛 10 例,心源性猝死

4 例,心血管事件发生率为 24.36%(19/78);实验组心血管事件发生率显著低于对照组(P<0.05)。

3 讨论

他汀类药物其化学名为 3- 羟基 3- 甲基戊二酰辅酶 A 还原酶 (HMG-CoA 还原酶) 抑制剂, 它通过竞争性抑制 HMG-CoA 还原酶,使肝脏低密度脂蛋白胆固醇受体的表达增加,同时抑制载脂蛋白 B100 在肝内的合成,最终降低 TC、TG、LDL-C 等的含量,并且可以增加高密度脂蛋白的含量[8,9]。国外很多大型临床试验证明,他汀类药物可以通过降脂来减少 ACS 患者的心血管事件的发生[10,11]。目前国内外常用的他汀类药物有辛伐他汀、阿托伐他汀、洛伐他汀、普伐他汀、氟伐他汀 5 种,在相同剂量下,经相关研究证实,阿托伐他汀的降脂效果最佳[12]。而随着 PCI 手术的开展,众多研究者发现,对于没有长期服用过他汀类药物的 ACS 患者,PCI 术前给予大剂量他汀类药物,可显著降低围手术期心肌梗死的发生率,有效改善患者临床预后[13]。

随着对他汀类药物作用机制,特别是对其非降脂作用机制的深入研究,有研究发现他汀类药物作用的多向性效应,除了调脂作用以外,还可以改善内皮功能,抑制血管平滑肌细胞的增殖、减少炎性细胞的浸润等[14,15]。也有研究显示,使用他汀类药物 24 小时以内,内皮功能即得到改善[16]。他汀类药物抑制类异戊二烯合成,从而抑制小 G 蛋白 Rho、Ras、Rac 的活性,发挥其抗炎、抗氧化应激、稳定斑块等心血管保护效应[17,18]。牛月华等临床研究均表明,他汀类药物可以显著降低 hsCPR 及 Fg 水平,降低 ACS 患者心血管事件的发生[9]。

本研究结果显示,经过 3 个月治疗后,两组血脂水平均有所降低,其中实验组降低更为明显,提示阿托伐他汀降片脂效果优于辛伐他汀滴丸,与相关报道一致[19,20]。同时实验组治疗后 hsCPR、Fg 水平显著低于治疗前和对照组, 表明实验组动脉硬化斑块稳定性改善情况良好,机体纤溶活性升高,患者血管状态优于对照组。同时实验组尿酸水平显著降低,高于朱玮的研究结果[3],表明实验组经过他汀类药物治疗,血管内皮功能得到了较好改善。而观察期间内,实验组心血管事件的发生率仅为 8.97%,显著低于对照组,低于邓惠的结果[11],表明了他汀类药物对于心血管的保护作用。

综上所述,阿托伐他汀片对急性冠状动脉综合征具有明显的调脂、消炎等多重作用,且显著优于辛伐他汀滴丸,具有较高的临床应用价值。然而因其远期预后以及治疗后的影响还缺乏相关的报道和分析,因此还需要进一步对其临床效果进行观察和研究。

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