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松龄血脉康对 1 级高血压合并睡眠障碍患者的临床疗效 *

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摘要 目的：探讨松龄血脉康对 1 级高血压合并睡眠障碍患者生活质量及临床疗效的影响。**方法：**收集我院收治的 150 例 1 级高血压合并睡眠障碍患者，随机分为实验组和对照组，每组 75 例。对照组患者给予硝苯地平缓释片并结合低盐饮食，减少脂肪摄入，减轻体重，增加体育活动等。实验组患者在对照组患者基础上给予松龄血脉康胶囊。观察并比较两组患者的治疗前后血压、生活质量水平以及患者睡眠障碍、高血压的临床疗效。**结果：**与治疗前相比，两组患者治疗后收缩压、舒张压水平均下降，生活质量评分均升高，差异具有统计学意义(P<0.05)；与对照组相比，实验组患者收缩压、舒张压水平较低，生活质量评分、睡眠障碍以及高血压的治疗有效率较高，差异具有统计学意义(P<0.05)。**结论：**松龄血脉康能够降低 1 级高血压合并睡眠障碍患者血压水平，提高其生活质量，提高治疗效果。

关键词：松龄血脉康；1 级高血压；睡眠障碍；临床疗效；生活质量

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Clinical Effect of SongLingXueMaiKang on the Patients with Primary Hypertension Complicated with Sleep Disorders*

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ABSTRACT Objective: To explore the influence of SongLingXueMaiKang on the quality of life and the clinical effect of the patients with primary hypertension complicated with sleep disorders. **Methods:** 150 cases of patients with primary hypertension with sleep disorders were randomly divided into the experimental group and control group, 75 cases in each group. The patients in the control group were treated with nifedipine sustained-release tablets combined with a low salt diet, eat less fat, lose weight, increase physical activity, while the patients in the experimental group were given the SongLingXueMaiKang capsule based on the control group. Then the changes of blood pressure, quality of life, as well as the clinical efficacy of sleep disorders, hypertension were observed and compared before and after the treatment. **Results:** Compared with before treatment, the systolic blood pressure, diastolic blood pressure decreased of both groups after treatment were significantly decreased, while the quality of life scores were significantly increased (P<0.05); compared with the control group, the systolic blood pressure and diastolic blood pressure levels were significantly lower and the quality of life score, effective rate of sleep disorders and hypertension were obviously higher in the experimental group (P<0.05). **Conclusions:** SongLingXueMaiKang capsule could effectively reduce the blood pressure and improve the quality of life of patients with primary hypertension and sleep disorder, and improve the clinical effect.

Key words: SongLingXueMaiKang; Primary hypertension; Sleep disorder; Clinical effect; Quality of life

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前言

高血压病是并发冠心病以及多种脑血管疾病的较为主要的危险因素，以头痛、头晕、心悸等为其主要的临床表现，为临床常见病与多发病[1]。1 级高血压为临界状态的(轻度)高血压且无合并疾病、靶器官损害等情况的出现[2]。有研究证实[3]1 级高血压的治疗直接影响患者的预后。临床在治疗上多以改善生活方式结合药物的方式对患者进行治疗。多数高血压病患者同时伴有睡眠障碍。睡眠障碍的出现不仅降低了高血压患者的生活质量，同时也增加了血压的控制难度[4]。在治疗上，应用西药虽能够较快降低血压，具有独特的优势，应用安眠制剂虽然能起到辅助睡眠，改善患者睡眠障碍的效果，但副作用较多，且易成瘾[5]。但中药具有降压稳定，不良反应少等优势，且能够提高患者的生活质量。松龄血脉康胶囊松龄血脉康胶囊采用鲜松叶、葛根、珍珠粉等中药，具有平肝熄风、养心安神的功效，研究证实[7]其具有较好的降压、调节血脂的作用，在降低患者血压的同

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时,对患者的左心室肥厚,肺动脉高压也具有明显(一定)的改善作用,是较为理想的治疗(轻度)高血压药物[6]。本研究以松龄血脉康为研究对象,通过观察 1 级高血压合并睡眠障碍患者的生活质量及临床疗效,探讨其对于 1 级高血压合并睡眠障碍的治疗效果,现报道如下。

1 资料与方法

1.1 临床资料

收集 2014 年 6 月 ~2015 年 6 月于我院就诊或住院治疗的 150 例 1 级高血压合并睡眠障碍患者,随机分为实验组和对照组,每组 75 例。实验组内患者平均年龄(57.65± 1.04)岁,男性 43 例,女性 32 例;对照组内患者平均年龄(58.11± 0.88)岁,男性 46 例,女性 29 例。所有患者符合《内科学》中制定的关于 1 级高血压以及睡眠障碍的诊断标准, 收缩压 140~159 mmHg, 舒张压 90~99 mmHg,符合睡眠障碍的诊断标准;患者年龄在 25~70 岁,患者无心肌梗死、脑血管意外等疾病,所有患者实验前未使用过实验相关药物,对试验措施无过敏反应;所有患者同意进行实验措施,并有患者或家属签署知情同意书。排除不符合纳入标准的患者,年龄在 25 岁以下,70 岁以上的患者;妊娠以及哺乳期妇女;继发性高血压患者;有脑血管疾病史的患者;有严重心肝肾功能不全的患者;已有并发症以及靶器官损害的患者;合并有其他原发疾病的患者;有实验用药禁忌证或对实验用药过敏者;精神病患者;不愿接受实验措施或中途退出者。两组患者一般资料有可比性。

1.2 方法

1.2.1 治疗方法 两组患者入院后均给予相应的治疗措施,对照组患者给予硝苯地平缓释片(地奥集团成都药业股份有限公司 国药准字:H10930145)口服,10~20 mg/ 次,2 次 /d,并结合低盐饮食,减少脂肪摄入,减轻体重,增加体育活动等。实验组患者在对照组患者基础上给予松龄血脉康胶囊(成都康弘制药有限公司 国药准字 Z10960023)3 粒 / 次,3 次 /d。口服。治疗连续 8 周。

1.2.2 患者血压水平检测 所有患者于治疗前后检测 24 h 平均血压水平,采用无创携带式血压监测仪,从上午 9 时开始监测,每次间隔 20 min,嘱患者检测时上肢保持放松状态。

1.2.3 患者生活质量水平检测 采用美国康涅狄格大学制定,结合我国患者具体情况的杜式高血压生活质量量表对患者生活质量进行评估。主要包括生理症状、睡眠状况、工作状态、日常生活能力、认知能力等 13 个方面的内容。分数越低表示生活质量下降越明显,各个条目得分相加为总分,对患者的生活质量进行评价。

1.2.4 患者睡眠障碍疗效况评价 根据 WHO 制定的标准,患者睡眠效率在 71%~80%为 I 级;患者睡眠效率在 61% ~70%之间为 II 级;患者睡眠效率在 51% ~60%之间为 III 级;患者睡眠效率在 41%~50%为 IV 级; 患者睡眠效率在 30%~40%之间为 V 级。治疗后,患者睡眠效率提高 2 级以上为显效;患者睡眠效率提高 1 级为有效; 患者治疗后睡眠效率无改变或下降为无效。

1.2.5 患者高血压疗效评定 治疗后对患者高血压治疗效果进行评价, 患者治疗后舒张压下降 10 mmHg 以上恢复至正常范围或未至正常水平,但下降超过 20 mmHg 为显效;患者治疗后舒张压下降至正常范围但不及 10 mmHg 或患者舒张压较治疗前下降 10 mmHg~19 mmHg 但未达到正常范围或患者收缩压下降 33 mmHg 为有效; 患者治疗后未达到上述任何一项指标为无效。

1.3 统计学分析

采用 SPSS 19.0 统计软件进行分析。计量数据以均数± 标准差($\bar{x}$± s)表示,采用 t 检验;计数资料以%表示,采用 x^2 检验,以 P<0.05 认为差异有统计学意义。

2 结果

2.1 两组患者治疗前后血压水平比较

治疗后, 两组患者的 SBP、DBP 水平与治疗前相比均下降(P<0.05); 与对照组相比, 实验组患者的 SBP、DBP 水平较低(P<0.05),具体见表 1。

表 1 两组患者治疗前后血压水平比较(mmHg, $\bar{x}$± s)

Table 1 Comparison of the blood pressure level between two groups before and after treatment (mmHg, $\bar{x}$± s)

Groups		Before treatment	After treatment
Experimental group	SBP	144.38± 2.18	125.88± 3.03*#
	DBP	96.82± 2.01	79.92± 2.86*#
Control group	SBP	143.92± 1.92	135.93± 2.78*
	DBP	96.37± 1.55	85.28± 2.02*

Note:Compared with Before treatment, *P<0.05; Compared with the control group, #P<0.05.

2.2 两组患者治疗前后生活质量水平比较

治疗后,与治疗前相比两组患者生活质量评分水平均升高(P<0.05);与对照组相比,实验组患者的生活质量评分较高(P<0.05),具体见表 2。

2.3 两组患者睡眠障碍疗效比较

治疗后,两组患者睡眠障碍疗效相比较,实验组治疗总有效率与对照组相比较高(P<0.05),具体见表 3。

2.4 两组患者高血压疗效比较

治疗后,与对照组相比,实验组治疗高血压总有效率较高(P<0.05),具体见表 4。

3 讨论

高血压病是以动脉压升高为主要临床特征的常见的心血管疾病[8]。随着年龄的增长,高血压的发病率不断升高,高血压

能够导致患者发生睡眠障碍，而睡眠障碍的发生又可能导致高血压患者血压不稳定，如夜间血压高的发生等。研究表明睡眠障碍会引起血管内皮依赖型血管的扩张，细胞内镁含量减少，是造成患者血压升高的重要原因[9]。此外，睡眠障碍还会增加高血压患者心、肾、血管等靶器官损害的风险。失眠是睡眠障碍最常见的临床表现，包括入睡困难和维持睡眠的障碍，使患者有效睡眠时间明显减少[10]。长期的睡眠障碍可引起患者免疫力下降，产生焦虑、烦躁情绪，加重高血压患者病情。

表 2 两组患者治疗前后生活质量评分比较($\bar{x}\pm$ s)

Table 2 Comparison of the quality of life scores between two groups before and after treatment($\bar{x}\pm$ s)

Groups	Before treatment	After treatment
Experimental group	151.93± 9.93	193.38± 8.83*#
Control group	148.82± 8.27	179.04± 6.06*

Note: Compared with Before treatment, *P<0.05; Compared with the control group, #P<0.05.

表 3 两组患者睡眠障碍疗效比较(%，$\bar{x}\pm$ s)

Table 3 Comparison of the efficacy of sleep disorders between two groups(%, $\bar{x}\pm$ s)

Groups	Excellence	Effective	Invalid	Total effective rate
Experimental group	44(58.67)	30(40.0)	1(1.33)	74(98.67)*
Control group	24(32.0)	39(52.0)	12(16.0)	63(84.0)

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

表 4 患者高血压疗效比较(%，$\bar{x}\pm$ s)

Table 4 Comparison of the clinical effect of hypertension between two groups(%, $\bar{x}\pm$ s)

Groups	Excellence	Effective	Invalid	Total effective rate
Experimental group	38(50.67)	35(46.67)	2(2.67)	73(97.33)*
Control group	25(33.33)	37(49.33)	13(17.33)	62(82.67)

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

高血压病在祖国医学中可归属于眩晕、头痛等的范畴。早在《内经》中就有"髓海不足，则脑转耳鸣，胫酸眩冒"的记载[11]。经历代医家的扩展和发挥，认为患者在综合因素的影响下，气血失和，阴阳失衡，水不涵木，肝阳上扰心神而至本病发生，总属为本虚标实之证，因此在治疗上以调和阴阳、宁心安神为要。研究证实松龄血脉康具有稳定而可靠的降压作用，且对于血压正常的患者无影响。现代药理学研究表明其含有丰富的前花青素、葛根素等等活性成分，属于黄酮类、多酚类等，具有较明显的抗氧化、改善微循环等作用，通过舒张血管，恢复患者正常的钙代谢，达到调节血压、改善血液流变学的作用[13]。珍珠层粉具有镇静安神的作用，能够对高血压患者的神经功能紊乱情况起到较好的改善作用[14]。本实验结果显示两组患者治疗后的血压水平均下降，与对照组患者相比试验组患者的血压水平较低，睡眠障碍以及高血压的治疗有效率较高。

方中葛根能够解肌退热，升阳止泻，现代研究证实[15]其主要成分葛根素以及葛根黄酮等具有较为突出的扩张血管、降低血粘度、调节前列腺素的作用，还能够抗垂体加压素进而抑制血管的收缩作用。应用葛根后，患者血管扩张，外周阻力降低，患者血压下降。松叶又名松针，具有祛风燥湿，活血安神的功效[16]。现代药理学研究证实[17]松叶含有丰富的维生素，氨基酸以及黄酮类物质，具有较好的舒张、软化血管，降血压，改善微循环的功效。此外，松叶中的叶绿素也具有较好的止血、降血压作用。已有研究证实松针水煎液的降血压效果较好，松针提取物能够显著地降低血液中血管收缩因子水平，降低血压[18]。珍珠具有平肝潜阳，镇心安神的功效，以往临床多用于安神定惊，近年的研究显示珍珠能够改善高血压患者的临床症状，改善患者的神经功能紊乱情况[19,20]。诸药合用对患者血压的下降具有较好的疗效，到达稳定的降低血压、改善睡眠的目的。

综上所述，松龄血脉康能够降低 1 级高血压合并睡眠障碍患者血压水平，提高其生活质量，提高临床治疗效果。

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