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心理干预联合氟哌噻吨美利曲辛片对老年高血压伴焦虑抑郁患者血压的影响*

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摘要 目的:研究心理干预联合氟哌噻吨美利曲辛片对老年高血压伴焦虑抑郁患者的血压影响。**方法:**选取2013年4月到2014年4月某院收治的老年高血压伴焦虑抑郁的患者110例,按照随机数字表法将患者分为研究组和对照组,每组55例,对照组给予常规降压治疗,研究组在对照组的基础上给予心理干预,同时服用氟哌噻吨美利曲辛片,治疗时间均为8周,应用抑郁自评量表(HAMD)和汉密尔顿焦虑自评量表(HAMA)的评分来评价患者的抑郁状态,比较两组降压疗效、HAMD评分、HAMA评分以及不良反应。**结果:**研究组降压总有效率94.5%(52/55),对照组降压总有效率为67.3%(37/55),两组比较差异具有统计学意义(x^2=12.952,P=0.013);研究组治疗后HAMA评分和HAMD评分分别为(10.5± 0.6)分、(11.9± 1.1)分显著低于治疗前的(20.8± 0.4)分、(31.2± 0.7)分,与治疗前比较差异具有统计学意义(t=9.923,10.628,P=0.025,0.019),与对照组比较差异具有统计学意义(t=9.823,11.628,P=0.023,0.016);两组不良反应比较差异无统计学意义(x^2=5.492,P=0.072)。**结论:**心理干预联合氟哌噻吨美利曲辛片治疗老年高血压伴焦虑抑郁者具有较好的降压效果,能改善患者焦虑抑郁状态,且无严重不良反应。

关键词:心理干预;氟哌噻吨美利曲辛片;高血压;焦虑抑郁

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Effect of Psychological Intervention Combined with Flupentixol and Melitracen Tablets on Blood Pressure of Elderly Hypertensive Patients with Anxiety and Depression*

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ABSTRACT Objective: To study the effect of psychological intervention combined with flupentixol and melitracen tablets on blood pressure of elderly hypertensive patients with anxiety and depression. **Methods:** 110 cases of elderly patients with hypertension accompanied with anxiety and depression in our hospital from April 2013 to April 2014 were divided into the study group and the control group with 55 cases in each group according to random number table methods, the control group was given conventional therapy while the study group received psychological intervention and took the flupentixol and melitracen tablets on the basis of conventional therapy, all patients received treatment for 8 weeks, the depressive state of patients was evaluated by self rating depression Scale (HAMD) and Hamilton Anxiety Scale (HAMA) score, curative effect, blood pressure, HAMD score, HAMA score and adverse reactions of two groups were compared. **Results:** The total antihypertensive effective rate of the study group was 94.5%(52/55), the control group was 67.3% (37/55), with significant differences between two groups (x^2=12.952,P=0.013); HAMA score and HAMD score of the study group after treatment were (10.5± 0.6) points, (11.9± 1.1) points, significantly lower than those before treatment(20.8± 0.4 points,31.2± 0.7 points respectively), the difference was statistically significant when compared with the control group (t=9.823,11.628, P=0.023,0.016); There was no statistically significant difference in adverse reactions between two groups (x^2=5.492, P=0.072). **Conclusion:** The psychological intervention combined with Flupentixol and melitracen tablets have a better antihypertensive effect in treatment of elderly hypertensive patients with anxiety depression, which can improve the anxiety and depression of the patients,without serious adverse reactions.

Key words: Psychological intervention; Flupentixol and melitracen tablets; Hypertension; Anxiety and depression

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前言

高血压是一种慢性疾病，患者需要终身服药，给患者心理带来较大的影响，患者容易出现焦虑抑郁的心理[1]。而焦虑和抑郁对高血压患者的影响也受到国内外专家的重视[2-4]，研究显示明显的焦虑和抑郁会严重影响高血压患者的血压控制，血压控制不好，尤其是老年患者会加重焦虑和抑郁状态，造成一个恶性循环。因此如何在降压的基础上进行抗焦虑抑郁治疗具有重要的意义，能显著增强降压的治疗效果[5,6]。本研究旨在研究心理干预联合氟哌噻吨美利曲辛片对老年高血压伴焦虑抑郁患者的血压影响，现将结果报道如下。

1 资料与方法

1.1 一般资料

选取 2013 年 4 月到 2014 年 4 月某院收治的老年高血压伴焦虑抑郁的患者 110 例，所有患者均符合 1999 年世界卫生组织国际高血压病学会的诊断标准 [7]，且汉密尔顿抑郁量表（HAMD）和汉密尔顿焦虑量表（HAMA）评分证实存在焦虑抑郁症状。排除冠心病、糖尿病、继发性高血压、心功能不全、肝肾功能不全以及精神障碍者。按照随机数字表法将患者分为研究组和对照组，每组各 55 例。其中研究组男性 28 例，女性 27 例，年龄 62-80 岁，平均年龄（68.2± 1.3）岁，体重指数 20-28，平均体重指数（23.6± 1.1）；对照组男性 29 例，女性 26 例，年龄 63-80 岁，平均年龄（68.3± 0.9）岁，体重指数 20-28，平均体重指数（23.5± 1.2），两组患者的年龄、性别以及体重指数比较均无显著差异（P＞0.05），具有可比性，研究经医院伦理委员会批准，所有患者均知情同意并签订知情同意书。

1.2 治疗方法

对照组：给予氨氯地平（生产厂家：苏州东瑞制药有限公司，生产批号：20120613）5 mg/ 次，每天 1 次，缬沙坦（生产厂家：江苏省常州四药制药有限公司，生产批号：20130121）80 mg/ 次，每天 1 次。研究组：给予与上述相同的降压药，给予心理干预：（1）健康教育：对患者进行健康教育，纠正患者的不良习惯，向患者讲解高血压相关知识，并针对患者的情况进行心理指导和健康宣传。（2）放松训练：指导患者每天进行慢跑、散步、练太极拳等有氧运动，让患者充分放松。（3）心理疏导：和患者沟通，了解患者的情况和导致不良情绪的诱因，由专业人员对其有针对性的心理疏导，每周 1 次，尽可能的解除患者的思想顾虑，使患者心情平静，精神积极向上。同时给予氟哌噻吨美利曲辛片（生产厂家：H.Lundbeck A/S，生产批号：20130126）1 片 / 次，每天 1 次。治疗时间为 8 周。

1.3 观察指标

应用抑郁自评量表（HAMD）和汉密尔顿焦虑自评量表（HAMA）的评分来评价患者的抑郁状态，观察两组降压疗效、HAMD 评分、HAMA 评分以及不良反应。

1.4 降压效果评价[8,9]

显效：患者舒张压下降≥ 10 mmHg 并降到正常或者下降≥ 20 mmHg；有效：患者舒张压下降虽未达到 10 mmHg 但是降低至正常水平或者下降在 10-20 mmHg 或者收缩压下降 30 mmHg；无效：指降压未达到上述的标准。（总有效率 = 显效率 + 有效率）

1.5 统计学方法

全部数据均在 SPSS17.0 软件上统计，其中计量资料用（$\bar{x}\pm s$）表示，应用 t 检验，计数资料应用 x^2 检验，检验标准以 P<0.05 表示有统计学意义。

2 结果

2.1 两组降压效果比较

由表 1 可知，研究组降压总有效率 94.5%（52/55），对照组降压总有效率为 67.3%（37/55），两组比较差异具有统计学意义（x^2=12.952，P=0.013）。

表 1 两组降压效果比较[n(%)]

Table 1 Comparison of antihypertensive effect between two groups [n(%)]

组别 Groups	例数 Cases	显效 excellence	有效 Effective	无效 Invalid	总有效率 Total effective rate
对照组 Control group	55	17(30.9)	20(36.4)	18(32.7)	37(67.3)
研究组 Study group	55	23(41.8)	29(52.7)	3(5.5)	52(94.5)[a]

注：与对照组比较，x^2=12.952，[a] P=0.013。

Note: compared with control group, x^2=12.952，[a] P=0.013.

表 2 两组治疗前后 HAMA 和 HAMD 评分比较（分，$\bar{x}\pm s$）

Table 2 Comparison of HAMA score and HAMD score before and after treatment between groups(points, $\bar{x}\pm s$)

组别 Groups	时间 Time	HAMA 评分 HAMA score	HAMD 评分 HAMD score
对照组 Control group	治疗前 Before treatment	20.7± 0.6	31.3± 1.4
	治疗后 After treatment	17.3± 1.2	26.2± 0.9
研究组 Study group	治疗前 Before treatment	20.8± 0.4	31.2± 0.7
	治疗后 After treatmen	10.5± 0.6[ab]	11.9± 1.1[ab]

注：与治疗前比较，t=9.923,10.628 [b] P=0.025,0.019；与对照组比较，t =9.823,11.628，[a]P=0.023,0.016。

Note：compared with before treatment, t=9.923,10.628, [b] P=0.025,0.019;compred with control group, t =9.823,11.628，[a]P=0.023,0.016.

2.2 两组治疗前、后 HAMA 和 HAMD 评分比较

由表 2 可知，研究组治疗后 HAMA 评分和 HAMD 评分分别为（10.5± 0.6）分、（11.9± 1.1）分显著低于治疗前的（20.8± 0.4）分、（31.2± 0.7）分，与治疗前比较差异具有统计学意义（t=9.923,10.628，P=0.025,0.019），与对照组比较差异具有统计学意义（t =9.823,11.628，P=0.023,0.016）。

2.3 两组不良反应比较

对照组有 1 例出现头晕、2 例出现轻度水肿，研究组有 1 例出现轻度水肿，1 例出现恶性，2 例出现头晕，两组均未出现严重不良反应而影响治疗者，两组不良反应比较差异无统计学意义（x^2=5.492，P=0.072）。

3 讨论

原发性高血压是一种心理因素和躯体因素相互作用引起的，是身心性的疾病，流行病学调查显示[10]，焦虑抑郁情绪和高血压之间有着密切的关系，心血管病的患者常常伴随着焦虑和抑郁症状，高血压病尤其是老年患者更容易产生焦虑和抑郁状态。国外许多研究显示，焦虑抑郁以高血压形成或者血压升高的独立性的危险因子。而最新统计显示[11-13]，高血压伴焦虑抑郁的发生率高达 25%-45%，其中老年高血压患者合并焦虑抑郁者占大多数，可能和老年高血压患者的心理应变能力显著降低，其大脑的功能也随之减退，下丘脑的分泌功能紊乱引起情绪不稳定。老年高血压的患者容易引起脑动脉粥样硬化，引起脑部缺血，进而破坏去甲肾上腺素和 5- 羟色胺的通道，使上述两种神经递质显著减少，增加老年高血压患者的焦虑抑郁状态[14]。老年高血压患者需要长期服用药物，其心理负担较重，许多患者担心长期服药会出现严重副作用，加重患者的焦虑抑郁的症状，造成一个恶性循环，严重影响患者的生活质量，而且也显著增加患者心脑血管等不良事件的发生率。国外研究显示[15-17]，高血压伴随抑郁症的患者病死率、心肌梗死以及脑卒中的发生率均显著增加。

提示临床治疗应注意高血压患者是否存在焦虑抑郁状态并及时治疗，充分证明高血压患者伴随焦虑抑郁的患者给予降压治疗的时候配合心理干预和抗焦虑治疗具有重要的意义[18]。本研究心理干预包括：健康教育、放松训练以及心理疏导，能够使患者充分了解高血压疾病，对疾病引起重视，同时注意生活中的不良习惯，放松训练能使患者身心放松，保持心情愉悦的状态，给患者进行心理疏导能及时了解患者的情况，根据患者的情况有针对的心理治疗，解除患者的心理顾虑。同时配合氟哌噻吨美利曲辛片治疗，该药物能显著增加突出间隙中的 5- 羟色胺、多巴胺和去甲肾上腺素的含量，而且可以作用在抗焦虑抑郁相关的 3 种神经递质上，进而发挥抗抑郁焦虑的效果。本研究结果显示，研究组降压总有效率 94.5%（52/55），对照组降压总有效率为 67.3%（37/55），提示出心理干预联合氟哌噻吨美利曲辛片治疗老年高血压伴焦虑抑郁患者具有较好的降压效果，能显著降低患者的血压，与国外的许多报道一致[19,20]。研究还发现治疗后研究组 HAMA 评分和 HAMD 评分均显著优于治疗前，且优于对照组，可以说明心理干预联合氟哌噻吨美利曲辛片治疗老年高血压能显著改善患者的焦虑抑郁状态，改善患者的情况。且两组均未出现严重不良反应，说明具有较好的安全性。

综上所述，在日常工作中应该重视老年高血压伴焦虑抑郁患者，除常规降压也应重视抗焦虑抑郁治疗，心理干预联合氟哌噻吨美利曲辛片治疗高血压伴焦虑抑郁具有较好的降压效果，能显著改善患者的焦虑抑郁状况，且无明显不良反应，安全可行，值得临床推广。

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