doi: 10.13241/j.cnki.pmb.2017.05.013

胺碘酮治疗老年急性心肌梗死伴心房颤动的临床研究

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摘要 目的：探究胺碘酮治疗老年急性心肌梗死(AMI)伴心房颤动的疗程疗效。**方法**：选取于 2014 年 1 月 -2016 年 6 月来我院诊治的 AMI 且合并心房颤动患者 74 例为研究对象，采用随机数字表法分为观察组和对照组，每组各 37 例；观察组采用胺碘酮治疗，对照组采用毛花苷丙治疗，评价两组治疗效果，比较两组房颤动控制率、窦性心律维持率、病死率及不良反应发生率。**结果**：观察组的显效率、总有效率分别为 73.0%(18/37)、94.6%(27/37)，明显高于对照组的 48.6%(27/37)、73.0%(35/37)，差异有统计学意义(P=0.032,P=0.021)；房颤动控制率及窦性心律维持率分别为 67.6%(25/37)、81.1%(30/37) 明显高于对照组的 43.2%(16/37)、45.9%(17/37)，差异有统计学意义(P=0.035，P=0.002)；病死率及不良反应发生率分别为 5.4%(2/37)、10.8%(4/37)明显低于对照组的 21.6%(8/37)、51.8%(19/37)，差异有统计学意义(P=0.041,P<0.001)。**结论**：胺碘酮治疗老年 AMI 伴心房颤动的临床疗效显著，药物不良反应的发生率较低，安全有效，值得在临床应用推广。

关键词：胺碘酮；老年人；急性心肌梗死；心房颤动

中图分类号：R542.22 **文献标识码**：A **文章编号**：1673-6273(2017)05-856-03

Clinical Study of Amiodarone in the Treatment of Elderly Patients with Acute Myocardial Infarction Complicated with Atrial Fibrillation

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ABSTRACT Objective: To explore the efficacy of amiodarone in the treatment of elderly patients with acute myocardial infarction combined atrial fibrillation. **Methods:** 74 cases were selected from January 2014 to 2016 in our hospital for treatment of acute myocardial infarction with atrial fibrillation. All cases were divided into observation group and control group,with 37 cases of patients in each group; The patients in the observation group were treated with amiodarone,and the control group with Lanatoside C for the treatment.The atrial fibrillation cardioversion, the maintenance of sinus rhythm, mortality rate and adverse reaction incidence were observed between the two group. **Results:** The significant efficiency and total effective rate of the observation group were 73% (18/37) and 94.6% (27/37), significantly higher than that in the control group of 48.6%(27/37),73%(35/37), the difference was statistically significant (P=0.032, P=0.021); Atrial fibrillation control rate and sinus rhythm maintenance rate were 67.6% (25/37) and 81.1% (30/37), significantly higher than that in the control group of 43.2% (16/37), 45.9% (17/37), the difference was statistically significant(P=0.035, P=0.002); The mortality and incidence of adverse reactions were 5.4% (2/37) and 10.8% (4/37), significantly lower than the control group of 21.6% (8/37),51.8% (19/37), the difference was statistically significant (P=0.041, P<0.001). **Conclusion:** Amiodarone in the treatment of elderly acute myocardial infarction combined atrial fibrillation patients is observed to be safe, effective and worthy of clinical application and promotion.

Key words: Amiodarone; Aged; Acute myocardial infarction; Atrial fibrillation

Chinese Library Classification(CLC): R542.22 Document code: A

Article ID: 1673-6273(2017)05-856-03

前言

急性心肌梗死（Acute Myocardial Infarction，AMI）是由于外部各种原因引起的冠状动脉严重堵塞，引起暴发性缺血、缺氧、供血不足，导致心肌细胞严重坏死[1,2]。常见并发心房颤动，可导致耗氧量进一步增加，心肌缺血更加严重，引起心肌细胞更大面积的死亡[3,4]。该并发症在老年人中尤为常见，使病死率增加[5]。临床上较常用的治疗 AMI 伴心房颤动如毛花苷丙，普罗帕酮等药物，安全性较差，不良发应发生率高，治疗效果欠佳。而胺碘酮是临床上常用的抗心律失常药物，最近临床数据表明，该药物对 AMI 伴心房颤动的治疗具有显著疗效，其可延长动作电位，抑制心房颤动，达到抗心律失常的目的[6,7]；较毛花苷丙，普罗帕酮等药物，其安全性高，心律得到积极好转，患者临床状况得到积极改善 [8]。因此本研究特选取 2014 年 1 月 -2016 年 6 月来我院诊治的老年 AMI 伴心房颤动患者 75 例，采用胺碘酮及毛花苷丙治疗，对比评价胺碘酮的治疗疗效及安全性。

1 对象与方法

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(收稿日期：2016-07-28 接受日期：2016-08-25)

1.1 研究对象

选取于 2014 年 1 月 -2016 年 6 月来我院诊治的 AMI 且合并心房颤动患者为研究对象。纳入排除标准:(1)所有患者均大于 65 周岁且经心电图、心肌标志物等确诊为急性心梗伴心房颤动;(2)发病前患者均无房颤、心率 >70 次 / 分;(3)排除其他肝肾功能不全、妊娠、先天性心脏病史及甲状腺功能不全患者;本研究所有操作均经我院医学伦理委员会审查通过,所有患者及家属均知情同意。经纳入排除标准共收集患者 74 例,其中男 47 例,女 27 例;采用随机数字表法分为观察组和对照组,每组各 37 例,其中,观察组男 24 例,女 13 例;年龄 65～84 岁,平均年龄(70.44± 11.33);对照组男 23 例,女 14 例,年龄 65～85 岁,平均年龄(69.94± 10.46);两组年龄性别均无统计学差异(P>0.05)。

1.2 方法

观察组初始以 150 mg 葡萄糖治疗盐酸胺碘酮注射液(规格:每支 0.15 g;商品名:可达龙;国药准字:H19993254;厂家:赛诺菲(杭州)制药有限公司),先缓慢滴注 6 min,再以 1-1.5 mg/min 维持静脉滴注;心房颤动控制不理想者,间隔半小时适量增加注射,追加不得超过 2 次,病情好转后逐渐减量;对照组行静脉推注毛花苷丙(规格:每支 0.4 g;商品名: 西地兰;国药准字 H33021566;厂家:浙江金华康恩贝生物制药有限公司)0.4 mg+5%葡萄糖 20 mL,时间为 5 min。两组患者每天给药 1 次,每周为 1 个疗程,所有患者用药时间直到患者恢复正常窦性心律。

1.3 治疗效果评价

观察两组心房颤动转复情况,窦性心律维持情况,病死率及不良反应发生率。心房颤动转复治疗 6 个月后的疗效评价:显效为无心房颤动;有效为心房颤动发生次数减少 50%以下;无效为心房颤动发作次数并没有减少;总有效率为显效率 + 有效率。不良反应包括心动过缓,血压下降,恶心呕吐等。

1.4 统计方法

所有数据经 SPSS19.0 进行分析,计数资料利用卡方检验比较两组差异,计量资料采用 t 检验,P<0.05 认为有统计学差异。

2 结果

2.1 临床治疗效果评价

两组显效率及总有效率均有统计学差异(P=0.032;0.012),观察组显效率为 73%显著高于对照组的 48.6%;总有效率为 94.6%高于对照组的 73%,见表 1。

表 1 两组临床治疗效果比较[n(%)]

Table 1 Comparison of clinical treatment effect between the two groups[n(%)]

Groups	N	Significant effect	Effcet	Invalid	Total effective rate
Control group	37	18(48.6)	9(24.3)	10(27.0)	27(73.0)
Observation group	37	27(73.0)	8(21.6)	2(5.4)	35(94.6)
x^2		4.593	0.076	6.366	6.366
P		0.032	0.782	0.012	0.012

2.2 心房颤动控制率、窦性心律维持率及病死率评价

观察组心房颤动控制率及窦性心律维持率显著高于对照组,差异具有统计学意义(P=0.035;P=0.002);观察组的病死率显著低于对照组(P=0.041),见表 2。

表 2 两组心房颤动控制率及窦性心律维持率比较[n(%)]

Table 2 Comparison of atrial fibrillation controlled rate and sinus rhythm maintenance rate between the two groups[n(%)]

Groups	Atrial fibrillation controlled rate	Sinus rhythm maintenance rate	Mortality rate
Control group	16(43.2)	17(45.9)	8(21.6)
Observation group	25(67.6)	30(81.1)	2(5.4)
x^2	4.430	9.855	4.162
P	0.035	0.002	0.041

2.3 安全性比较

观察组中心动过缓 1 例,恶心呕吐 2 例,其他 1 例;对照组中 5 例心动过缓,2 例血压下降,5 例恶心呕吐,3 例房室传导阻滞,其他 4 例;观察组患者不良发应总发生率为 10.8%,对照组患者总发生率为 51.3%,观察组不良反应的总发生率显著低于对照组(x^2=14.194,P<0.001)。

3 讨论

AMI 主要由心肌缺血、缺氧、坏死等原因引起,患者易发生心律失常,其能够引起降低患者血压、加快心室率,不仅会加重患者缺血性损伤程度,且会扩大患者心肌梗死面积,增加临床风险[9]。其中,心房颤动作为急性心肌梗死并发症,发生率高达 10%~15%[10],是导致患者急性期发生死亡重要原因,患者出现心房颤动、心率提高、血压下降,进一步加重患者损伤加重、梗死面积增加、导致心功能恶化、病死率上升[11,12],因此,对于心肌梗死并发心房颤动患者应该尽早控制患者心率,防止窦性心律发生。目前,临床上应用与抗心率时常的药物主要有毛花苷丙、奎尼丁、普罗帕酮、氟卡尼、普鲁卡因胺及胺碘酮等药物,而临床大量研究显示[13,14],毛花苷丙可引起患者发生心率时常,增加患者病死率;而普鲁卡因临床治疗过程中对患者心功能产生影响,易引起患者心功能障碍,目前临床应用较少。近年来,存在研究显示胺碘酮在治疗临床 AMI 并发心房颤动具有较高疗效[15],

并受到临床工作者重视,因此,本研究胺碘酮治疗老年 AMI 伴心房颤动的疗程疗效。

既往研究显示[16],胺碘酮能够显著改善患者心肌缺血、缺氧状态,改善患者心功能不全,在治疗心率失常过程中具有明显的疗效。其中,研究者在胺碘酮联合极化液在治疗 AMI 合并心房颤动中发现,患者心房颤动病情进展迅速、复杂,在及时给予及胺碘酮救治后,患者心率控制疗效显著,无适应性依赖发生且并发症较少[17]。本研究显示,观察组显效率及总有效率均高于对照组(P=0.032;0.012),观察组房颤控制率及窦性心率维持率均高于对照组(P>0.05),说明胺碘酮在治疗老年心肌梗死合并心房颤动方面具有显著的疗效,其能够有效控制或治疗患者病情,控制患者心率失常,与既往研究结果一致[18],其主要与胺碘酮药理机制相关,一方面胺碘酮能够阻断患者心肌钾离子通道,延长患者心肌复位电极,阻碍心肌提前收缩;另一方面,胺碘酮能够阻断机体 α 受体及 β 受体, 增加心肌冠状动脉供血,有效改善患者心肌缺血、缺氧及心功能障碍。此外,胺碘酮能够阻断心肌细胞钙离子、钠离子通道,抑制心肌提前收缩[19]。对两组患者治疗过程中的不良反应分析显示,观察组的病死率显著低于对照组(x^2=4.162,P=0.041);观察组不良反应的总发生率显著低于对照组(x^2=14.194,P<0.001),说明胺碘酮在治疗老年心肌梗死合并心房颤动方面不仅具有显著的疗效,且安全性较高,不良反应较少,与既往研究结果一致[20]。

综述所述,胺碘酮治疗老年急性心肌梗死伴心房颤动的临床疗效显著,药物不良反应的发生率较低,安全有效,值得在临床应用推广。

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