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强心益气方联合瑞舒伐他汀治疗急性心肌梗死的疗效及对患者血清相关指标的影响 *

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摘要 目的：探讨强心益气方联合瑞舒伐他汀治疗急性心肌梗死的临床疗效及对患者白细胞计数（WBC）、中性粒细胞比值（NEU）、肌红蛋白及C反应蛋白（CRP）水平的影响。**方法：**选自2014年6月~2015年12月我院收治的急性心肌梗死患者96例，随机分为观察组与对照组，每组48例。对照组采用瑞舒伐他汀治疗，观察组在对照组基础上给予强心益气方治疗。观察并比较两组患者的治疗疗效以及治疗前后心功能指标、WBC、NEU、肌红蛋白、CRP水平变化，及用药期间不良反应情况。**结果：**观察组治疗总有效率（89.58%）高于对照组（70.83%）（P<0.05）；与治疗前比较，两组LVEF、SV治疗后明显升高，而LVEDV明显降低（P<0.05）；观察组LVEF、SV治疗后高于对照组，而LVEDV低于对照组（P<0.05）；与治疗前比较，两组WBC、NEU、肌红蛋白、CRP水平治疗后明显降低（P<0.05）；观察组WBC、NEU、肌红蛋白、CRP水平治疗后低于对照组（P<0.05）；两组均未见严重不良反应。**结论：**强心益气方联合瑞舒伐他汀治疗急性心肌梗死患者疗效显著，可降低WBC、NEU、肌红蛋白、CRP含量，安全可靠，值得研究。

关键词：强心益气方；瑞舒伐他汀；急性心肌梗死；白细胞计数；中性粒细胞比值；肌红蛋白；C反应蛋白

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Clinical Efficacy of Qiangxinyiqi Decoction Combined with Rosuvastatin in Treatment of Acute Myocardial Infarction and the Effects on White Blood Count(WBC), NEU, Myoglobin and C-reactive Protein(CRP) Levels*

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ABSTRACT Objective: To investigate the clinical efficacy of Qiangxinyiqi decoction combined with rosuvastatin in treatment of acute myocardial infarction and the effects on the levels of white blood count (WBC), NEU, myoglobin and C-reactive protein(CRP). **Methods:** 96 patients with acute myocardial infarction who were treated in our hospital from June 2014 to December 2015 were selected and randomly divided into the observation group and the control group, with 48 cases in each group. The patients in the control group were treated with rosuvastatin, while the patients in the observation group were treated with Qiangxinyiqi decoction on the basis of the control group. Then the clinical efficacy and the indexes of heart function and the levels of white blood count (WBC), NEU, myoglobin and C-reactive protein(CRP) and the adverse reactions between the two groups were observed and compared. **Results:** The total effective rate in observation group was 89.58%, which was significantly higher than 70.83% in the control group (P<0.05); Compared with before treatment, the levels of LVEF and SV in the two groups significantly increased after the treatment, while the LVEDV decreased (P<0.05); After treatment, the levels of LVEF and SV in the observation group were significantly higher than those of the control group, while the LVEDV was lower (P<0.05); Compared with before treatment, the levels of white blood count (WBC), NEU, myoglobin and C-reactive protein (CRP) in the t6wo groups decreased after the treatment (P<0.05); After treatment, the levels of the white blood count(WBC), NEU, myoglobin and C-reactive protein(CRP) in the observation group were lower than those of the control group (P<0.05); There were no serious adverse reaction in the two groups. **Conclusions:** Qiangxinyiqi decoction combined with rosuvastatin in treatment of acute myocardial infarction brought has obvious effects which can reduce the levels of white blood count(WBC), NEU, myoglobin and C-reactive protein(CRP), and it is worthy of clinical application.

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Key words: Qiangxinyiqi decoction; Rosuvastatin; Acute myocardial infarction; White blood count (WBC); NEU; Myoglobin; C-reactive protein(CRP)

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前言

心肌梗死主要是由于冠状动脉急性狭窄或闭塞,以及供血持续下降或终止所致的严重缺血、坏死[1-3]。急性心肌梗死具有发病急、死亡率等特点,且易并发心力衰竭、休克等[4-6]。目前,西医治疗急性心肌梗死尚无特效的治疗药物,且治疗效果并不十分理想。而随着中医药的不断研究,应用于心肌梗死患者具有良好疗效[7,8]。因此,本研究探讨急性心肌梗死患者应用强心益气方联合瑞舒伐他汀治疗疗效及对患者白细胞计数(WBC)、中性粒细胞比值(NEU)、肌红蛋白、C 反应蛋白(CRP)水平的影响。

1 资料与方法

1.1 一般资料

本研究 96 例急性心肌梗死患者选自 2014 年 6 月 ~2015 年 12 月,参照《美国心脏病学会、美国心脏病学会 2002 年关于非 ST 段抬高心肌梗死与不稳定型心绞痛治疗指南中诊断标准》[9]中急性心肌梗死诊断标准。入组的 96 例患者中,男性患者 59 例,女性患者 37 例;年龄 35~75 岁,平均年龄(56.38± 7.51)岁;发病至入院时间 1~47 h,平均(21.26± 4.15)h。依据随机数字表法将本研究中 96 例急性心肌梗死患者随机分为观察组 48 例与对照组 48 例。两组一般资料统计表明比较无统计学差异(P>0.05)。

1.2 入组及排除标准

入组标准:① 符合急性心肌梗死诊断标准者;② 均未接受溶栓或急诊经皮冠状动脉介入治疗(PCI);③ 年龄 35~75 岁;④ 均已经医院伦理委员会批准者;⑤ 签订知情同意书者。排除标准:① 脑血管疾病、肿瘤以及精神疾病者;② 对本研究方案药物过敏者;③ 各种急、慢性感染性疾病;④ 哺乳期或者妊娠期妇女;⑤ 合并肺、肾、肝、心等功能严重异常者。

1.3 治疗方法

对照组:给予常规西医治疗,包括吸氧、休息以及监测患者心电图、血压和呼吸等监护;同时给予瑞舒伐他汀(国药准字 J20120007;生产厂家:阿斯利康制药有限公司)起始给药剂量为每日 10 mg,最大给药剂量为每日 40 mg。观察组:在上述治疗基础上服用强心益气方,组成:红参 15 g、黄芪 15 g、丹参 15 g、川芎 15 g、附子 10 g、三七 10 g、赤芍 10 g、降香 10 g、甘草 6 g,辨症加减:胸痛刺痛者加柴胡 15 g、延胡索 15 g,胸闷、多痰、舌有瘀斑者加丹参 15 g、半夏 15 g、厚朴 15 g,心悸怔仲、五心烦热严重者加枸杞子 15 g、麦冬 15 g、女贞子 15 g。水煎服,每日 1 剂,每次 150 mL,每日分早、晚两次温服。两组患者治疗均以 14 d 疗程。

1.4 疗效评价标准

① 显效:症状消失,以及患者治疗后心电图稳定;② 有效:症状好转,以及患者治疗后心电图基本稳定;③ 无效:症状、心电图无改善,甚至出现加重或死亡。

1.5 观察指标

(1)观察两组患者心功能指标左心室射血分数(LVEF)、左心室收缩末期容积(LVEDV)、每搏心输出量(SV)治疗前后变化;(2)观察两组患者 WBC、NEU、肌红蛋白、CRP 水平治疗前后变化;(3)观察两组不良反应。

1.6 统计学处理

应用 SPSS22.0 统计学软件处理,应用秩和检验检验计数资料,t 检验检验计量资料,P<0.05 具有统计学差异。

2 结果

2.1 两组疗效比较

观察组治疗总有效率(89.58%)高于对照组(70.83%)(P<0.05)。两组均未见严重不良反应。见表 1。

表 1 两组疗效比较

Table 1 Comparison of therapeutic effects between two groups

Groups	Cases	Excellence	Effective	Invalid	Total effective rate(%)
Observation group	48	27(56.25)	16(33.33)	5(10.42)	89.58
Control group	48	20(41.67)	14(29.17)	14(29.17)	70.83
u	-	-	-	-	5.3151
P	-	-	-	-	<0.05

2.2 两组心功能比较

两组 LVEF、SV 治疗后明显增加,而 LVEDV 明显降低(P<0.05);观察组 LVEF、SV 治疗后高于对照组,而 LVEDV 低于对照组(P<0.05)。见表 2。

2.3 两组 WBC、NEU、肌红蛋白、CRP 水平比较

两组 WBC、NEU、肌红蛋白、CRP 水平治疗后下降(P<0.05);观察组 WBC、NEU、肌红蛋白、CRP 水平治疗后低于对照组(P<0.05)。见表 3。

3 讨论

冠状动脉粥样硬化斑块破裂为急性心肌梗死主要病理基础,致使血栓形成,甚至会堵塞冠状动脉,因此采取及时有效治疗措施对降低患者心肌缺血性坏死、恢复心肌供血尤为重要[11-14]。中医学认为急性心肌梗死属"真心痛"、"胸痹心痛"

等范畴,中医理论认为血瘀、气滞、阳气不足为急性心肌梗死的主要病机,应兼顾标本,治疗以强心益气为主[15,16]。本研究方中红参具有益气摄血功效,丹参具有活血祛瘀养血功效,附子具有回阳救逆功效,黄芪具有益气温阳功效,川芎具有活血行气功效,赤芍具有散瘀凉血功效,三七具有散瘀止血功效,甘草调和诸药。瑞舒伐他汀是新型的他汀类药物,药理研究表明他汀类药物能够阻断细胞内羟甲戊酸途径,提高细胞内血清胆固醇清除,以及降低胆固醇合成,并且还能够抑制肝脏合成载脂蛋白[17,18]。本研究表明,观察组治疗总有效率高于对照组,提示强心益气方联合瑞舒伐他汀可明显提高治疗疗效;两组 LVEF 和 SV 治疗后明显增加、而 LVEDV 明显降低,观察组 LVEF 和 SV 治疗后高于对照组、而 LVEDV 低于对照组,提示强心益气方联合瑞舒伐他汀可明显改善心功能。

表 2 两组心功能指标水平比较($\bar{x}\pm s$)

Table 2 Comparison of cardiac function indexes between two groups($\bar{x}\pm s$)

Groups	Cases	LVEF(%)		LVEDV(mL)		SV(v/mL)	
		Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment
Observation group	48	35.89± 5.16	47.38± 4.35*	159.76± 21.13	134.36± 13.42*	59.83± 5.41	78.62± 4.38*
Control group	48	36.28± 5.41	42.37± 4.68*	161.03± 20.74	149.38± 16.21*	60.19± 5.23	69.68± 4.71*
t	-	0.3614	5.4325	0.2972	4.9449	0.3315	9.6299
P	-	>0.05	<0.05	>0.05	<0.05	>0.05	<0.05

Note: compared with before treatment, *P<0.05.

表 3 两组 WBC、NEU、肌红蛋白、CRP 水平比较($\bar{x}\pm s$)

Table 3 Comparison of WBC, NEU, myoglobin and CRP between two groups($\bar{x}\pm s$)

Groups	Cases	WBC(× 10^9/L)		NEU		Myoglobin(μg/L)		CRP(mg/L)	
		Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment
Observationgroup	48	9.35± 0.87	6.87± 0.57*	74.39± 8.49	58.93± 6.13*	376.48± 49.31	109.84± 17.36*	39.87± 7.81	16.58± 3.45*
Control group	48	9.27± 0.91	7.71± 0.68*	75.13± 8.24	67.19± 6.57*	365.19± 53.14	189.41± 28.65*	40.51± 8.03	27.90± 6.14*
t	-	0.4420	6.5589	0.4333	6.3687	1.0790	4.2253	0.3958	11.1357
P	-	>0.05	<0.05	>0.05	<0.05	>0.05	<0.05	>0.05	<0.05

Note: compared with before treatment, *P<0.05.

临床研究表明,血清 CRP 浓度上升与动脉粥样斑块炎症反应程度相关,同时也为急性冠脉综合征的一项重要诊断指标[10]。研究报道显示,急性心肌梗死患者血清 CRP 水平显著上升[19]。而肌红蛋白是急性心肌梗死早期诊断指标。研究报道显示,急性心肌梗死患者肌红蛋白含量上升[20]。本研究结果表明,两组肌红蛋白、CRP 水平治疗后明显降低,观察组肌红蛋白、CRP 水平治疗后低于对照组,提示提示强心益气方联合瑞舒伐他汀可通过降低肌红蛋白、CRP,减轻患者症状。

综上所述,急性心肌梗死患者应用强心益气方联合瑞舒伐他汀治疗疗效显著,其作用机制可能与降低 WBC、NEU、肌红蛋白、CRP 含量相关,临床用药安全可靠,值得推广应用。

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