doi: 10.13241/j.cnki.pmb.2017.05.018

冠心病合并糖尿病 PCI 术后胸痹患者中医证型分布及影响因素调查研究

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摘要 目的：探讨冠心病合并糖尿病经皮冠状动脉介入（PCI）术后胸痹患者中医证型的分布情况，分析不同证型与影响因素关系。**方法**：收集 2010 年 3 月 -2015 年 3 月东直门医院心内科收治的 105 例冠心病合并糖尿病 PCI 术后胸痹患者的调查资料，根据中医辨证标准分为气阴两虚、气虚血瘀、气虚痰浊、阳虚气虚、痰浊血瘀、气滞血瘀、阴阳两虚 7 个证型，分析冠心病合并糖尿病 PCI 术后胸痹患者的中医证型分布规律及其相关影响因素研究。**结果**：气阴两虚证有 36 例（34.29%），其次是气虚血瘀证 22 例（20.95%）、气滞血瘀证 14 例（13.33%）、阳虚气虚证 10 例（9.52%）、痰浊血瘀证 9 例（8.57%）、气虚痰浊证 8 例（7.62%）、阴阳两虚证 6 例（5.71%），气阴两虚证占有比例明显高于其余证型，患者性别、年龄对证型分布无统计学意义（P＞0.05）；气阴两虚证患者吸烟量、饮酒量明显高于其余证型（P＜0.05）；气滞血瘀证患者离异情况明显多于其余各证型（P＜0.05）。**结论**：冠心病合并糖尿病 PCI 术后胸痹患者的主要证候类型为气阴两虚证，且患者饮酒及吸烟量越大，气阴两虚证越明显，而家庭婚姻离异的患者，则多见气滞血瘀证。

关键词：冠心病合并糖尿病；PCI；胸痹；证型分布
中图分类号：R541.4；R587.2 **文献标识码**：A **文章编号**：1673-6273（2017）05-874-04

Study on the Distribution of TCM Syndrome of Chest Stuffiness Patients with Coronary Heart Disease with Diabetes after PCI and Its Influence Factors

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ABSTRACT Objective: To investigate the distribution of TCM Syndrome of chest stuffiness patients with coronary heart disease with diabetes after PCI, and analyze the relationship between different syndrome types and influencing factors. **Methods:** The investigation data of 105 patients with coronary heart disease with diabetes after PCI who were treated in Cardiology Department of Dongzhimen hospital from March 2010 to March 2015 were collected, according to TCM standards are divided into 7 syndrome types: Qi-Yin deficiency, Qi deficiency and blood stasis, Qi deficiency and phlegm turbidity, Yang Qi deficiency, Turbid phlegm and blood stasis, Qi stagnation and blood stasis, Yin-yang deficiency. Analyzed the relationship between the distribution of TCM Syndrome of chest stuffiness patients with coronary heart disease with diabetes after PCI and related factors. **Results:** Qi-Yin deficiency was 36 cases (34.29%), Qi deficiency and blood stasis was 22 cases (20.95%), Qi stagnation and blood stasis was 14 cases (13.33%),Yang Qi deficiency was 10 cases (9.52%), Turbid phlegm and blood stasis was 9 cases (8.57%), Qi deficiency and phlegm turbidity was 8 cases (7.62%), Yin-yang deficiency was 6 cases (5.71%), Qi-Yin deficiency was significantly higher than the rest occupy syndromes, Gender and age of the patients with the TCM syndrome distribution was not statistically significant(P>0.05); The amount of smoking and alcohol consumption in the Qi Yin deficiency syndrome were significantly higher than the other syndromes (P<0.05); Divorce of Qi stagnation and blood stasis was obviously more than the rest of the divorce certificate type (P<0.05). **Conclusion:** The main syndrome types of patients with coronary heart disease with diabetes after PCI were Qi-Yin deficiency, and patients with drinking and smoking quantity is larger,the deficiency of Qi-Yin defi- ciency are more obvious, and patients with family and marital separation with more common in Qi stagnation and blood stasis.

Key words: Coronary heart disease with diabetes; PCI; Chest stuffiness; Syndrome distribution
Chinese Library Classification(CLC): R541.4; R587.2 Document code: A
Article ID: 1673-6273(2017)05-874-04

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（收稿日期：2016-11-12 接受日期：2016-12-07）

前言

经皮冠状动脉介入(PCI)是冠心病常用的治疗手段,临床发现,冠心病合并糖尿病患者冠状动脉血重建治疗效果和预后整体上仍不及未合并糖尿病的冠心病患者,而行二次 PCI 的风险较大,效果也不明确[1,2]。中医药能够减轻冠心病合并糖尿病 PCI 术后患者不良反应,降低西药的毒副反应已经是一种共识[3]。按照辨证论治和整体观念的指导原则,本研究通过对北京三社区 105 例冠心病合并糖尿病患者 PCI 术后的调查,寻找该患者群的中医证型分布并分析其影响因素,从而为中医药防治冠心病合并糖尿病 PCI 术后患者不良反应提供依据。

1 资料与方法

1.1 一般资料

收集 2010 年 03 月 -2015 年 03 月东直门医院心内科收治的 105 例冠心病合并糖尿病 PCI 术后 1 周胸痹患者的住院病历资料,纳入标准:① 患者均符合经冠状动脉造影证实前降支、回旋支、右冠脉中有血管狭窄达 75%以上并行支架置入术,同时符合世界卫生组织 (WHO)1999 年推荐的糖尿病诊断标准[4];② 中医辨证分型参照《中医诊断学》及《中药新药临床研究指导原则》[5]规定的证型诊断标准;排除标准:① 既往抑郁症疾病史、精神疾病史或器质性精神障碍,或精神活性物质和非成瘾物质所致抑郁者,脑部疾病、判定能力异常者;② 既往严重脑器质性疾病或脑外伤手术史者;③ 有严重的其他系统疾病需要治疗者;④ 本研究开始前 4 周内曾参加过其他临床试验者;⑤ 孕妇、哺乳期妇女;⑥ 有自杀倾向者;所选患者分别来自北京西城区新街口街道南小街社区、通州区中仓街道中上园社区、密云县西田各庄镇西田格庄三个社区,其中男性 62 例,女性 43 例,年龄 57-81 岁,平均年龄(61.25± 10.55)岁。

1.2 方法

1.2.1 中医症候调查 参考朱文峰主编的《中医诊断学》和《中药新药临床研究指导原则》,从患者入院后 65 个最常见中医四诊信息中提取 7 个最常见的证候要素,并根据症候要素制定出冠心病合并糖尿病 PCI 术后胸痹患者中医证型分布规律调查表,而后依据调查表采集相关信息,并参照中医证候诊断标准进行辨证分型,建立患者信息数据库。

1.2.2 记录患者的基本信息 记录患者的基本信息包含性别、年龄、婚姻状况、饮酒以及抽烟等方面,其中饮酒量:调查每位患者平均每日饮酒量;吸烟量:统计每位患者平均每日吸烟根数。

1.3 统计学方法

采用 SPSS 19.0 软件统计分析,符合正态分布的计量资料以($\bar{x}\pm s$)表示,采用 t 检验,多组独立样本比较运用方差分析;计数资料以 n(%)表示,采用 χ^2 检验,P<0.05 为差异有统计学意义。

2 结果

2.1 冠心病合并糖尿病 PCI 术后患者中医证型分布及一般资料

气阴两虚证占有比例(34.29%)明显高于其余证型,男性患者最常见为气阴两虚证(46.77%),女性患者最常见为气滞血瘀证(20.93%);患者性别、年龄对证型分布无统计学意义(P>0.05)。

表 1 患者证型分布及一般资料

Table 1 Syndrome type distribution and general date of patients

Syndrome type	n (%)	Male(n=62)	Female(n=43)	Age (years)
Qi-Yin deficiency	36(34.29)	29(46.77)	7(16.28)	58.23± 3.11
Qi deficiency and blood stasis	22(20.95)	14(22.58)	8(18.60)	57.44± 3.59
Qi stagnation and blood stasis	14(13.33)	5(8.06)	9(20.93)	57.12± 4.01
Yang-Qi deficiency	10(9.52)	4(6.45)	6(13.95)	56.56± 3.32
Turbid phlegm and blood stasis	9(8.57)	6(9.68)	3(6.98)	57.78± 3.47
Qi deficiency and phlegm turbidity	8(7.62)	3(4.84)	5(11.63)	59.15± 3.73
Yin-yang deficiency	6(5.71)	2(3.23)	4(9.30)	59.05± 3.85

2.2 不同证型冠心病合并糖尿病 PCI 术后患者中医症状分析

通过对 105 例冠心病合并糖尿病 PCI 术后患者中医症状调查统计发现,患者症状为胸痛 93 例 (88.57%),胸闷 89 例(84.76%),心悸 79 例(75.24%),气短 69 例(65.71%),倦怠乏力 57 例 (54.29%),自汗 53 例 (50.47%),五心烦热 43 例(40.95%),口干 47 例(44.76%),头晕 43 例(40.95%),耳鸣 39 例 (37.14%),面部烘热 38 例 (36.19%),两目干涩 35 例(33.33%),失眠 30 例(28.57%),急躁易怒 31 例(29.52%),胁胀 27 例(25.71%),太息 26 例(24.76%),抑郁 29 例(27.61%),脘痞 25 例 (23.81%),嗳气 20 例 (19.04%),恶心呕吐 18 例(17.14%),便溏 17 例(16.19%),腰膝酸软 12 例(11.42%),畏寒肢冷 10 例(9.52%),夜尿频多 7 例(6.67%),肢体麻木 8 例(7.62%),瘀血瘀斑 7 例(6.67%),皮肤粗糙 5 例(4.76%),形体肥胖 3 例(2.86%),食欲不振 3 例(2.86%)。作为胸痹患者典型症状的胸痛、胸闷、心悸为出现频率最高,分别为 88.57%、84.76%、75.24%,其次为气短、倦怠乏力、自汗、盗汗、五心烦热出现频率都达到了 40.00%以上。

2.3 不同证型冠心病合并糖尿病 PCI 术后患者吸烟量、饮酒量情况比较

阴阳两虚证、气滞血瘀证吸烟量比较无统计学差异 (P>0.05),其他证型吸烟量两两比较,均有统计学差异(P<0.05);各证型按吸烟量从少到多可排列为:阴阳两虚证、气滞血瘀

证＜阳虚气虚证＜气虚痰浊证＜气虚血瘀证＜痰浊血瘀证＜气阴两虚证;气虚痰浊证与痰浊血瘀证饮酒量比较无统计学差异(P＞0.05),其他证型饮酒量两两比较,均有统计学差异(P＜0.05);各证型按饮酒量从少到多可排列为:气滞血瘀证、阴阳两虚证、气虚血瘀证、阳虚气虚证＜气虚痰浊证、痰浊血瘀证＜气阴两虚证,见表 2。

表 2 不同证型患者吸烟量、饮酒量情况比较

Table 2 Comparison of smoking and alcohol consumption in patients with different syndrome types

Syndrome type	Smoking				Drinking (mL)			
	No smoking (-)	<5(+)	5-10(++)	>10(+++)	No drinking (-)	<50(+)	50-100 (++)	>100(+++)
Qi-Yin deficiency	10	7	11	8	9	10	8	9
Qi deficiency and blood stasis	12	4	5	1	12	5	2	3
Qi stagnation and blood stasis	8	2	3	1	9	2	1	2
Yang-Qi deficiency	7	2	1	0	7	1	1	1
Turbid phlegm and blood stasis	3	0	3	3	4	2	1	2
Qi deficiency and phlegm turbidity	4	3	1	0	3	1	2	2
Yin-yang deficiency	3	1	1	1	4	1	1	0

表 3 不同证型患者离异、丧偶情况比较

Table 3 Comparison of different syndromes in patients with divorce and death of a spouse

Syndrome type	normal	Divorce	Death of a spouse
Qi-Yin deficiency	29	3*	4
Qi deficiency and blood stasis	17	3*	2
Qi stagnation and blood stasis	7	6	1
Yang-Qi deficiency	8	2*	0
Turbid phlegm and blood stasis	5	1*	3
Qi deficiency and phlegm turbidity	5	2*	1
Yin-yang deficiency	4	0*	2

Note: compared with the number of divorced patients with Qi stagnation and blood stasis, *P<0.05.

2.4 不同证型冠心病合并糖尿病 PCI 术后患者离异、丧偶情况比较

各证型丧偶人数比较差异无统计学意义(P>0.05);各证型离异人数比较差异有统计学意义(P<0.05),且气滞血瘀证患者离异人数明显多于其余各证型(P<0.05),见表 3。

3 讨论

中医学上虽然没有 " 冠心病 " 和 " 糖尿病 " 这两个病名,但根据患者临床症状, 本病应归属 " 胸痹 " 和 " 消渴 " 范畴,《伤寒论》谈到 " 消渴,气上撞心,心中疼热 "[6];巢元方在《诸病源候论》中又论及 " 消渴重,心中病 ",均认为胸痹和消渴有着密切的病理联系,关于其病因病机,众说纷纭,观点各异,李姗认为[7],胸痹合并消渴同时受痰浊、瘀血阻滞心脉以及气滞,阴虚因素的影响合而为病, 存在气阴两虚和阴阳两虚的情况,但以阴虚血瘀为主;孙新宇认为[8]该病缠绵难愈的根本原因是血瘀,痰浊病理产物蕴结日久成毒,损伤心脉所致,病机特点是气阴两虚为本,气滞血瘀痰浊为标;李娇等认为[9]该病的发生发展责之脾胃功能失调,脾胃化生营气和宗气的不足,影响了心气心血的正常功能。

本调查结果显示,冠心病合并糖尿病 PCI 术后胸痹患者胸痛、胸闷、心悸为出现频率最高,其次为气短、倦怠乏力、自汗、盗汗、五心烦热。分析其病机为 PCI 术后,耗伤正气,损伤脉道,营阴受损,相火妄动以致胸痛、胸闷、盗汗、五心烦热[10-12];气虚脉弱,无力推动血液运行,气不摄液,气随液脱以致心悸、气短、倦怠乏力、自汗[13,14];通过对 7 个中医证型分布进行统计发现:气阴两虚证占有比例明显高于其余证型(P＜0.05),提示,气阴两虚证型是冠心病合并糖尿病 PCI 术后胸痹患者主要证型[15,16];该证型人群吸烟量、饮酒量情况明显多于其他证型(P＜0.05),分析其病机可能与长期过度吸烟、饮酒,热毒蕴结日久,耗气伤液,阴虚火旺,加之 PCI 术后耗伤正气,不荣则痛有关[17];通过对患者家庭生活调查表明,离异患者气滞血瘀证型多与其余证型(P＜0.05),究其病机考虑可能与家庭婚姻不和谐,情致失调,肝气郁结,郁而化热,热灼阴血,加之 PCI 术后血流再灌注致血络受损,不通则痛有关[18,19]。

不足与展望:本次调查样本多成非正态分布,考虑与样本数量不足有关, 本调查只选取了几个影响因素进行分析讨论,未从其他方面如患者体质、受教育情况、生活际遇、城乡差别等方面进行探讨,故也很难避免有以偏概全之嫌疑,王琦教授[20]结合临床观察以及古代和现代体质有关认识,提出体质九分法(平和质、气虚质、阳虚质、阴虚质、痰湿质、湿热质、瘀血质、气郁质、特禀质),研究发现,冠心病中医证候与患者体质有着密切关系,我们从中得到启示,冠心病合并糖尿病 PCI 术后患者

中医证型分布与中医体质学说也可能存在某种联系，也就是说，冠心病合并糖尿病 PCI 术后患者体质也可能是影响中医证型分布因素之一，由于调查设计仓促等原因，未将患者体质因素纳入本次调查实属遗憾，希寄以后有机会可以从中医体质学方面进行分析讨论。

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