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降脂通脉胶囊联合瑞舒伐他汀治疗冠心病合并颈动脉粥样硬化斑块的临床研究*

沈延宝¹ 赵琼琼² 乔雪婷² 蒙艳¹ 胡学甫³

(1 西宁市第二人民医院心内科 青海 西宁 810003; 2 青海大学附属医院心内科 青海 西宁 810001;

3 西宁市第二人民医院急诊科 青海 西宁 810003)

摘要 目的:探讨降脂通脉胶囊联合瑞舒伐他汀治疗冠心病合并颈动脉粥样硬化斑块的临床疗效。**方法:**选取 2018 年 2 月~2019 年 10 月期间我院收治的冠心病合并颈动脉粥样硬化斑块患者 80 例,根据随机数字表法分为对照组($n=40$)和研究组($n=40$),对照组患者予以瑞舒伐他汀治疗,研究组在对照组的基础上予以降脂通脉胶囊治疗,比较两组患者疗效、血脂、心功能、颈动脉内膜中层厚度(IMT)、颈动脉斑块积分及不良反应。**结果:**研究组治疗 6 个月后的临床总有效率为 90.00%(36/40),高于对照组的 70.00%(28/40)($P<0.05$)。两组治疗 6 个月后心排血量(CO)、射血分数(LVEF)均较治疗前升高,且研究组高于对照组($P<0.05$);左室舒张末内径(LVEDD)较治疗前降低,且研究组低于对照组($P<0.05$)。两组治疗 6 个月后总胆固醇(TC)、低密度脂蛋白胆固醇(LDL-C)、甘油三酯(TG)均较治疗前下降,且研究组低于对照组($P<0.05$);高密度脂蛋白胆固醇(HDL-C)较治疗前升高,且研究组高于对照组($P<0.05$)。两组治疗 6 个月后 IMT、颈动脉斑块积分均较治疗前下降,且研究组低于对照组($P<0.05$)。两组均未见明显不良反应发生。**结论:**降脂通脉胶囊联合瑞舒伐他汀治疗冠心病合并颈动脉粥样硬化斑块,疗效显著,可有效改善患者血脂、心功能及颈动脉斑块病变,且安全可靠。

关键词:降脂通脉胶囊;瑞舒伐他汀;冠心病;颈动脉粥样硬化斑块;疗效

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Clinical Study of Jiangzhitongmai Capsule Combined with Rosuvastatin in the Treatment of Coronary Heart Disease with Carotid Atherosclerotic Plaque*

SHEN Yan-bao¹, ZHAO Qiong-qiong², QIAO Xue-ting², MENG Yan¹, HU Xue-fu³

(1 Department of Internal Medicine-Cardiovascular, Xining Second People's Hospital, Xining, Qinghai, 810003, China;

2 Department of Internal Medicine-Cardiovascular, Qinghai University Affiliated Hospital, Xining, Qinghai, 810001, China;

3 Department of Emergency, Xining Second People's Hospital, Xining, Qinghai, 810003, China)

ABSTRACT Objective: To investigate the clinical effect of Jiangzhitongmai capsule combined with rosuvastatin in the treatment of coronary heart disease with carotid atherosclerotic plaque. **Methods:** 80 patients with coronary heart disease with carotid atherosclerotic plaque who were admitted to our hospital from February 2018 to October 2019 were selected, patients were divided into control group ($n=40$) and study group ($n=40$) according to the method of random number table. Patients in the control group were treated with rosuvastatin, while patients in the study group were treated with Jiangzhitongmai capsule on the basis of the control group. The curative effect, blood lipid, heart function, carotid intima-media thickness (IMT), carotid plaque score and adverse reactions of patients in the two groups were compared. **Results:** 6 months after treatment, the total clinical effective rate of the study group was 90.00%(36/40), which was higher than 70.00%(28/40) of the control group ($P<0.05$). 6 months after treatment, the cardiac output (CO) and ejection fraction (LVEF) of the two groups were higher than those before treatment, study group was higher control group ($P<0.05$). The left ventricular end diastolic diameter (LVEDD) was lower than that before treatment, study group was lower control group($P<0.05$). Total cholesterol (TC), low-density lipoprotein cholesterol (LDL-C) and triglyceride (TG) of the two groups at 6 months after treatment decreased compared with before treatment, and study group was lower than control group ($P<0.05$). The high-density lipoprotein cholesterol (HDL-C) was higher than before treatment, study group was higher control group ($P<0.05$). The scores of IMT and carotid plaque scores in the two groups at 6 months after treatment decreased compared with before treatment, and study group were lower than control group ($P<0.05$). No obvious adverse reactions were found in both groups. **Conclusion:** Jiangzhi tongmai capsule combined with rosuvastatin is effective in the treatment of coronary heart disease with carotid atherosclerotic plaques. It can effectively improve the patients' blood lipid, cardiac function

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作者简介:沈延宝(1982-),男,本科,主治医师,研究方向:心血管疾病, E-mail: shenyanbao001@126.com

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and carotid artery plaque lesions, and it is safe and reliable.

Key words: Jiangzhitongmai capsule; Rosuvastatin; Coronary heart disease; Carotid atherosclerotic plaque; Efficacy

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前言

冠心病是临床常见的心血管疾病,多发于中老年群体,临床主要表现为心前区疼痛,严重威胁患者身体健康和生命安全^[1]。既往研究表明^[2],临床上冠心病患者经颈动脉超声检查检测出颈动脉粥样硬化斑块所占比例较多,且冠心病合并颈动脉粥样硬化斑块的也被认为是发生心脑血管不良事件的高危因素,一旦斑块脱落容易导致心肌梗死、脑梗死等严重心脑血管疾病^[3]。故临床中如何延缓或逆转此类患者疾病进程以改善患者预后已成为临床医师的研究热点。瑞舒伐他汀是临床常用于治疗冠心病的药物,但使用不当会产生较多不良反应,限制其临床广泛应用^[4]。降脂通脉胶囊具有降脂化浊、活血通脉等功效,其在痰瘀阻滞引起的高脂血症中的疗效已得到证实^[5]。国内外不少研究显示^[6,7],血脂异常是动脉粥样硬化发病的重要因素,因此,改善血脂水平对于缓解疾病进展具有积极的促进作用。鉴于此,本研究通过对我院收治的部分冠心病合并颈动脉粥样硬化斑块患者给予降脂通脉胶囊联合瑞舒伐他汀治疗,疗效显著。

1 资料与方法

1.1 一般资料

选取2018年2月~2019年10月期间我院收治的80例冠心病合并颈动脉粥样硬化斑块患者,纳入标准:(1)经颈动脉彩色多普勒超声检查确诊存在颈动脉粥样硬化斑块,经冠状动脉造影检查确诊为冠心病;(2)患者及其家属知情本研究且签署了同意书;(3)对本次研究用药无禁忌者。排除标准:(1)入组前3个月已给予相关治疗者;(2)合并心肌类疾病者;(3)合并肝肾功能障碍者;(4)有滥用酒精或药物史者;(5)妊娠或哺乳期妇女者;(6)未能按医嘱用药,中途退出本次治疗者。根据随机数字表法分为对照组(n=40)和研究组(n=40),其中对照组男21例,女19例,年龄42~67岁,平均(54.72±4.92)岁;体质指数20~26 kg/m²,平均(23.27±0.74)kg/m²。研究组男22例,女18例,年龄21~26岁,平均(54.49±5.68)岁;体质指数21~26 kg/m²,平均(23.64±0.89)kg/m²。两组一般资料对比无差异(P>0.05),具有可比性。

1.2 方法

两组均给予抗血小板聚集、抗凝、改善心肌能量代谢等常规治疗。在此基础上,对照组给予瑞舒伐他汀(浙江京新药业股份有限公司,国药准字H20143284,规格:20 mg)治疗,10 mg/次,1次/d,睡前口服。研究组则在对照组的基础上联合降脂通脉胶囊(云南优克制药有限公司,国药准字Z20026429,规格:0.5 g/粒)治疗,3粒/次,3次/d,口服。两组疗程均为6个月。

1.3 观察指标

(1)记录两组治疗6个月后的临床总有效率。无效:临床症状无明显改善,甚至加重。有效:体征、临床症状大部分消失或有所改善。显效:体征、临床症状消失或明显改善。总有效率=显效率+有效率^[8]。(2)记录两组治疗期间不良反应发生情况。(3)抽取患者治疗前、治疗6个月后的清晨空腹静脉血5 mL,经常规离心处理(3400 r/min 离心12 min,离心半径15 cm),分离上清液,置于冰箱中(-30℃)中待测。采用深圳迈瑞生物医疗电子股份有限公司生产的Olypus II型全自动生化分析仪检测两组患者血清中总胆固醇(TC)、低密度脂蛋白胆固醇(LDL-C)、高密度脂蛋白胆固醇(HDL-C)、甘油三酯(TG)水平。(4)于治疗前、治疗6个月采用美国GE公司Vivid7彩色多普勒超声诊断仪,探头频率7.5~12MHz,记录颈动脉内膜中层厚度(IMT),各测量3个心动周期,取平均值。于治疗前、治疗6个月采用Crouse方法计算颈动脉斑块积分。(5)于治疗前、治疗6个月采用日本ALoka工厂生产的SSD-710型超声心动图检测两组心功能指标:心排血量(CO)、左室舒张末内径(LVEDD)和射血分数(LVEF)。

1.4 统计学方法

所有研究数据均在SPSS 25.0软件上运行处理。计量资料以均数±标准差($\bar{x} \pm s$)表示,经检验数据均符合方差齐性和正态分布,采用t检验。计数资料用百分数(%)表示,采用 χ^2 检验。将 $\alpha=0.05$ 作为检验标准。

2 结果

2.1 两组疗效比较

研究组治疗6个月后的临床总有效率为90.00%(36/40),高于对照组的70.00%(28/40)(P<0.05);详见表1。

表1 两组疗效比较[例(%)]

Table 1 Comparison of efficacy between the two groups [n(%)]

Groups	Effective	Valid	Invalid	Total effective rate
Control group(n=40)	9(22.50)	19(47.50)	12(30.00)	28(70.00)
Study group(n=40)	13(32.50)	23(57.50)	4(10.00)	36(90.00)
χ^2				5.000
P				0.025

2.2 心功能指标比较

两组治疗前LVEDD、CO、LVEF比较无差异(P>0.05);两

组治疗 6 个月后 CO、LVEF 均较治疗前升高,且研究组高于对 (P<0.05);详见表 2。
照组 (P<0.05);LVEDD 较治疗前降低, 且研究组低于对照组

表 2 两组心功能指标比较($\bar{x} \pm s$)Table 2 Comparison of cardiac function indexes between the two groups($\bar{x} \pm s$)

Groups	CO(L/min·m ²)		LVEDD(mm)		LVEF(%)	
	Before treatment	6 months after treatment	Before treatment	6 months after treatment	Before treatment	6 months after treatment
Control group(n=40)	3.62± 0.31	3.91± 0.34*	53.31± 5.47	47.29± 5.13*	43.51± 3.64	47.83± 5.62*
Study group(n=40)	3.68± 0.28	4.37± 0.25*	52.98± 6.59	40.06± 4.21*	43.67± 3.71	52.09± 5.68*
t	0.908	6.894	0.244	6.890	0.195	3.372
P	0.366	0.000	0.808	0.000	0.846	0.001

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

2.3 两组血脂指标比较

两组治疗前 LDL-C、TC、TG、HDL-C 比较无差异 (P>0.05);两组治疗 6 个月后 LDL-C、TC、TG 均较治疗前下降,且研

究组低于对照组 (P<0.05);HDL-C 较治疗前升高,且研究组高于对照组 (P<0.05);详见表 3。

表 3 两组血脂指标比较($\bar{x} \pm s$, mmol/L)Table 3 Comparison of serum blood lipid indexes between the two groups($\bar{x} \pm s$, mmol/L)

Groups	TC		LDL-C		TG		HDL-C	
	Before treatment	6 months after treatment	Before treatment	6 months after treatment	Before treatment	6 months after treatment	Before treatment	6 months after treatment
Control group (n=40)	5.74± 0.96	3.98± 0.74*	3.78± 0.65	2.41± 0.43*	1.96± 0.18	1.42± 0.15*	0.92± 0.08	1.26± 0.15*
Study group (n=40)	5.86± 0.84	2.16± 0.53*	3.83± 0.57	1.67± 0.36*	2.01± 0.23	0.98± 0.11*	0.95± 0.11	1.72± 0.16*
t	0.595	12.646	0.366	8.345	1.083	14.960	1.395	13.265
P	0.554	0.000	0.716	0.000	0.282	0.000	0.167	0.000

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

2.4 两组 IMT、颈动脉斑块积分比较

两组治疗前 IMT、颈动脉斑块积分比较差异无统计学意义

(P>0.05);两组治疗 6 个月后 IMT、颈动脉斑块积分均较治疗前下降,且研究组低于对照组 (P<0.05);详见表 4。

表 4 两组 IMT、颈动脉斑块积分比较($\bar{x} \pm s$)Table 4 Comparison of IMT and carotid plaque scores between the two groups($\bar{x} \pm s$)

Groups	IMT(mm)		Carotid plaque scores(scores)	
	Before treatment	6 months after treatment	Before treatment	6 months after treatment
Control group(n=40)	1.58± 0.16	1.27± 0.14*	4.61± 0.92	3.72± 0.73*
Study group(n=40)	1.61± 0.14	1.01± 0.12*	4.65± 0.74	2.98± 0.65*
t	0.892	8.918	0.214	4.788
P	0.375	0.000	0.831	0.000

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

3 讨论

冠心病是冠状动脉管腔狭窄引起的心脏病,而冠状动脉管腔狭窄的主要原因则是因为冠状动脉粥样硬化^[9]。动脉粥样硬化作为一种全身性动脉系统血管性疾病,以颈动脉最先受累^[10]。从解剖结构上看,冠状动脉、颈动脉相似处较多,均由平滑肌组

成,且产生动脉粥样硬化的机理也基本类似^[11,12],因此颈动脉粥样硬化可间接反映冠状动脉病变的程度和范围^[13]。既往研究报道显示^[14],血脂异常在动脉粥样硬化的发病过程中发挥重要作用。由于患者体内脂质代谢紊乱,长期发展不仅容易诱发动脉粥样硬化,加重血管内皮细胞功能受损,导致动脉腔狭窄,最终使患者出现心肌缺血缺氧或坏死,引发心血管疾病^[15,16]。瑞舒

伐他汀是新型羟甲基戊二酰辅酶 A 还原酶抑制剂, 是常用的血脂调节药物, 其在缩小斑块内脂核、增加内皮细胞、抑制炎症反应、改善内皮功能等方面疗效显著^[17,18]。但也有不少学者认为^[19,20], 瑞舒伐他汀仅可阻止和延缓已出现的冠状动脉粥样硬化斑块进展, 但无法从根本上进行逆转, 同时还会出现药物耐受性差以及不良反应多等情况。降脂通脉胶囊的成分是姜黄、三七、泽泻、决明子、铁线草, 近年来临床逐渐将其应用于动脉粥样硬化疾病的治疗中, 取得了较好的疗效^[21]。

本次研究结果显示, 表明降脂通脉胶囊联合瑞舒伐他汀治疗冠心病合并颈动脉粥样硬化斑块, 疗效显著, 且血脂、心功能及颈动脉斑块病变的改善效果均优于单用瑞舒伐他汀治疗者。瑞舒伐他汀可以减低血液中 TC 合成, 减少 TG 合成, 使 HDL-C 含量增加^[22], 同时还可减少细胞活化和降低炎症因子的释放, 减少斑块内组织因子、黏附分子和基质金属蛋白酶浓度, 防止粥样硬化斑块内产生血栓, 阻止和延缓已出现的冠状动脉粥样硬化斑块进展^[23,24]。降脂通脉胶囊中的姜黄破血行气、通经止痛, 其成分中的姜黄素、姜黄油可明显抑制血清低 LDL-C 氧化, 减缓动脉粥样硬化的形成^[25]。三七化痰止血、活血定痛, 三七中的总皂甙能清除过量的自由基, 促进脂质的转运和排泄, 同时还具有扩张脑血管、抗血小板聚集、减缓动脉粥样硬化、抗血栓形成、保护内源性抗氧化酶的活性、增加心脑血管流量等作用^[26,27]。泽泻利水渗湿, 泽泻的提取物有升高 HDL-C, 降低 TC、TG 的作用, 同时还具有抗血小板聚集、抗血栓、抑制动脉内膜粥样斑块的生成、增强纤溶酶活性等作用^[28]。铁线草具有在脂质过氧化物引起的血管内皮损伤面加强白细胞修复作用, 从而延缓动脉硬化进程^[29]。决明子中的有关成分具有显著的抗血小板聚集、抗血管内皮细胞增生作用^[30]。另两组均未见明显不良反应发生, 可见降脂通脉胶囊联合瑞舒伐他汀治疗安全可靠。

综上所述, 降脂通脉胶囊联合瑞舒伐他汀治疗冠心病合并颈动脉粥样硬化斑块, 疗效确切, 可有效改善患者血脂、心功能及颈动脉斑块病变, 且安全可靠。

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