

瑞舒伐他汀对血脂异常的老年患者血脂及甲状腺结节的影响

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摘要 目的:探讨瑞舒伐他汀对血脂异常的老年患者血脂及甲状腺结节的影响及安全性。方法:选择血脂异常的老年患者70例,按随机数字表法分为对照组(33例)和治疗组(37例)。对照组患者严格戒烟、戒酒和摄入低脂饮食,每晚睡前口服阿司匹林肠溶片100 mg等常规治疗;治疗组患者在对照组基础上每晚睡前口服瑞舒伐他汀钙片10 mg。两组患者均连续治疗12周。比较两组患者治疗前后体质量指数(BMI)、血脂水平及甲状腺结节大小,并观察不良反应发生情况。结果:两组患者治疗前后BMI比较,差异无统计学意义($P>0.05$)。治疗前,两组患者血脂水平及甲状腺结节大小比较,差异无统计学意义($P>0.05$);治疗后,两组患者血脂水平及甲状腺结节大小显著改善,且治疗组明显优于对照组,差异均有统计学意义($P<0.05$)。治疗组2例患者出现丙氨酸转氨酶升高,未予特殊处理恢复正常。结论:瑞舒伐他汀能明显改善血脂异常的老年患者血脂水平,减小甲状腺结节,且安全性较好。

关键词 瑞舒伐他汀;老年患者;血脂异常;甲状腺结节

Effects of Rosuvastatin on Blood Lipid and Thyroid Nodules in Elderly Patients with Dyslipidemia

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ABSTRACT OBJECTIVE: To investigate the effects and safety of rosuvastatin on blood lipid and thyroid nodules in elderly patients with dyslipidemia. METHODS: 70 elderly patients with dyslipidemia were selected and randomly divided into control group (33 cases) and treatment group (37 cases). Control group was treated with routine treatment as abstain from tobacco and drink, low fat diet, Aspirin enteric-coated tablets 100 mg at bed time; treatment group was additionally treated with Rosuvastatin calcium tablet 10 mg at bed time, on the basis of control group. Both groups received the treatment for consecutive 12 weeks. BMI, blood lipid and the size of thyroid nodules were compared between 2 groups before and after treatment, and the occurrence of ADR was also observed. RESULTS: There was no significant difference in BMI between 2 groups before and after treatment ($P>0.05$). There was no significant difference in blood lipid level and the size of thyroid nodules between 2 groups before and after treatment ($P>0.05$). The blood lipid level and the size of thyroid nodule of 2 groups were improved significantly after treatment, and the treatment group was significantly better than the control group, with statistical significance ($P<0.05$). 2 patients of treatment suffered from the increase of ALT but recovered without treatment. CONCLUSIONS: Rosuvastatin can significantly improve blood lipid and decrease thyroid nodules in elderly patients with dyslipidemia with good safety.

KEYWORDS Rosuvastatin; Elderly patients; Dyslipidemia; Thyroid nodules

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甲状腺结节在人群中的发病率高达50%~60%^[1],患者以女性居多。甲状腺结节的发病机制尚未明确,其诱发因素复杂,主要与遗传因素、生活习惯(长期吸烟等)、感染及药品不良反应、碘缺乏等有关^[2]。由于甲状腺结节较少发展为恶性,因此临床上通常不进行干预性治疗,但随着人们健康意识和生活水平的提高,越来越多的患者要求对甲状腺结节予以治疗。脂代谢异常人群中甲状腺结节发生率高于脂代谢正常人群^[3]。瑞舒伐他汀可调节脂代谢,对各类血脂异常患者有良好的治疗作用^[4]。因此,本研究探讨了瑞舒伐他汀对血脂异常的老年患者血脂及甲状腺结节的影响及安全性。

1 资料与方法

1.1 纳入与排除标准

纳入标准:(1)年龄>60岁;(2)符合《中国成人血脂异常防治指南》^[5]中对需接受药物治疗的血脂异常情况的描述;(3)合并甲状腺结节者。排除标准:(1)过敏体质者;(2)肝肾功能异常、糖尿病、高血压者;(3)患有恶性肿瘤或精神异常者;(4)滥用药物者。

1.2 研究对象

选取2014年3月—2015年6月在我院就诊的血脂异常的老年患者70例,按随机数字表法分为对照组(33例)和治疗组(37例)。其中,对照组患者男性15例,女性18例;年龄(63.11±4.23)岁;体质量指数(BMI)(24.33±2.01)kg/m²。观察组患者男性18例,女性19例;年龄(64.11±5.23)岁;BMI(24.76±1.97)kg/m²。两组患者性别、年龄、BMI等一般资料比较,差异无统计学意义($P>0.05$),具有可比性。本研究方案经医院医学伦理委员会批准,患者知情同意并签署知情同意书。

表1 两组患者治疗前后血脂水平及BMI比较($\bar{x}\pm s$)

Tab 1 Comparison of blood lipid and BMI between 2 groups before and after treatment($\bar{x}\pm s$)

组别	n	TC, mmol/L		TG, mmol/L		HDL-C, mmol/L		LDL-C, mmol/L		BMI, kg/m ²	
		治疗前	治疗后	治疗前	治疗后	治疗前	治疗后	治疗前	治疗后	治疗前	治疗后
对照组	33	5.22±2.26	4.81±1.79*	2.41±0.91	2.32±0.95*	1.01±0.28	1.12±0.31*	3.32±1.29	3.02±1.91*	24.33±2.01	23.21±3.11
治疗组	37	5.28±2.31	3.49±1.38**	2.57±1.14	1.82±0.66**	0.98±0.27	1.38±0.49**	3.36±1.35	2.82±0.88**	24.76±1.97	22.98±1.99

注:与治疗前比较,* $P<0.05$;与对照组比较,** $P<0.05$

Note: vs. before treatment, * $P<0.05$; vs. control group, ** $P<0.05$

2.2 两组患者甲状腺结节大小比较

治疗前,两组患者甲状腺结节最大径、最大横截面积比较,差异无统计学意义($P>0.05$);治疗后,两组患者甲状腺结节最大径、最大横截面积显著缩小,且治疗组明显小于对照组,差异均有统计学意义($P<0.05$)。两组患者治疗前后甲状腺结节大小比较见表2。

表2 两组患者治疗前后甲状腺结节大小比较($\bar{x}\pm s$)

Tab 2 Comparison of the size of thyroid nodules between 2 groups before and after treatment($\bar{x}\pm s$)

组别	n	最大径, mm		最大横截面积, mm ²	
		治疗前	治疗后	治疗前	治疗后
对照组	33	10.23±5.36	9.71±4.22*	89.97±71.20	76.49±61.82*
治疗组	37	10.31±5.12	7.39±4.37**	90.13±69.51	53.02±52.73**

注:与治疗前比较,* $P<0.05$;与对照组比较,** $P<0.05$

Note: vs. before treatment, * $P<0.05$; vs. control group, ** $P<0.05$

2.3 不良反应

治疗组2例患者出现丙氨酸转氨酶(ALT)升高,但并未超过正常值3倍以上,未给予特殊处理ALT恢复正常;对照组患者未见明显不良反应发生。

3 讨论

甲状腺结节是一种常见的甲状腺疾病,因甲状腺细胞发

1.3 治疗方法

两组患者需严格戒烟、戒酒和摄入低脂饮食。对照组患者每晚睡前口服阿司匹林肠溶片(意大利Bayer S.p.A.,注册证号:H20130193,规格:100 mg)100 mg。治疗组患者在对照组基础上每晚睡前口服瑞舒伐他汀钙片(浙江京新药业股份有限公司,批准文号:国药准字H20080483,规格10 mg)10 mg。两组患者均持续治疗12周。

1.4 观察指标

(1)观察两组患者治疗前后总胆固醇(TC)、甘油三酯(TG)、高密度脂蛋白胆固醇(HDL-C)、低密度脂蛋白胆固醇(LDL-C)和BMI水平。(2)依据2012年《甲状腺结节和分化型甲状腺癌诊治指南》^[6]对甲状腺结节的诊断标准,记录两组患者甲状腺最大径、最大横截面积。(3)观察两组患者不良反应发生情况。

1.5 统计学方法

采用SPSS 19.0软件对数据进行统计分析。计量资料以 $\bar{x}\pm s$,采用 t 检验;计数资料以率表示,采用 χ^2 检验。 $P<0.05$ 为差异有统计学意义。

2 结果

2.1 两组患者血脂水平及BMI比较

治疗前,两组患者TC、TG、HDL-C和LDL-C水平比较,差异无统计学意义($P>0.05$)。治疗后,两组患者TC、TG、HDL-C和LDL-C水平均明显改善,且治疗组显著优于对照组,差异均有统计学意义($P<0.05$)。两组患者治疗前后BMI比较,差异无统计学意义($P>0.05$)。两组患者治疗前后血脂水平及BMI比较见表1。

生局部变异而引起。近年来,随着医学影像学的发展,甲状腺结节的检出率逐年上升,虽以良性居多,但仍有小部分发展至恶性肿瘤。甲状腺功能异常、甲状腺结节产生与血脂异常有密切关系^[7],甲亢患者血脂普遍偏低。有研究指出,血脂异常的老年和女性患者其甲状腺功能异常,甲状腺结节发生率更高^[8],可能与老年人激素代谢及免疫系统逐渐衰退,而更年期女性内分泌系统易发生紊乱有关^[9]。甲状腺结节患者血压、血糖、血脂各项水平明显高于非甲状腺结节患者。因此,可以通过干预患者血脂等代谢水平来调节甲状腺功能,预防或减轻甲状腺结节的发生。

他汀类药物是临床应用广泛的一类调节血脂的药物,其良好调脂作用和预防血管病作用已得到了广泛的认可。阿托伐他汀上市时间较早,临床上应用较多,但作为他汀类药物的新成员,瑞舒伐他汀在降脂疗效及安全性方面均要好于阿托伐他汀^[10]。瑞舒伐他汀可竞争性抑制羟甲基戊二酰辅酶A还原酶,降低TC和TG,并通过清除LDL来降低LDL-C水平,同时还可使HDL-C水平升高。本研究结果显示,治疗后,治疗组患者血脂水平与甲状腺结节最大径和最大横截面积均明显优于对照组,但BMI无明显变化。初步证明了瑞舒伐他汀对甲状腺功能具有一定的调节作用,长期服用瑞舒伐他汀可使血脂下降,甲状腺结节体积减小。

早期应用不同剂量氨基酸对早产儿进行营养支持的近期疗效及安全性

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摘要 目的:探讨早期应用高、中、低剂量的氨基酸对早产儿进行营养支持的近期疗效及安全性。方法:选取早产儿99例,按照随机数字表法将患儿分为高剂量组、中剂量组、低剂量组,各33例。3组患儿均在出生24 h内给予氨基酸注射液,ivgtt,其中高剂量组患儿给予3 g/(kg·d),中剂量组患儿给予2 g/(kg·d),低剂量组患儿给予1 g/(kg·d),均逐日增加0.5 g/(kg·d),预期峰值分别为3.5、3.5和3 g/(kg·d)。3组患儿疗程均为28 d。观察3组患儿的健康指标、肾功能指标和血液指标;记录3组患儿并发症和不良反应发生情况。结果:高、低剂量组各脱落2例,高剂量组患儿的住院时间、体质量增至2 500 g的时间和体质量下降率等明显短/低于中、低剂量组,中剂量组明显短/低于低剂量组,差异有统计学意义($P<0.05$);高剂量组患儿的肌酐、血剩余碱和血清总胆红素等明显高于中、低剂量组,中剂量组明显高于低剂量组,差异有统计学意义($P<0.05$);高剂量组患儿并发症的发生例次(11例次)明显低于中剂量组(20例次)和低剂量组(26例次),差异有统计学意义($P<0.05$)。3组患儿均未见明显不良反应发生。结论:早期高剂量的氨基酸静脉营养支持对早产儿营养状态及健康体质的恢复具有促进作用,且耐受性良好,安全性较好。

关键词 早产儿;氨基酸;静脉营养;近期疗效;耐受

Short-term Efficacy and Safety of Early Use of Different Doses of Amino Acid for Nutrition Support in Pre-mature Babies

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ABSTRACT **OBJECTIVE:** To explore short-term efficacy and safety of early use of high-dose, medium-dose and low-dose amino acid in premature babies. **METHODS:** 99 premature babies were selected and randomly divided into high-dose group, medium-dose group and low-dose group, with 33 cases in each group. 3 groups were given Amino acid injection, ivgtt, within 24 h after birth, high-dose group was given 3 g/(kg·d), medium-dose group 2 g/(kg·d) and low-dose group 1 g/(kg·d); those dose increased by 0.5 g/(kg·d) day by day; predicted peak values of them were 3.5, 3.5 and 3 g/(kg·d), respectively. Treatment courses of 3 groups lasted for 28 d. Health indexes, renal function indexes and blood indexes were observed in 3 groups. The occurrence of complications and ADR were recorded in 3 groups. **RESULTS:** 2 cases withdrew from high-dose and low-dose groups. Hospitalization stay, the time of body weight increasing to 2 500 g and the rate of body weight decreasing in high-dose group were significantly lower or shorter than in medium-dose and low-dose groups; the medium-dose group was significantly lower or shorter than the low-dose group, with statistical significance ($P<0.05$); the levels of creatinine, residual alkali, serum total bilirubin in high-dose group were significantly higher than medium-dose and low-dose groups, and the medium-dose group was significantly higher than the low-dose group, with statistical significance ($P<0.05$). The number of complications cases in high-dose group (11 cases) were significantly lower than in medium-dose group (20 cases) and low-dose group (26 cases), with statistical significance ($P<0.05$). No obvious ADR was found in 3 groups. **CONCLUSIONS:** High-dose of amino acid intravenous nutrition support in early stage can promote the recovery of nutrition state and healthy constitution in premature babies with good tolerance and safety.

KEYWORDS Premature babies; Amino acid; Intravenous nutrition; Short-term efficacy; Tolerance

综上所述,瑞舒伐他汀能明显改善血脂异常的老年患者血脂水平,减小甲状腺结节,且安全性较好。本研究仅是一个初步的结论,后续还应加大样本量,尝试比较不同剂量瑞舒伐他汀的疗效,延长治疗时间,从而得出更加可靠的结论。

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