

胆固醇吸收抑制剂联合他汀类药物治疗血脂异常有效性和安全性的网状Meta分析^Δ

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摘要 **目的** 评价胆固醇吸收抑制剂(依折麦布和海博麦布)联合他汀类药物治疗血脂异常的有效性和安全性。**方法** 检索中国知网、PubMed等中英文数据库,收集上述联合用药治疗血脂异常的随机对照试验(RCT),检索时限为建库至2025年10月。筛选文献、提取数据和评价纳入文献质量后,采用R软件进行网状Meta分析。**结果** 共纳入36项RCT。结果显示,在降低低密度脂蛋白胆固醇(LDL-C)、总胆固醇(TC)方面,依折麦布+他汀类药物、海博麦布+他汀类药物均显著优于他汀类药物+安慰剂、安慰剂($P<0.05$),累积排序曲线下面积(SUCRA)排名前2位的均是依折麦布+他汀类药物、海博麦布+他汀类药物;在降低甘油三酯(TG)方面,海博麦布+他汀类药物、依折麦布+他汀类药物均显著优于他汀类药物、他汀类药物+安慰剂、安慰剂($P<0.05$),SUCRA排名前2位的是海博麦布+他汀类药物、依折麦布+他汀类药物;在降低载脂蛋白B(ApoB)方面,依折麦布+他汀类药物显著优于他汀类药物、安慰剂($P<0.05$),SUCRA排名前2位的是依折麦布+他汀类药物、他汀类药物+安慰剂;在升高高密度脂蛋白胆固醇(HDL-C)方面,安慰剂显著优于他汀类药物、海博麦布+他汀类药物、他汀类药物+安慰剂、依折麦布+他汀类药物($P<0.05$),SUCRA排名前2位的是安慰剂、他汀类药物。各干预措施的总不良反应发生率比较,差异均无统计学意义($P>0.05$)。**结论** 依折麦布联合他汀类药物在降低LDL-C、TC及ApoB方面优势显著,海博麦布联合他汀类药物在降低TG方面可能具有潜在优势;两种联合方案的安全性均较好。

关键词 依折麦布;海博麦布;胆固醇吸收抑制剂;血脂异常;他汀类药物;网状Meta分析

Efficacy and safety of cholesterol absorption inhibitors combined with statins in the treatment of dyslipidemia: a network meta-analysis

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ABSTRACT **OBJECTIVE** To evaluate the efficacy and safety of cholesterol absorption inhibitors (ezetimibe and hybutimibe) combined with statins for the treatment of dyslipidemia. **METHODS** Randomized controlled trials (RCTs) about above-mentioned drug combination in patients with dyslipidemia were retrieved from CNKI, PubMed and other Chinese and English databases. The retrieval time limit was from the establishment of the database to October 2025. After screening the literature, extracting the data, and evaluating the quality of the literature, network meta-analysis was performed using R software. **RESULTS** A total of 36 RCTs were included. Results showed that in reducing low-density lipoprotein cholesterol (LDL-C) and total cholesterol (TC), ezetimibe+statins and hybutimibe+statins were significantly superior to statins+placebo and placebo alone ($P<0.05$). The top two interventions according to surface under the cumulative ranking curve (SUCRA) rankings were both ezetimibe+statins and hybutimibe+statins. In terms of triglyceride (TG) lowering, both hybutimibe+statins and ezetimibe+statins were significantly better than statins alone, statins+placebo and placebo alone ($P<0.05$), with hybutimibe+statins and ezetimibe+statins ranking top two by SUCRA. For apolipoprotein B (ApoB) reduction, ezetimibe+statins was significantly superior to statins alone and placebo alone ($P<0.05$), and the top two SUCRA rankings were ezetimibe+statins and statins+placebo. In terms of high-density lipoprotein cholesterol (HDL-C) increase, placebo was significantly better than statins alone, hybutimibe+statins, statins+placebo, and ezetimibe+statins ($P<0.05$), and the top two SUCRA rankings were placebo alone and statins alone. There was no statistically significant difference in the overall incidence of adverse reactions among the interventions ($P>0.05$). **CONCLUSIONS** Ezetimibe combined with statins shows significant advantages in reducing LDL-C, TC and ApoB, while the hybutimibe combined with statins may have potential advantages in lowering TG; both combination regimens have good safety.

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KEYWORDS ezetimibe; hybutimibe; cholesterol absorption inhibitor; dyslipidemia; statins; network meta-analysis