# 达格列净治疗左心疾病相关性肺动脉高压的疗效及预后观察Δ

李　录*，邱荣荣#，董　丰[无锡市第二人民医院（江南大学附属中心医院）心血管内科，江苏 无锡　214002]

**中图分类号**　R969.4；R972　　**文献标志码**　A　　**文章编号**　1001-0408（2026）11-1457-05
**DOI**　10.6039/j.issn.1001-0408.2026.11.13

**摘　要　目的**　评估达格列净对左心疾病相关性肺动脉高压（PH-LHD）患者临床疗效及预后的影响，为其临床应用提供依据。**方法**　回顾性纳入2023年1月1日至2025年6月30日无锡市第二人民医院的PH-LHD住院患者135例，根据治疗方式不同分为对照组（74例，常规治疗）和达格列净组（61例，在对照组基础上加用达格列净）。比较两组患者治疗前和治疗12周后的血压[收缩压、舒张压、肺动脉收缩压（PASP）]、超声心动图心功能指标[心输出量、心指数、左室射血分数（LVEF）、右心射血分数（RVEF）、左心房直径、左心室壁厚度]、炎症因子[白细胞介素6（IL-6）、高敏C反应蛋白（hs-CRP）]、脑钠肽（BNP）及6分钟步行距离（6MWD），并比较两组患者随访期间全因死亡发生率及心衰加重再住院频率。**结果**　治疗12周后，两组患者的收缩压、舒张压、PASP、左心房直径、IL-6、hs-CRP及BNP水平均较治疗前显著降低或缩短，心指数和6MWD均较治疗前显著升高或延长（$P<0.05$）；达格列净组患者的心输出量较治疗前显著升高（$P<0.05$）。达格列净组患者的收缩压、PASP、左心房直径、IL-6、hs-CRP及BNP水平均显著低于或短于对照组，心输出量、心指数及6MWD均显著高于或长于对照组（$P<0.05$）；两组患者的LVEF、RVEF及左心室壁厚度比较，差异均无统计学意义（$P>0.05$）。对照组和达格列净组患者的中位随访时间分别为17.9个月和17.3个月。随访期间，达格列净组患者的全因死亡发生率低于对照组，但差异无统计学意义（$P>0.05$）；其心衰加重再住院频率显著低于对照组（$P<0.05$）。**结论**　在常规治疗基础上加用达格列净能进一步降低PH-LHD患者的肺动脉压力、炎症因子及BNP水平，改善部分心功能相关指标和运动耐量，并降低心衰加重再住院频率。

**关键词**　达格列净；左心疾病；肺动脉高压；肺动脉收缩压；心功能；预后；炎症因子

## Clinical effects and prognostic observation of dapagliflozin in patients with pulmonary hypertension associated with left heart disease

LI Lu, QIU Rongrong, DONG Feng [Dept. of Cardiology, Wuxi No. 2 People's Hospital (Jiangnan University Medical Center), Jiangsu Wuxi 214002, China]

**ABSTRACT　OBJECTIVE** To evaluate the clinical efficacy of dapagliflozin in patients with pulmonary hypertension associated with left heart disease (PH-LHD) and its effect on prognosis, and to provide evidence for its clinical application. **METHODS** A total of 135 hospitalized patients with PH-LHD admitted to Wuxi No. 2 People's Hospital from January 1, 2023 to June 30, 2025 were retrospectively included. According to the treatment regimen, the patients were divided into a control group (74 cases, receiving conventional treatment) and a dapagliflozin group (61 cases, receiving dapagliflozin in addition to conventional treatment). Blood pressure [systolic blood pressure, diastolic blood pressure, and pulmonary artery systolic pressure (PASP)], echocardiographic cardiac function parameters [cardiac output, cardiac index, left ventricular ejection fraction (LVEF), right ventricular ejection fraction (RVEF), left atrial diameter, and left ventricular wall thickness], inflammatory factors [interleukin-6 (IL-6) and high-sensitivity C-reactive protein (hs-CRP)], brain natriuretic peptide (BNP), and 6-minute walking distance (6MWD) were compared between the two groups before treatment and after 12 weeks of treatment. All-cause mortality and the frequency of rehospitalization due to worsening heart failure during follow-up were also compared. **RESULTS** After 12 weeks of treatment, systolic blood pressure, diastolic blood pressure, PASP, left atrial diameter, IL-6, hs-CRP, and BNP levels were significantly decreased or shortened in both groups, while cardiac index and 6MWD were significantly increased or prolonged compared with those before treatment ($P<0.05$). Cardiac output in the dapagliflozin group was significantly increased compared with that before treatment ($P<0.05$). Systolic blood pressure, PASP, left atrial diameter, IL-6, hs-CRP, and BNP levels in the dapagliflozin group were significantly lower or shorter than those in the control group, while cardiac output, cardiac index, and 6MWD were significantly higher or longer than those in the control group ($P<0.05$). There were no statistically significant differences in LVEF, RVEF, or left ventricular wall thickness between the two groups ($P>0.05$). The median follow-up times in the control group and dapagliflozin group were 17.9 months and 17.3 months, respectively. During follow-up, all-cause mortality in the dapagliflozin group was lower than that in the control group, but the difference was not statistically significant ($P>0.05$); the frequency of rehospitalization due

Δ**基金项目** 江苏省自然科学基金项目（No.202408011079）

＊**第一作者** 副主任医师，硕士。研究方向：冠心病的基础与临床。E-mail：hblnrll@163.com

＃**通信作者** 副主任医师。研究方向：心力衰竭的发病机制与临床诊治。E-mail：DrDavidLee2013@163.com