替格瑞洛联合阿司匹林抗血小板方案在高危非致残性缺血性脑血管事件中的应用Δ

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摘　要　**目的**　探索替格瑞洛联合阿司匹林抗血小板方案在高危非致残性缺血性脑血管事件(HR-NICE)中的应用效果。**方法**　回顾性选择2023年1月1日至2025年1月1日于南阳医学高等专科学校第一附属医院就诊的232例HR-NICE患者为研究对象,根据不同的抗血小板治疗方案将其分为3组:A组(78例)采用氯吡格雷首日300 mg负荷后再以75 mg,qd联合阿司匹林100 mg,qd;B组(69例)采用替格瑞洛首日120 mg负荷后再以60 mg,bid联合阿司匹林100 mg,qd;C组(85例)采用替格瑞洛首日180 mg负荷后再以90 mg,bid联合阿司匹林100 mg,qd;各组双联抗血小板治疗21 d后改为阿司匹林单药维持。比较3组患者的主要观察结局[早期神经功能恶化(END)发生率]和次要观察结局(出院后90 d内缺血性事件发生率、30/90 d预后良好的比例、90 d内出血事件发生率)。采用Logistic回归模型分析不同抗血小板治疗方案与END发生风险之间的关系,并进一步纳入治疗方案与人口学及临床基线特征的交互项,分析不同亚组患者中治疗方案与END发生风险之间的交互效应。采用倾向评分匹配(PSM)进行稳健性分析验证。**结果**　在主要观察结局上,C组患者的END发生率明显低于A组($P<0.05$);在次要观察结局上,3组患者出院后90 d内缺血性事件发生率、30/90 d预后良好的比例比较,差异均无统计学意义($P>0.05$);B组和C组患者轻度出血事件的发生率明显高于A组($P<0.05$);3组患者在中度和严重出血事件的发生率上差异无统计学意义($P>0.05$)。交互效应分析结果显示,缺血性脑血管病、年龄-血压-临床症状-症状持续时间-糖尿病评分(ABCD2)、REACH风险评分及埃森卒中评分(ESSEN)与治疗方案之间存在显著交互作用($P<0.05$);在合并缺血性脑血管病以及ABCD2≥6分、REACH风险评分≥6分、ESSEN≥3分的患者中,B组或C组方案相较于A组方案与更低的END发生风险相关。PSM分析结果与匹配前分析方向基本一致。**结论**　替格瑞洛(尤其是90 mg,bid)联合阿司匹林方案与HR-NICE患者较低的END发生风险相关,但会增加轻度出血事件发生风险。合并缺血性脑血管病及具有较高ABCD2、REACH风险评分、ESSEN的患者可能为该联合方案的潜在获益人群。

关键词　替格瑞洛;阿司匹林;高危非致残性缺血性脑血管事件;双联抗血小板治疗;早期神经功能恶化

Application of ticagrelor combined with aspirin antiplatelet therapy in high-risk non-disabling ischemic cerebrovascular events

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ABSTRACT　**OBJECTIVE** To explore the application effect of ticagrelor combined with aspirin antiplatelet therapy in high-risk non-disabling ischemic cerebrovascular events (HR-NICE). **METHODS** A total of 232 patients with HR-NICE treated at the First Affiliated Hospital of Nanyang Medical College from January 1, 2023 to January 1, 2025 were retrospectively selected. According to different antiplatelet regimens, the patients were divided into three groups: group A (78 cases) received clopidogrel 300 mg as a loading dose on the first day, followed by clopidogrel 75 mg, qd combined with aspirin 100 mg, qd; group B (69 cases) received ticagrelor 120 mg as a loading dose on the first day, followed by ticagrelor 60 mg, bid combined with aspirin 100 mg, qd; group C (85 cases) received ticagrelor 180 mg as a loading dose on the first day, followed by ticagrelor 90 mg, bid combined with aspirin 100 mg, qd. All groups received dual-antiplatelet therapy for 21 days and were then switched to aspirin monotherapy. The primary outcome [incidence of early neurological deterioration (END)] and secondary outcomes, including incidence of ischemic events within 90 days post-

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