

## 三联疗法治疗反复短暂性脑缺血发作的临床观察<sup>Δ</sup>

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**摘要** 目的:观察阿司匹林、氯吡格雷、尤瑞克林三联疗法治疗反复短暂性脑缺血发作的临床疗效和安全性。方法:180例反复短暂性脑缺血发作患者随机均分为对照组和观察组。对照组患者给予阿司匹林肠溶片100 mg,口服,每日1次+硫酸氢氯吡格雷片75 mg,口服,每日1次。观察组患者在对照组治疗的基础上给予注射用尤瑞克林0.15 PNA单位加入0.9%氯化钠注射液100 ml中,静脉滴注,每日1次。两组患者疗程均为2周。观察两组患者的临床疗效,治疗前后低密度脂蛋白(LDL)、高密度脂蛋白(HDL)、总胆固醇(TC)、甘油三酯(TG)水平,随访6个月后观察两组患者的脑缺血复发率,脑梗死发生率及不良反应发生情况。结果:观察组患者总有效率显著高于对照组,脑缺血复发率、脑梗死发生率均显著低于对照组,差异均有统计学意义( $P<0.05$ )。治疗后,两组患者HDL水平均显著高于同组治疗前,且观察组高于对照组,LDL、TC、TG水平均显著低于同组治疗,且观察组低于对照组,差异均有统计学意义( $P<0.05$ )。两组患者治疗期间均未见严重不良反应发生。结论:阿司匹林、氯吡格雷、尤瑞克林三联疗法治疗反复短暂性脑缺血发作疗效显著,安全性较好。

**关键词** 反复短暂性脑缺血发作;阿司匹林;氯吡格雷;尤瑞克林;疗效;安全性

### Clinical Observation of Triple Therapy in the Treatment of Recurrent Transient Ischemic Attack

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**ABSTRACT** OBJECTIVE: To observe the clinical efficacy and safety of triple therapy of aspirin, clopidogrel and urinary kallidinogenase in the treatment of recurrent transient ischemic attack. METHODS: 180 patients with recurrent transient ischemic attack were randomly divided into control group and observation group. Control group was orally treated with Aspirin enteric-coated tablets 100 mg, once a day + Clopidogrel hydrogen sulfate tablets 75 mg, once a day. Based on the treatment of control group, observation group was additionally treated with Urinary kallidinogenase for injection 0.15 PNA unit adding into Sodium chloride injection 100 ml by intravenous injection, once a day. The treatment course for both groups was 2 weeks. The clinic data was observed, including clinical efficacy, and LDL, HDL TC and TG levels before and after treatment, recurrence rate of cerebral ischemia, incidence of cerebral infarction and adverse reactions after 6 months of follow-up. RESULTS: The total effective rate in observation group was significantly higher than control group, and the recurrence rate of cerebral ischemia and incidence of cerebral infarction were significantly lower than control group ( $P<0.05$ ). After treatment, HDL level in 2 groups were significantly higher than before, and observation group was higher than control group; levels of LDL, TC and TG were significantly lower than before, and observation group was lower than control group ( $P<0.05$ ). There were no severe adverse reactions in groups during treatment. CONCLUSIONS: Triple therapy of aspirin, clopidogrel and urinary kallidinogenase has significant efficacy in the treatment of transient ischemic attack, with good safety.

**KEYWORDS** Recurrent transient ischemic attack; Aspirin; Clopidogrel; Urinary kallidinogenase; Efficacy; Safety

短暂性脑缺血发作指患者颅内血管发生病变所引起的一过性、短暂性、局灶性视网膜或脑功能障碍<sup>[1]</sup>。若短暂性脑缺血处理不及时或处理不当,极易发展为脑梗死,尤其是反复发作的短暂性脑缺血可使患者发生脑梗死的可能性进一步增加<sup>[2]</sup>。有研究表明,尤瑞克林可选择性扩张缺血部位的微血管,改善缺血区的血液供应,从而有效提高患者的脑血管储备能力,改善患者预后<sup>[3]</sup>。目前,临床关于尤瑞克林联合抗血管药物治疗该病的研究相对较少。为此,本研究中笔者观察了

阿司匹林、氯吡格雷、尤瑞克林三联疗法治疗反复短暂性脑缺血发作的疗效和安全性,以为临床治疗提供参考。

### 1 资料与方法

#### 1.1 资料来源

选取2011年6月—2013年10月台州市中医院收治的反复短暂性脑缺血患者180例。纳入标准:(1)经诊断确认为短暂性脑缺血;(2)短暂性脑缺血均为反复发作。排除标准:(1)脑出血或者脑梗死患者;(2)严重器官功能障碍患者。将所有患者按随机数字表法均分为观察组和对照组。观察组男性48例,女性42例;年龄(53.5±5.8)岁;发作时呈反复轻偏瘫38例,单侧肢体麻木25例,单肢无力20例,一过性失语7例。对

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对照组男性47例,女性43例;年龄(53.6±6.2)岁;发作时呈反复轻偏瘫36例,单侧肢体麻木26例,单肢无力18例,一过性失语10例。两组患者性别、年龄等基本资料比较,差异均无统计学意义( $P>0.05$ ),具有可比性。本研究方案经该院医学伦理委员会批准,所有患者家属均签署了知情同意书。

### 1.2 治疗方法

对照组患者给予阿司匹林肠溶片(拜耳医药保健有限公司,规格:100 mg/片)100 mg,口服,每日1次+硫酸氢氯吡格雷片(赛诺菲杭州制药有限公司,规格:75 mg/片)75 mg,口服,每日1次;观察组患者在对照组治疗的基础上给予注射用尤瑞克林(广东天普生化医药股份有限公司,规格:0.15 PNA单位/瓶)0.15 PNA单位加入0.9%氯化钠注射液100 ml中,静脉滴注,每日1次。两组患者疗程均为2周。

### 1.3 观察指标

观察两组患者治疗前后低密度脂蛋白(LDL)、高密度脂蛋白(HDL)、总胆固醇(TC)、甘油三酯(TG)水平,随访6个月后观察两组患者的脑缺血复发率、脑梗死发生率及不良反应发生情况。

### 1.4 疗效判定标准<sup>[4]</sup>

显效:脑缺血发作后1 d内症状得到有效控制,且1个月内未复发;有效:脑缺血发作后1~3 d内症状得到有效控制,且1个月内未复发;无效:未达上述标准。总有效率=(显效例数+有效例数)/总例数×100%。

### 1.5 统计学方法

采用SPSS 17.0统计软件对数据进行分析。计量资料以 $\bar{x} \pm s$ 表示,采用 $t$ 检验;计数资料以率表示,采用 $\chi^2$ 检验。 $P<0.05$ 为差异有统计学意义。

表3 两组患者治疗前后血脂水平比较( $\bar{x} \pm s$ , mmol/L)

Tab 3 Comparison of blood lipid levels between 2 groups before and after the treatment( $\bar{x} \pm s$ , mmol/L)

组别	n	LDL		HDL		TC		TG	
		治疗前	治疗后	治疗前	治疗后	治疗前	治疗后	治疗前	治疗后
观察组	90	2.1±0.7	1.4±0.9**	3.6±1.1	4.9±1.1**	6.6±1.6	2.3±1.0**	3.3±0.8	1.8±0.7**
对照组	90	2.2±0.5	1.7±0.6*	3.8±1.2	4.4±1.3*	6.9±1.5	5.5±1.4*	3.2±0.9	2.9±0.8*

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, # $P<0.05$

两组患者治疗期间均未见严重不良反应发生。

## 3 讨论

短暂性脑缺血是临床常见疾病,近年来发病率呈逐年上升趋势,中老年人均为高发人群<sup>[3]</sup>。目前,该病的发病机制尚未明确,可能与动脉粥样硬化性血栓形成、血流动力学异常、微栓子学说等有关<sup>[4]</sup>,可受动脉粥样硬化、血栓等影响,易阻塞血管,造成脑供血不足,从而诱发脑出血。有研究发现,患者短暂性脑缺血发作后7 d内发展为脑梗死的发生率为10%左右<sup>[5]</sup>。

阿司匹林可降低血液中的血栓素 $A_2$ 含量,抑制血栓形成和血小板的聚集,抗凝作用较强<sup>[6]</sup>。氯吡格雷可抑制二磷酸腺苷,减少糖蛋白的活化,从而抑制血小板的聚集,具有预防血栓形成的作用。但有文献指出,短暂性脑缺血发作期间,短时间给予阿司匹林、氯吡格雷安全有效,但长期用药,可能会增加不良反应<sup>[7]</sup>。

尤瑞克林主要成分为人尿激肽原酶,可直接作用于激肽原,后转为血管舒张素。有研究表明,一定量的尤瑞克林能扩张细小动脉,改善脑血流动力学指标,降低脑血管阻力,增加脑血管供血量,增强红细胞氧解离能力和变形能力,加强机体

## 2 结果

### 2.1 两组患者临床疗效比较

治疗后,观察组患者总有效率显著高于对照组,差异有统计学意义( $P<0.05$ ),详见表1。

表1 两组患者临床疗效比较[例(%)]

Tab 1 Comparison of clinical efficacies between 2 groups [case(%)]

组别	n	显效	有效	无效	总有效率, %
观察组	90	60(66.67)	25(27.78)	5(5.56)	94.44
对照组	90	50(55.56)	17(18.89)	23(25.56)	74.44

### 2.2 两组患者脑缺血复发率、脑梗死发生率比较

治疗后,观察组患者脑缺血复发率、脑梗死发生率均显著低于对照组,差异均有统计学意义( $P<0.05$ ),详见表2。

表2 两组患者脑缺血复发率、脑梗死发生率比较[例(%)]

Tab 2 Comparison of recurrence rate of cerebral ischemia and incidence of cerebral infarction between 2 groups [case(%)]

组别	n	脑缺血复发	脑梗死发生
观察组	90	5(5.6)	9(10.0)
对照组	90	21(23.3)	25(27.8)

### 2.3 两组患者治疗前后血脂水平比较

治疗前,两组患者血脂水平比较,差异均无统计学意义( $P>0.05$ );治疗后,两组患者HDL水平均显著高于同组治疗前,且观察组高于对照组,LDL、TC、TG水平均显著低于同组治疗前,且观察组低于对照组,差异均有统计学意义( $P<0.05$ ),详见表3。

### 2.4 不良反应

对葡萄糖的吸收,使血液凝固,抑制血小板聚集。此外,尤瑞克林还可改善脑循环,避免神经功能受到损害,降低致残率。陈玉珺等<sup>[8]</sup>研究表明,尤瑞克林可选择性扩张动脉血管,安全性高,可改善患者预后。

本研究结果显示,治疗后观察组患者总有效率显著高于对照组,脑缺血复发率、脑梗死发生率均显著低于对照组,两组比较差异均有统计学意义。治疗后,两组患者HDL水平均显著高于同组治疗前,且观察组高于对照组,LDL、TC、TG水平均显著低于同组治疗前,且观察组低于对照组,差异均有统计学意义。

综上所述,阿司匹林、氯吡格雷、尤瑞克林三联疗法治疗反复短暂性脑缺血发作疗效显著,安全性较好。由于本研究纳入的样本量较小,此结论有待大样本、多中心研究进一步证实。

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# 枸地氯雷他定递减疗法治疗慢性荨麻疹的临床观察<sup>Δ</sup>

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**摘要** 目的:观察枸地氯雷他定递减疗法治疗慢性荨麻疹的临床疗效和安全性。方法:212例慢性荨麻疹患者随机均分为递减疗法组和对照组。递减疗法组患者按递减疗法给予枸地氯雷他定胶囊:第1周17.6 mg,口服,每日1次;第2周8.8 mg,口服,每日1次;第3周8.8 mg,口服,2天1次;第4周8.8 mg,口服,3天1次。对照组患者给予枸地氯雷他定胶囊8.8 mg,口服,每日1次。两组患者疗程均为4周。观察两组患者的临床疗效,治疗前后血清免疫球蛋白E(IgE)水平、临床症状评分、复发率及不良反应发生情况。结果:两组患者总有效率、不良反应发生率比较,差异均无统计学意义( $P>0.05$ ),递减疗法组复发率显著低于对照组,差异有统计学意义( $P<0.05$ )。治疗结束时及停药4周后,两组患者血清IgE水平均显著低于同组治疗前,且停药4周后递减疗法组低于对照组,差异均有统计学意义( $P<0.01$ );对照组患者停药4周时IgE水平显著高于治疗结束时,差异有统计学意义( $P<0.01$ )。治疗后,两组患者临床症状评分均显著低于同组治疗前,差异有统计学意义( $P<0.01$ );但两组间比较,差异无统计学意义( $P>0.05$ )。结论:枸地氯雷他定递减疗法与常规疗法治疗慢性荨麻疹的临床疗效和安全性均相当,但在改善血清IgE方面,枸地氯雷他定递减疗法优于常规疗法。

**关键词** 枸地氯雷他定;递减疗法;慢性荨麻疹;疗效;安全性

## Clinical Observation of Desloratadine Citrate Disodium in the Decremental Treatment of Chronic Urticaria

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**ABSTRACT** OBJECTIVE: To observe the clinical efficacy and safety of the effect of desloratadine citrate disodium in the decremental treatment of chronic urticaria. METHODS: 212 patients with chronic urticaria were randomly divided into decremental treatment group and control group. Decremental treatment group was treated with Desloratadine citrate disodium capsules 17.6 mg in the first week, orally, qd; 8.8 mg in the second week, orally, qd; 8.8 mg in the third week, orally, qod; and 8.8 mg in the fourth week, orally, q3d. Control group was treated with Desloratadine citrate disodium capsules 8.8 mg, orally, qd. The treatment course for both groups was 4 weeks. The clinic data was observed, including clinical efficacy, and serum IgE, clinical symptom scores before and after treatment, recurrence rate and incidence of adverse reactions. RESULTS: The differences were not statistically significant in the total effective rate and incidence of adverse reactions between 2 groups ( $P>0.05$ ). The recurrence rate in decremental treatment was significantly lower than control group ( $P<0.05$ ). When treatment ended and after 4 weeks of drug withdrawal, serum IgE levels in 2 groups were significantly lower than before, and decremental treatment group was lower than control group ( $P<0.01$ ); the IgE level in control group was significantly higher after 4 weeks of drug withdrawal ( $P<0.01$ ) than the end of treatment. After treatment, clinical symptom scores in 2 groups were significantly lower than before ( $P<0.01$ ), however the differences was not significant between 2 groups ( $P>0.05$ ). CONCLUSIONS: Desloratadine citrate disodium have similar clinical efficacies and safety in the decremental treatment and conventional treatment of chronic urticaria. However, decremental treatment of desloratadine citrate disodium is better than conventional treatment in terms of improving the level of IgE.

**KEYWORDS** Desloratadine citrate disodium; Decremental treatment; Chronic urticaria; Efficacy; Safety

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