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血浆脑钠肽及去甲肾上腺素对老年急性心力衰竭患者的预后评估

Plasma brain natriuretic peptide and norepinephrine levels for predicting the prognosis of acute heart failure in elderly patients

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中文关键词: 急性心力衰竭; 脑钠肽; 去甲肾上腺素; 预后

英文关键词: acute heart failure; brain natriuretic peptide; norepinephrine; prognosis

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作者	单位	E-mail
范新丽1, 秦 俭1*, 吴燕川2, 邢绣荣1	首都医科大学宣武医院: 1急诊科, 2中心实验室, 北京 100053	jqin6@163.com

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中文摘要:

目的 探讨老年急性心力衰竭患者血浆脑钠肽(BNP)和去甲肾上腺素(NE)的动态变化,研究二者对预后的判断价值。方法 对117例老年急性心力衰竭患者分别于入院时、入院第3天、出院时抽血测定血浆BNP和NE浓度,分析患者血浆BNP和NE浓度的变化,出院后随访3个月心脏病意外事件的发生情况。使用ROC曲线分析出院前血浆BNP及NE水平对事件发生的预测能力。结果 老年急性心力衰竭患者血浆BNP和NE水平在心力衰竭治疗后第3天均明显下降[BNP:(781±580) vs (1368±939) ng/L; NE: 163 (109, 281) vs 295 (174, 509) ng/L; P<0.05],但之后BNP变化不明显,NE持续下降(P<0.05);出院前血浆BNP和NE浓度与患者预后相关,事件组出院前BNP和NE浓度均高于非事件组(P<0.05)。BNP的ROC曲线下面积为0.721,NE为0.739,二者对事件发生的预测准确性中等,NE略优于BNP。慢性心力衰竭急性失代偿组事件发生率及死亡率均显著高于急性心力衰竭组(P=0.008, P=0.035)。结论 出院前血浆BNP和NE水平对老年急性心力衰竭患者的预后具有预测作用,NE略优于BNP;慢性心力衰竭急性失代偿患者血浆BNP及NE水平均显著高于急性心力衰竭患者,且具有更高的事件发生率和死亡率。

英文摘要:

Objective To observe the changes of plasma brain natriuretic peptide(BNP) and norepinephrine(NE) levels in elderly patients with acute heart failure(AHF), and evaluate their roles to predict the prognosis. Methods Totally 117 elderly patients with AHF were enrolled. The plasma levels of BNP and NE were determined at admission, the third day and discharge respectively. All patients were followed up for three months to evaluate the cardiac events after discharge. Receiver operation characteristic(ROC) curves were used to analyze the abilities of plasma BNP and NE levels to predict the prognosis of the patients. Results Plasma BNP and NE levels markedly decreased on the third day in all patients [BNP: (781±580) vs (1368±939)ng/L; NE: 163(109,281) vs 295(174,509)ng/L; P<0.05]. Plasma NE level decreased subsequently (P<0.05). Before discharge, plasma levels of BNP and NE were correlated to patients' prognosis. Plasma levels of BNP and NE were significantly higher in event group than in non-event group(P<0.05). Area under ROC curves was 0.721 for BNP and 0.739 for NE respectively. Plasma BNP and NE levels had moderate accuracy to predict cardiac events after discharge. Plasma NE level had better accuracy than plasma BNP level. The incidence of cardiac events and mortality were higher in decompensated congestive heart failure(CHF) patients than in AHF patients(P=0.008, P=0.035). Conclusion The plasma levels of BNP and NE before discharge are predictive of prognosis of elderly patients with AHF. NE has better accuracy than BNP. Decompensated CHF patients have higher plasma levels of BNP and NE, and higher incidence of cardiac events than AHF patients.

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主管

中国人民解放军总医院

100853,北京市复兴路28号

主办

中国人民解放军总医院老年心血管病研究所

编辑

中华老年多器官疾病杂志编辑委员会

100853,北京市复兴路28号

电话: 010-66936756, 010-

59790736

传真: 66936756

E-mail: zhindqg@mode301.cn

总编辑

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