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期刊论坛

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 中国科技出版传媒股份有限公司

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
传真: 66936756
E-mail: zhlnhdqg@mode301.cn

创刊人
中国工程院院士 王士雯

执行主编
叶大训

编辑部主任
王雪萍

友情链接



刘朝阳1, 高德伟1*, 林丹丹2, 李文兵1, 张 麒1, 俞森洋1. 老年呼吸衰竭机械通气患者预后评分系统的临床效能及意义[J]. 中华老年多器官疾病杂志. 2012, 11(5): 351-354

老年呼吸衰竭机械通气患者预后评分系统的临床效能及意义

The clinical efficacy of the scoring system for senile patients with respiratory failure undergoing mechanical ventilation

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作者	单位	E-mail
刘朝阳1, 高德伟1*, 林丹丹2, 李文兵1, 张 麒1, 俞森洋1	1解放军总医院南楼临床部外科重症监护病房, 北京 100853; 2解放军空军司令部门诊部, 北京 100036	gaodw301@sina.com

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中文摘要:

目的 建立可操作的老年呼吸衰竭机械通气评估系统(SRFMV)的评分系统, 评价该评分系统的临床效能。方法 借助SRFMV死亡概率方程, 建立SRFMV评分系统, 应用该评分系统和APACHE II评分系统同时对住院的138例呼吸衰竭机械通气患者进行评分, 采用受试者工作特征曲线(R-OC曲线)和生存相关性分析对SRFMV系统和APACHE II系统进行比较评价。结果 (1) SRFMV评分系统预测老年机械通气患者1个月内死亡率曲线下面积[0.89 (95%CI 0.826~0.937)]大于APACHE II评分系统[0.75 (95%CI 0.675~0.825)], 两者差异具有统计学意义 (Z = 3.7, P < 0.001)。(2) 当SRFMV评分 < 74分时, 患者死亡风险为低危, 预测1个月死亡率, 阴性预测值为96.4% (95%CI 86.8~99.4); 当SRFMV评分 ≥ 98分时, 患者死亡风险为高危, 预测1个月死亡率, 阳性预测值为91.3% (95%CI 71.9~98.7); 当74分 ≤ SRFMV评分 < 98分时, 患者死亡风险为中危。(3) SRFMV评分与患者机械通气后死亡存在相关性 (RR = 1.05, 95%CI 1.04~1.06, P < 0.01), 而APACHE II评分与机械通气后死亡无相关性 (P > 0.1); 老年机械通气患者不同危险组别间生存时间存在显著差异 (χ² = 66.26, P < 0.01), 危险度越高生存时间越短, 低危组患者中位生存时间为360 d, 中危组患者中位生存时间为30 d, 高危组患者的中位生存时间为3 d。结论 SRFMV评分系统对于评估老年呼吸衰竭机械通气患者的预后具有较高的灵敏度和特异度, 可用于该类患者病情严重程度评估和预后判断, 具有一定的临床指导价值。

英文摘要:

Objective To establish the scoring system for assessing senile patients with respiratory failure undergoing mechanical ventilation (SRFMVs), and to evaluate the clinical efficacy of the scoring system. Methods SRFMV scoring system was established base on the SRFMV mortality rate equation. Totally 138 hospitalized senile patients who had respiratory failure and required mechanical ventilation were evaluated with the scoring system prospectively. The SRFMV and APACHE II scoring system were evaluated as measures of illness severity in our study. The area under the receiver operating characteristic curve (AUROC) and the correlation analysis of survival were used to compare the predictive value of each scoring systems. Results (1) For mortality rates in the first month among patients receiving mechanical ventilation, AUROC of SRFMV [0.89 (95%CI 0.826-0.937)] was larger than that of APACHE II [0.75 (95%CI 0.675-0.825)], with a statistically significant difference between these 2 score systems (Z = 3.7, P < 0.001). (2) The mortality risk of patient was low when SRFMV score was less than 74, and the negative predictive value for predicting death rate in one month was 96.4% (95%CI 86.8-99.4). However the mortality risk of patient would be high with SRFMV score higher than 98, by which the positive predictive value for predicting death rate in one month was 91.3% (95%CI 71.9-98.7). The mortality risk of patient would be ranked as intermediate when his SRFMV score was between 74 and 98.3. (3) The SRFMV score was highly correlated to the mortality rate among patient receiving mechanical ventilation (RR = 1.05, 95%CI 1.04-1.06, P < 0.01), while APACHE II score failed to show correlation (P > 0.1). A significant difference in the overall survival time was observed among different groups (χ² = 66.26, P < 0.01). The higher was the risk the shorter was the survival time. In low risk group, the median survival time was 360 days, which was 30 days in intermediate risk group and only 3 days in high risk group. Conclusion SRFMV has high sensitivity and high specificity for the risk assessment in senile patient undergoing mechanical ventilation, and can be used to evaluate the disease severity and the prognosis in patients, which has a guidance value in clinical practice.

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