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贝那普利联合厄贝沙坦治疗慢性心衰伴蛋白尿的疗效观察

Efficacy of Benazepril Combined with Irbesartan in the Treatment of Chronic Heart Failure with Proteinuria

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英文关键词: [heart failure](#) [proteinuria](#) [benazepril](#) [irbesartan](#)

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中文摘要:

目的 观察贝那普利联合厄贝沙坦治疗慢性心衰伴蛋白尿的疗效。方法 116例慢性心衰伴蛋白尿患者随机分为贝那普利组38例、厄贝沙坦组38例及联合治疗组40例, 在心衰综合治疗基础上分别予以贝那普利、厄贝沙坦及两者联合治疗, 10~12周后观察临床疗效及临床指标变化。结果 联合治疗组临床治疗总有效率明显优于贝那普利及厄贝沙坦组 ( $P < 0.05$ ); 各组治疗后UP, BUN, Cr, NT-proBNP, LVDD, 收缩压和舒张压均较治疗前显著下降 ( $P < 0.05$ 或 $P < 0.01$ ), LVEF升高 ( $P < 0.01$ ); 治疗后联合治疗组与其他2组相比, UP, BUN, Cr, NT-proBNP, LVDD, LVEF有显著变化 ( $P < 0.05$ 或 $P < 0.01$ ), 而收缩压、舒张压的变化不明显 ( $P > 0.05$ ), 血钾在各组治疗前后均无明显变化 ( $P > 0.05$ )。结论 在常规心衰治疗基础上贝那普利与厄贝沙坦联合治疗更能减少慢性心衰的蛋白尿, 改善心肾功能, 提高临床疗效。

英文摘要:

OBJECTIVE To observe the effect of benazepril combined with irbesartan in the treatment of chronic heart failure with proteinuria. METHODS All of 116 cases of chronic heart failure with proteinuria were randomly divided into benazepril group ( $n=38$ ), irbesartan group ( $n=38$ ) and combined treatment group ( $n=40$ ). On the basis of comprehensive treatment of heart failure, patients were treated respectively with benazepril, irbesartan or both of them. The changes of the clinical efficacy and clinical indicators were observed after 10 to 12 weeks later. RESULTS The clinical efficacy of combination therapy group was significantly superior than the benazepril group and irbesartan group ( $P < 0.05$ ). The UP, BUN, Cr, NT-proBNP, LVDD, systolic blood pressure and diastolic blood pressure of each group were significantly decreased after treatment ( $P < 0.05$  or  $P < 0.01$ ), while LVEF increased ( $P < 0.01$ ). After treatment, the changes of UP, BUN, Cr, NT-proBNP, LVDD, LVEF were more obvious in combined treatment group than those in other two groups ( $P < 0.05$  or  $P < 0.01$ ), while the changes of systolic blood pressure and diastolic blood pressure were not obvious ( $P > 0.05$ ). The serum potassium in each group had no significant change before and after treatment ( $P > 0.05$ ). CONCLUSION Combination of benazepril and irbesartan on the basis of comprehensive treatment of heart failure could significantly reduce proteinuria of patients with chronic heart failure and improve heart and kidney functions.

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