

[1]曹腾飞,陶晓玲,张贤锐,等.房颤与非房颤患者血脂水平的病例对照研究[J].第三军医大学学报,2013,35(15):1604-1608.

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房颤与非房颤患者血脂水平的病例对照研究(PDF)分享

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Title: Case-control study on serum lipid levels in patients with and without atrial fibrillation

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关键词: [低密度脂蛋白](#); [高密度脂蛋白](#); [甘油三酯](#); [心房颤动](#); [病例对照](#)

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摘要: 目的 研究心房颤动与非心房颤动患者血脂水平的变化并探讨其意义。 方法 回顾性分析2007年6月至2012年6月于重庆医科大学附属第二医院心内科住院符合纳入标准的598例房颤[包括295例阵发性房颤 (paroxysmal atrial fibrillation,PAF) 亚组, 303例非阵发性房颤 (non paroxysmal atrial fibrillation, NPAF) 亚组]患者的临床资料, 对比其一般情况、心电图分析、肝功、肾功、血脂、血糖、甲状腺功能、心电图、动态心电图、心脏彩超值等资料, 符合纳入标准的596例非房颤患者作为对照, 对比分析房颤组及亚组同对照组血脂水平的变化。 结果 房颤组与对照组在年龄、甘油三酯 (TG)、总胆固醇 (TC)、高密度脂蛋白 (HDL)、低密度脂蛋白 (LDL)、载脂蛋白A1 (ApoA1)、载脂蛋白B (ApoB)、白细胞计数 (WBC) 及中性粒细胞比例、左房内径 (LAD) 和左室射血分数 (EF) 有统计学差异 ($P<0.05$)。多因素Logistic回归显示, WBC ($OR=1.119, P<0.05$) 和LAD ($OR=1.147, P<0.05$) 是房颤的危险因素; TG ($OR=0.822, P<0.05$)、HDL ($OR=0.401, P<0.05$)、LDL ($OR=0.736, P<0.05$) 水平与房颤负相关。亚组分析显示HDL ($OR=0.420, P<0.05$)、LDL ($OR=0.695, P<0.05$) 与PAF负相关, 而LAD ($OR=1.078, P<0.05$) 与PAF正相关; 在NPAF亚组, HDL

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($OR=0.219$, $P<0.05$)、LDL ($OR=0.638$, $P<0.05$)、TG ($OR=0.676$, $P<0.05$) 三者一致地与NPAF负相关, 是其保护因素, LAD ($OR=1.247$, $P<0.05$) 是NAPF的危险因素。 结论 房颤患者血脂尤其是LDL、HDL水平明显低于非房颤患者, 且随着PAF进展为慢性房颤而呈逐渐降低趋势。

Abstract: **Objective** To investigate the potential association between serum lipids and atrial fibrillation (AF). **Methods** Five hundred and ninety-eight patients with AF including 295 patients with paroxysmal AF (PAF) and 303 patients with non-paroxysmal AF (NPAF) were enrolled, and 596 non-AF patients with hypertension and diabetes were served as control. Primary clinical and laboratory data including white blood cell count (WBC), neutrophilic granulocyte ratio, liver function, blood lipids, blood glucose, renal function, thyroid function, electrocardiograph (ECG)/Holter-ECG and echocardiograph were collected in all patients. The changes of blood lipid levels in the AF group and sub-groups were compared with those of the control group. **Results** Compared with the control group, there were significant decreases in the levels of triglycerides (TG), total cholesterol (TC), high-density lipoprotein (HDL), low-density lipoprotein (LDL), apolipoprotein (Apo) A1, ApoB and left ventricular ejection fraction (LVEF) and significant increase in age, WBC count, neutrophilic granulocyte ratio and left atrium diameter (LAD) in the AF group ($P<0.05$). The multivariate stepwise logistic regression analysis showed that WBC and LAD were positively correlated with atrial fibrillation ($OR=1.119$, $P<0.05$; $OR=1.147$, $P<0.05$), while TG, HDL and LDL were negatively correlated with atrial fibrillation ($OR=0.822$, $P<0.05$; $OR=0.401$, $P<0.05$; $OR=0.736$, $P<0.05$). The regression analysis in the subgroups showed that HDL ($OR=0.420$, $P<0.05$) and LDL ($OR=0.695$, $P<0.05$) were negatively correlated with PAF, but LAD ($OR=1.0785$, $P<0.05$) was positively correlated with PAF. Notably, HDL, LDL and TG ($OR=0.219$, $P<0.05$; $OR=0.638$, $P<0.05$; $OR=0.676$, $P<0.05$) were negatively correlated with NPAF, and LAD ($OR=1.247$, $P<0.05$) was positively correlated with NAPF. **Conclusion** Blood lipids especially LDL and HDL levels are significantly lower in patients with AF, and are prone to decrease gradually with PAF progressing into chronic AF.

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