

论文

别嘌醇对高尿酸血症患者动脉弹性短期影响的临床观察

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摘要:

目的 观察别嘌醇对高尿酸血症患者动脉弹性的短期影响, 为动脉粥样硬化早期干预提供指导。方法 选择高尿酸患者59例, 随机分为别嘌醇组和对照组, 治疗3个月后观察血压、血糖、血脂、肝肾功、hsCRP、UA, 踝脉搏波速度(baPWV)及踝臂指数(ABI)的变化及药物副作用。结果 所有患者均完成随访, 无严重不良反应发生。治疗3个月后, 别嘌醇组收缩压、舒张压(P<0.01), hsCRP(P<0.05)低于对照组。别嘌醇组治疗3个月后收缩压、舒张压、hsCRP, UA、baPWV较治疗前显著下降(P<0.01)。对照组hsCRP及UA较治疗前显著下降(P<0.01)。别嘌醇的应用及hsCRP的下降为baPWV下降的独立影响因子。结论 别嘌醇可安全有效治疗高尿酸血症, 同时可以降低血压及baPWV, 改善血管弹性, 逆转早期动脉硬化, baPWV的下降与炎症状态改善有关, 不依赖于尿酸的变化。

关键词: 高尿酸血症; 别嘌醇; 高敏C反应蛋白; 臂踝脉搏波速度

Short time impact of allopurinol on arterial elasticity in patients with hyperuricemia

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Abstract:

Objective To evaluate the short term impact of allopurinol on arterial elasticity in the patients with hyperuricemia. Methods 59 cases of hyperuricemia, treated for 3 months, were randomly divided into allopurinol and control group. Blood pressure, blood glucose, lipids, hepatic and renal function, hsCRP, UA, brachial ankle pulse wave velocity(baPWV) and ankle brachial index (ABI) were observed before and after the treatment, and the side effects of the drug was also observed. Results All patients accomplished the observation without serious side effects. In allopurinol group, systolic blood pressure (P<0.01), diastolic blood pressure (P<0.01), and hsCRP(P<0.05) were significantly lower than that of the control group. In allopurinol group, systolic blood pressure (P<0.01), diastolic blood pressure P<0.01), hsCRP(P<0.01), UA(P<0.01), and baPWV(P<0.01) decreased significantly after the treatment. In control group, hsCRP(P<0.01), UA(P<0.01) decreased significantly after the treatment. Allopurinol and the decrease of hsCRP were independent impact factors for baPWV by multiple stepwise regression analysis. Conclusion Allopurinol is safe and effective in the treatment of hyperuricemia, which can lower blood pressure and baPWV, improve blood vessel elasticity, and reverse early atherosclerosis. The decline in baPWV is associated with the improvement of inflammation state, which doesn't depend on the change in UA.

Keywords: Hyperuricemia; Allopurinol; High sensitivity CRP; Brachial ankle pulse wave velocity

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