

[1]谢洁,蒲丹岚,张莉,等.厄贝沙坦对2型糖尿病合并高血压患者胰岛素抵抗及胰岛β细胞功能的影响[J].第三军医大学学报,2014,36(15):1635-1638.

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的影响
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更新日期/Last Update: 2014-07-25

《第三军医大学学报》[ISSN:1000-5404/CN:51-1095/R] 卷: 36 期数: 2014年第15期 页码: 1635-1638 栏目: 论著 出版日期: 2014-08-15

Title: Effects of irbesartan on insulin resistance and β-cell function in patients with type 2 diabetes mellitus complicated with hypertension

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关键词: [厄贝沙坦](#); [胰岛素抵抗](#); [2型糖尿病](#)

Keywords: [irbesartan](#); [insulin resistance](#); [type2 diabetes mellitus](#)

分类号: R544.1; R587.1; R972.4

文献标志码: A

摘要: 目的 观察厄贝沙坦对2型糖尿病 (type 2 diabetes mellitus,T2DM) 合并高血压患者胰岛素抵抗(insulin resistance,IR)及胰岛β细胞功能的影响。 方法 将94例初发T2DM合并高血压患者随机分为两组 (n=47): 厄贝沙坦组、苯磺酸氨氯地平组,分别给予厄贝沙坦和苯磺酸氨氯地平治疗12周。比较治疗前后两组患者体质量指数 (body mass index ,BMI)、腰围 (waist circumference ,WC)、血压 (blood pressure ,BP)、空腹血糖 (fasting blood glucose ,FBG)、空腹胰岛素 (fasting plasma insulin ,FINS)、糖化血红蛋白 (glycosylated hemoglobin, HbA1c)、甘油三酯 (triglyceride, TG)、总胆固醇 (total cholesterol,TC)、低密度脂蛋白胆固醇 (low-density lipoprotein cholesterol, LDL-c), 并采用稳态模式评估法计算胰岛素抵抗指数 (HOMA- HOMA-insulin resistance index, HOMA-IR)、胰岛素分泌指数 (HOMA-B cell Secretion index,HOMA-B) 及治疗前后的变化。 结果 治疗12周后, 两组患者治疗后的BP、FBG、HbA1c均较治疗前降低(均P<0.05), 两组患者治疗后的胰岛素分泌指数均较治疗前升高(均P<0.05), 两组治疗前后WC、BMI、TG、TC、LDL-c、HDL-c差异均无统计学意义 (均P>0.05)。厄贝沙坦组治疗后胰岛素抵抗指数较治疗前下降[3.79 (2.51~4.99) vs 4.58 (3.38~5.94), P<0.05], 氨氯地平组治

疗前后胰岛素抵抗指数差异无统计学意义[3.90 (2.52~5.26) vs 3.90 (2.52~5.26), $P>0.05$]. 结论 厄贝沙坦在降低血压的同时, 可能改善T2DM患者的胰岛素抵抗。

Abstract: **Objective** To determine the effects of irbesartan on insulin resistance and islet β -cell function in the patients with type2 diabetes mellitus (T2DM) complicated with hypertension. **Methods** Ninety-four patients with newly diagnosed T2DM complicated with hypertension admitted in our hospital from November 2011 to March 2012 were prospectively enrolled in this study. They were randomly assigned into 2 groups and received either irbesartan (150 to 300 mg/d) or amlodipine (5 to 10 mg/d) treatment for 12 weeks. The clinical characteristics, such as body mass index (BMI), waist circumference (WC), blood pressure (BP), fasting plasma glucose (FBG) and insulin (FINS), and serum levels of glycosylated hemoglobin (HbA1c), triglyceride (TG), total cholesterol (TC) and low-density lipoprotein cholesterol (LDL-c) were collected before and after treatment. Homeostasis model assessment (HOMA) was used to calculate the insulin resistance index ($HOMA-IR = \text{fasting serum insulin} \times \text{fasting serum glucose} / 22.5$) and insulin secretion index ($HOMA-\beta = \text{fasting serum insulin} \times 20 / \text{fasting glucose} - 3.5$). **Results** After 12 week treatment, the BP, FBG and HbA1c were decreased, while the insulin secretion index was significantly increased in both groups ($P<0.05$). There was no significant difference in the WC, BMI, TC, LDL-c and HDL-c in the 2 groups before and after the treatment ($P>0.05$). The insulin resistance index was obviously decreased in irbesartan group after the treatment [3.79 (2.51 to 4.99) vs 4.58 (3.38 to 5.94), $P<0.05$], while there was no obvious alteration in the amlodipine group [3.90 (2.52 to 5.26) vs 3.90 (2.52 to 5.26), $P>0.05$]. **Conclusion** While effectively controlling the blood pressure, irbesartan can improve the insulin resistance in T2DM patients.

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