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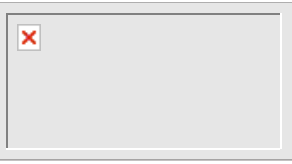
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宋 田, 石玉芝, 王春雪\*, 王安心?, 赵性泉, 王伊龙, 王拥军. 中国老老年首发缺血性卒中患者的社会经济学特点、危险因素及卒中亚型差异性研究—— CNSR全国多中心横断面调查[J]. 中华老年多器官疾病杂志, 2012, 11(3):172~175

## 中国老老年首发缺血性卒中患者的社会经济学特点、危险因素及卒中亚型差异性研究—— CNSR全国多中心横断面调查

### Differences of socio-economic characteristics, risk factors and stroke subtype in very old Chinese patients with first-ever ischemic stroke —— a national multi- center cross-sectional survey by CNSR

DOI:

中文关键词: 老年, 80以上; 卒中; 性别; 危险因素

英文关键词: aged, 80 and over; ischemic stroke; gender; risk factors; TOAST subtype

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中文摘要:

目的 比较中国老老年与老年首发缺血性卒中患者人口和社会经济学特征、危险因素及急性卒中治疗Org10172试验 (TOAST) 分型的差异。方法 选取2007年9月至2008年8月间中国国家卒中登记数据库纳入的老老年患者858例, 老年患者3818例。分析比较两组患者人口和社会经济学特征, 包括年龄、性别、婚姻状况、居住情况、文化水平、家庭月收入、医疗保险种类; 分析两组患者的危险因素, 包括高血压、肥胖、冠心病、糖尿病、房颤、吸烟、卒中家族史、高脂血症、大量饮酒等。结果 老老年组与老年组患者在人口和社会经济学特征方面差别明显, 除家庭月收入之外, 平均年龄、性别、婚姻、居住状况、受教育程度、医疗保险均存在显著差异 ( $P < 0.05$ )。两组人群首位危险因素均为高血压, 老老年患者非代谢性危险因素如房颤的比例更高 ( $P = 0.0002$ ); 而代谢相关的危险因素, 如肥胖、糖尿病、高脂血症发生率, 与行为相关的危险因素, 如吸烟、大量饮酒明显降低 ( $P < 0.01$ ); 另外TOAST分型中, 老老年组患者心源性栓塞的比例明显高于老年组患者 ( $P < 0.0001$ )。结论 与80岁以下老年人相比, 80岁以上的卒中人群的性别组成和危险因素存在差别, 应当更加关注老老年女性的卒中风险, 并在重视血压达标的基础上, 提高对老老年患者房颤及心源性栓塞的认识, 以降低卒中再发的风险。

英文摘要:

Objective To analyze the differences of socio-economic characteristics, risk factors and TOAST subtype between very old patients and old patients with first-ever ischemic stroke (IS). Methods A total of 858 very old patients and 3818 old patients in CNSR were collected from September 2007 to August 2008. Demographic and socio-economic characteristics included age, gender, marital status, living condition, educational level, family income and health insurance types. Risk factors, including hypertension (HT), obesity, coronary heart disease (CAD), diabetes mellitus (DM), atrial fibrillation (AF), smoking, family history of stroke, hyperlipidemia, heavy drinking and so on, were analyzed. Results Compared with old group, significant differences were observed in very old group in demographic and socio-economic characteristics such as average age, gender, marriage, living conditions, educational levels and medical insurance ( $P < 0.05$ ) except for monthly family income. Both two groups had the highest prevalence of HT. The rate of AF in very old group were higher than that in old group ( $P = 0.0002$ ). However, very old patients were less likely to have metabolic disorders such as obesity ( $P = 0.0177$ ), DM ( $P < 0.0001$ ), hyperlipidemia ( $P < 0.0001$ ) or bad behaviors such as smoking ( $P < 0.0001$ ) and heavy drinking ( $P = 0.0004$ ) compared with old patients. Cardiac embolism (CE) was significantly higher in very old patients ( $P < 0.0001$ ). Conclusion There are differences on gender distribution and risk factors between old stroke patients below 80 and over 80 years. For very old patients, we should pay more attention to the risk of stroke in women and improve the understanding of AF and CE, so as to reduce the risk of recurrent stroke.

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