

最新公告

卡维地洛联合螺内酯对心肌梗死后左室重构的影响

Effect of Combination Therapy with Carvedilol and Aldactone on the Prevention of the Reconstruction of Left Ventricular in Patients with Myocardial Infarction

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中文摘要:

摘要目的: 探讨卡维地洛联合螺内酯治疗对预防心肌梗死后左室重构的作用。方法: 65例心肌梗死患者随机分为2组。治疗组在常规治疗的基础上加用卡维地洛和螺内酯; 对照组常规治疗, 药物包括ACEI、抗凝药、硝酸酯类。入选时及治疗6个月后进行超声心动图检查, 比较两组左室内径、容量及左室功能的改变。结果: 与治疗前相比, 治疗组左室舒张末期内径及左室收缩末期容积显著缩小, 舒张末期容积、收缩末期容积亦显著缩小(P<0.05), 与对照组治疗后相比, 差异有统计学意义(P<0.05)。与治疗前比, 治疗组二尖瓣舒张早期峰值(E峰)与二尖瓣舒张晚期峰值(A峰)比值(E/A)和A射血分数(EF)有所增加, E峰减速时间(DT)减少, 舒张功能指标改善。治疗组出现1例窦性心动过缓, 退出观察。结论: 卡维地洛联合螺内酯治疗可以有效抑制心肌梗死后左室重构, 改善左室收缩和舒张功能。

英文摘要:

ABSTRACT Objective:To evaluate the effects of combination therapy with carvedilol and aldactone on preventing remodeling of left ventricular after myocardial infarction. **Method:**65 patients with MI were randomly divided into two groups: combination therapy group treated with carvedilol and aldactone on the basis of regular treatment and controlled group, which was regularly treated with ACE inhibitor, anticoagulant and diuretic. All the patients were measured in their changes of left ventricular volume and function by echocardiography for six months.**Result:**The left ventricular end diastolic diameter(LVEDD) and the left ventricular end systolic volume(LVESV) of the treatment group was significantly reduced,the end diastolic volume and the end systolic volume also significantly reduced compared with before treatment (P<0.05), and the differences were statistically significance compared with the control group after treatment (P<0.05). Compared with that before treatment, the ratio of mitral peak early diastolic mitral E peak and peak late diastolic peak A (E/A), ejection fraction (EF) in the treatment group has increased, E peak deceleration time (DT) has reduced, the diastolic function parameters has improved. One case of the treatment group had sinus bradycardia, and its observation was stopped. **Conclusion:**The carvedilol treatment in the combination with aldactone could prevent the remodel of left ventricular and improve systolic and diastolic function in patients with myocardial infarction.

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