中国现代应用药学
Chinese Journal of Modern Applied Pharmacy
追踪在新药研发的一线
关注于药学应用的前沿

杨晔,刘军刚.芪参益气滴丸辅助治疗冠心病心绞痛的Meta分析[J].中国现代应用药学,2014,31(4):496-500

芪参益气滴丸辅助治疗冠心病心绞痛的Meta分析

Meta-analysis: Qishenyiqi Drop Pill Auxiliary Treatment for Angina Pectoris of Coronary Heart Disease

投稿时间： 2013-08-13 最后修改时间： 2014-03-27

DOI：

中文关键词： 芪参益气滴丸 冠心病 心绞痛症状改善率 心电图恢复率 Meta分析

英文关键词：Qishenyiqi drop pill coronary heart disease improvement rate of angina pectoris recovery rate of ECG Meta-analysis

基金项目：

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中文摘要：

目的 系统评价芪参益气滴丸对冠心病(CHD)患者的心绞痛症状改善和心电图恢复的临床疗效。方法 检索Cochrane图书馆、PubMed、PMC、Medline、EMBASE、CNKI、CBM、VIP和万方数据资源系统等，全面收集芪参益气滴丸治疗CHD的临床研究。参照Cochrane系统评价手册5.1.0版评价文献质量，采用RevMan 5.2.3软件对芪参益气滴丸治疗CHD的研究进行Meta分析。以心绞痛症状改善率和心电图恢复率作为观察指标并进行定量综合评估。结果 共纳入9个临床研究，包括750例患者。Meta分析结果显示，在常规治疗基础上加芪参益气滴丸在患者心绞痛症状改善率(RR=1.27，95%CI：1.18~1.36，P<0.000 01)和心电图恢复率(RR=1.30，95%CI：1.18~1.43，P<0.000 01)上均优于常规治疗组；两结局指标需要治疗的人数(NNT)分别为5.23(95%CI：4.17~7.14)和5.00(95%CI：3.70~7.69)，失安全数($N_{fs0.05}$)分别为138和62。结论 在常规治疗基础上加芪参益气滴丸可提高冠心病患者心绞痛症状改善率和心电图恢复率，但由于存在发表偏倚，需要方法学设计合理的大样本随机对照研究加以证实。

英文摘要：

OBJECTIVE To assess the efficacy of Qishenyiqi drop pill improves angina pectoris symptom and recovers ECG in patients with coronary heart disease(CHD). METHODS All clinical studies of Qishenyiqi drop pill for CHD were searched from Cochrane Library, PubMed, PMC, Medline, EMBASE, CNKI, CBM, VIP and WANFANG DATA. The quality of the included studies was evaluated referring to the cochrane Reviewer′s Handbook 5.1.0, Meta-analysis of Qishenyiqi drop pill for CHD was performed using RevMan 5.2.3 software. Observation index including improvement rate of Angina pectoris symptom and recovery rate of ECG was analyzed and used for quantification. RESULTS

Nine studies involving 750 CHD patients were included. The results of meta-analyses showed that Qishenyiqi drop pill combined with conventional treatment significantly improved angina pectoris symptom(RR=1.27, 95%CI: 1.18-1.36, P<0.000 01) and recovered ECG(RR=1.30, 95%CI: 1.18-1.43, P<0.000 01) compared with conventional treatment alone; number needed treat(NNT) was respectively 5.23(95%CI: 4.17-7.14) and 5.00(95%CI: 3.70-7.69), fail-safe number($N_{fs0.05}$) was 138 and 62, respectively. CONCLUSION Qishenyiqi drop pill combined with conventional treatment raise improvement rate of angina pectoris symptom and recovery rate of ECG in patients with CHD. However, due to the existence of publication bias, large sample randomized controlled studies which the methodology design is reasonable will need to be confirmed.