[1]刘茜,程莉,李华,等.辛伐他汀改善高龄慢性阻塞性肺疾病急性加重期患者肺功能的临床观察[J].第三军医大学学报,2013,35(11):1141-1143.

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辛伐他汀改善高龄慢性阻塞性肺疾病急性加
的临床观察(PDF)

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Title: Simvastatin improves lung functions of senile patients with acute exacerbation chronic obstructive pulmonary diseases

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关键词: 辛伐他汀; 慢性阻塞性肺疾病急性加重期; 高龄; 白细胞介素-8; 肺功能指数

Keywords: simvastatin; acute exacerbation chronic obstructive pulmonary disease; elderly patients; IL-8; pulmonary function indices

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摘要: 目的 探讨辛伐他汀对高龄慢性阻塞性肺疾病急性加重期（acute exacerbation chronic obstructive pulmonary disease, AECOPD）患者肺功能、全身及气道炎症反应的治疗效应。 方法 将80例AECOPD患者分为联合辛伐他汀组和对照组各40例，对照组给予常规治疗方案，联合辛伐他汀组在对照组治疗基础上加用辛伐他汀。采用肺功能检测仪检测2组患者FEV_1、FEV_1%、FEV_1/FVC的变化；采用ELIAS方法检测2组患者诱导痰、血清中IL-8水平的变化。 结果 联合辛伐他汀组治疗2周后患者各项肺功能指标（FEV_1、FEV_1%、FEV_1/FVC）均较治疗前显著改善(P<0.01)，且与对照组各项肺功能指标比较差异有统计学意义（P<0.01)。联合辛伐他汀组治疗2周后诱导痰、血清IL-8水平均

较治疗前显著降低(P<0.01)，且与对照组诱导痰、血清IL-8的水平比较差异有统计学意义(P<0.01)。　结论　在常规治疗方案基础上联合辛伐他汀能够显著改善高龄AECOPD患者肺功能、降低全身及气道局部的高炎症反应状态。

Abstract: Objective To investigate the therapeutic effects of simvastatin on the pulmonary function, respiratory tract and systematic inflammation in acute exacerbation chronic obstructive pulmonary disease (AECOPD) in elderly patients. Methods Eighty elderly patients suffering from AECOPD who hospitalized in our department from January 2009 to August 2012 were randomly and prospectively divided into experimental group (with an average age of 78.67±3.25, n=40) and control group (with an average age of 83.25±5.50, n=40). The control group was given conventional treatment for 2 weeks, meanwhile, the experimental group was added a simvastatin therapy (20 mg/d) beside the conventional treatment. ELISA was performed to assess the level of IL-8 in the sputum and blood sputum obtained before and after the 2 weeks' treatment. A pulmonary function detector was used to analyze the pulmonary function indices, such as FEV_1, FEV_1%, and FEV_1/FVC at above time points group. Results Only 70 patients finished our study, including 33 in experimental group and 37 in the control. Simvastatin therapy resulted in a significant improvement in the pulmonary function indices compared with those before treatment (P<0.01), which were also obvious better than control group after 2 weeks' treatment (P<0.01). Simvastatin therapy also remarkably reduced the sputum and sputum levels of IL-8 than those before treatment (P<0.01), and these levels were also significantly lower than those in the control after treatment (P<0.01). Conclusion Combining conventional treatment with simvastatin therapy significantly improves lung function, and alleviates respiratory tract and systematic inflammation in elderly patients suffering form AECOPD.

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