

# 临床观察缓释异搏定治疗原发性高血压

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**摘要** 目的:观察缓释异搏定片治疗原发性高血压临床效果。方法:将 66 例原发性高血压患者停用一切降压药物 2 周,改缓释异搏定片 240 mg 晨 8 时服用 4 周,并于用药第一天分别测 2、6、12、24h 血压,心率,以后 3d 每日一次,3d 后每周随访 1-2 次,测血压,心率,心律并询问服药后感觉等,有无副作用,观察 4 周,了解治疗前后降压疗效。结果:缓释异搏定片服用 2h 后出现降压作用并且有持续性,收缩压/舒张压平均下降了:37.65±11.34/25.4±8.4 mmHg。与治疗前相比差异均有非常显著性( $P<0.001$ ),总有效率达 97%,获得满意降压效果。结论:缓释异搏定片一天一次,24h 平稳降压,长期应用疗效依旧,服用方便,副作用少,疗效和安全性肯定。

**关键词** 疗效;安全;高血压;缓释异搏定

## Clinical observation about essential hypertensive treatment with Isoptin SR

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**ABSTRACT** **OBJECTIVE:** To study clinical effect on antihypertensive treatment with Isoptin SR (verapamil HCl). **METHOD:** After 2 weeks of stopping all antihypertensive drugs, sixty-six patients with essential hypertension were clinically tested using Isoptin SR (240 mg qd), given in the morning at 8 A. M. for 4 weeks. Blood pressure and heart rate were measured at 2, 6, 12, 24h within the first day of therapy, respectively. Then, these patients were underwent 1-2 physical examination each week. Arterial pressure, heart rate and rhythm were measured, the patient's response to oral tablets and adverse reaction were obtained. **RESULTS:** This drug exerts its pharmacologic effects after 2 hours of oral dosing and prolongs antihypertensive effects to about 24 hours. After therapy, the mean SBP and DBP were 37.65±11.34/25.4±8.4 mmHg, respectively. There was significantly difference as compared with those before treatment( $P<0.001$ ). A total of therapy effects can reach 97%. Isoptin SR had fewer adverse effects. There are a satisfactory therapeutic efficacy. **CONCLUSION:** Sustained-release verapamil reduced the baseline and peak blood pressure up to 24h post dose. It is a safe and effective drug to essential hypertension. Our study indicates that the drug will provide consistent BP control throughout 24 hours. Isoptin SR treat was a good antihypertensive agents once-a-day dosing.

**KEY WORDS** Therapeutic efficacy, Safety, Hypertension, Isoptin SR

缓释异搏定片通过降低全身血管阻力来发挥其降压作用,通常无直立性的低血压或反射性心动过速,心动过缓( $<50$ 次/min)亦不常见。快作用短效钙离子拮抗剂可以产生心肌缺血作用,有些冠心病患者服用后心率增快,心绞痛症状加重,原因可能为血压下降过快过低冠脉灌注下降,交感神经活性增强出现反射性心率增快,心肌需氧量增加,导致心肌缺血加重,当前已不赞成用口含或急服的方法来治疗血压突然升高的患者,美国 FDA 已禁用<sup>[2,4]</sup>。我们对 66 例缓释异搏定片治疗观察:

### 1 材料和方法

**病例选择** 原发性高血压患者 66 例,均符合 WHO 诊断标准,即治疗前基础血压  $\geq 160/95$  mmHg。其中男 32 例,女 34 例,年龄 35-80 岁,平均(56±10)岁,病程 4 个月-30 年,平均(10±9)年;高血压 I 期 29 例,II 期 20 例,轻型 6 例,中型 30 例,重型 5 例,治疗前血压为(169.5±9)/(108±6.8) mmHg。除外继发性,恶性高血压,所有高血压观察者不伴严重心肝肾功能衰竭,糖尿病,恶性肿瘤,对此药无过

敏史者。

**1.1 用药及观察方法** 患者停用一切降压药物 2 周,改缓释异搏定片(Isoptin SR 上海雅培制药有限公司)240 mg 晨 8 时服用 4 周。就诊时先安静坐 15 min,连续 3d,每日三次测用药前高血压患者坐位右上臂血压,心率(HR)平均值作为治疗前血压,HR。用药第一天分别测 2、6、12、24h 血压,HR。以后 3d 每日测血压,HR 一次,3d 后每周随访 1-2 次,测血压,HR,心律并询问服药后感觉等,有无副作用。观察 4 周结束。

**1.2 疗效评定** 根据卫生部颁布的《药物临床研究指导原则》<sup>[8]</sup>中有关“心血管系统临床研究指导原则”将疗效分为显效,有效,无效。显效:舒张压下降 10 mmHg 以上,并降至正常或下降 20 mmHg 及其以上;有效:舒张压下降虽未达到 10 mmHg,但已降压正常或下降 10-19 mmHg,若为收缩期高血压,收缩压下降  $\geq 30$  mmHg 亦为有效;无效未达到以上标准。根据 WHO 1978 年的规定,BDP  $\leq 90$  mmHg 为有效降压。

**1.3 统计方法** 采用 t 检验,  $P<0.001$  与治疗前有显著差异

性。

## 2 结果

缓释异搏定片服用前测血压,HR作记录,服药两h后出现降压作用并且有持续性,观察4周达到满意的降压效果。收缩压/舒张压平均下降了: $37.65 \pm 11.34/25.4 \pm 8.4$  mmHg。与治疗前相比差异均有非常显著性( $P < 0.001$ ),其中显效55例83%;有效9例14%;无效2例3%(中型1例,重型1例)。总有效率97%。64例患者都达到有效降压。

不良反应 无明显的毒副作用,治疗过程中5例病患者降压初始出现面部潮红,轻微头痛,头胀,在坚持服药中上述症状消失。

## 3 讨论

缓释异搏定片为一长效钙离子内流抑制剂(慢通道阻滞剂或钙离子拮抗剂),其降压疗效在于影响钙离子进入心脏和血管的细胞内<sup>[3]</sup>。其结果高度选择性松弛血管平滑肌,直接扩张动脉血管减轻缺血细胞中毒,增加心脏的血供和氧供,从而降低心脏负荷,达到降压效果<sup>[5]</sup>。由于缓释异搏定片半衰期长,谷/峰比值高,对靶器官保护作用强,能有效恢复高血压患者内皮功能,明显抑制冠状动脉粥样硬化进展,因此其安全性得以肯定和保证<sup>[7]</sup>。缓释异搏定片血管选择性作用强,降压抗冠状动脉痉挛及抗心肌缺血明显<sup>[1,6]</sup>,24h服药一次,降压平稳,降压效应为谷/峰比值 $\geq 50\%$ ,服药后头痛面红,心悸等副作用明显较普通片减少。缓释异搏定片降压效果明显,尤以DBP为显著,服药后由于血压得以控制,避免了降压治疗中的负性作用,生活质量得到改善,且依从性好<sup>[5]</sup>。

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收稿日期:2002-04-30