·临床研究·

乌鲁木齐地区老年高血压患者合并代谢综合征状况及生活质量调查

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【摘 要】 **目的** 调查新疆乌鲁木齐地区老年高血压患者合并代谢综合征(MS)情况及其生活质量,并分析生活质量的影响因素。**方法** 选择新疆医科大学第一附属医院2021年1月至2022年7月收治的1 566例老年高血压患者为研究对象,对其合并MS情况进行调查,同时采用简明健康状况调查量表(SF-36)调查其生活质量现状。将合并MS者纳为MS组(854例),未合并MS者纳为非MS组(712例),比较两组患者SF-36得分分级结果。根据患者SF-36得分分级,将患者分为生活质量优等组(669例)与中差组(897例)。采用SPSS 19.0统计软件进行数据处理。根据数据类型,分别采用χ^2检验或秩和检验进行组间比较。采用多因素logistic回归模型分析老年高血压患者生活质量的影响因素。**结果** 1 566例老年高血压患者中,有54.53%(854/1 566)的患者确诊为MS。老年高血压患者生活质量整体优等者占42.72%(669/1 566);中差等者占57.28%(897/1 566)。MS组患者生活质量低于非MS组,差异有统计学意义($P<0.05$)。多因素logistic回归分析提示,独居($OR=2.323$,95%CI 1.642~3.287)、多重用药($OR=2.568$,95%CI 1.558~4.233)及合并慢性疾病≥3种($OR=3.357$,95%CI 1.092~10.320)是影响老年高血压患者生活质量的危险因素;而外出频率($OR=0.257$,95%CI 0.109~0.604)及体育锻炼($OR=0.176$,95%CI 0.062~0.499)是其生活质量的保护因素。**结论** 新疆乌鲁木齐地区老年高血压患者生活质量整体不佳,应注意给予独居及合并≥3种慢性疾病者更多关注,及时调节多重用药者药物剂量及方案,鼓励患者增加社会活动及体育锻炼。此外,该地区患者合并MS情况普遍,而合并MS将进一步降低患者生活质量,临床还需注重MS的防控。

【关键词】 老年人;高血压;代谢紊乱;生活质量
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Metabolic syndrome occurrence and quality of life in elderly hypertension patients in Urumqi region

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【**Abstract**】 **Objective** To explore the occurrence of metabolic syndrome (MS) in elderly patients with hypertension in Urumqi region, Xinjiang, and investigate their quality of life and its related influencing factors. **Methods** A total of 1566 elderly patients with hypertension admitted to the First Affiliated Hospital of Xinjiang Medical University from January 2021 to July 2022 were enrolled in the study. The occurrence of MS was investigated, and the status quo of quality of life was investigated with 36-item short-form health survey (SF-36). According to occurrence of MS or not, the patients were divided into MS group ($n=854$) and non-MS group ($n=712$), and the SF-36 score was compared between the two groups. The patients were also assigned into excellent group ($n=669$) and moderate-poor group ($n=897$) according to their SF-36 score. SPSS statistics 19.0 was used for data processing. Based on different data type, *Chi*-square test or rank sum test was employed for intergroup comparison. Multivariate logistic regression model was applied to analyze the influencing factors for quality of life in elderly patients with hypertension. **Results** Among the 1566 elderly patients with hypertension, 54.53% (854/1566) were diagnosed with MS, and 42.72% (669/1566) had excellent overall quality of life, and 57.28% (897/1566) had moderate-poor quality of life. The quality of life was significantly lower in the MS group than the non-MS group ($P<0.05$). Multivariate logistic regression analysis indicated that living alone ($OR=2.323$, 95%CI 1.642-3.287), multiple medication ($OR=2.568$, 95%CI 1.558-4.233) and comorbidity of ≥3 chronic diseases ($OR=2.568$, 95%CI 1.558-4.233) were the risk factors affecting the quality of life in elderly patients with hypertension, and the frequency of going out ($OR=0.257$, 95%CI 0.109-0.604) and physical exercise ($OR=0.176$, 95%CI 0.062-0.499) were the protective factors of quality of life. **Conclusion** The overall quality of life in elderly hypertension patients in Urumqi region, Xinjiang is not good, and it is necessary to pay more attention to those living alone and those complicated with ≥3 types of chronic diseases. Clinicians should timely adjust the drug dosage and regimen for multiple drug users, and encourage the patients to increase the social activities and physical exercise. In addition, MS is quite common in hypertension patients in this region, and its complication will further reduce their quality of life, thus in clinical practice, prevention and control of MS is necessary.

【**Key words**】 aged; hypertension; metabolic disorders; quality of life

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我国高血压患者人数超过 2 亿,是老年人群中常见的慢性疾病,高血压及代谢综合征(metabolic syndrome,MS)在发病机制、病因及治疗等方面具有很多相似之处,且均会引起心脏、血管、肾脏等靶器官损伤[1]。有研究表示,高血压同时合并 MS 会加重患者血管功能障碍及靶器官损害程度[2]。关注老年高血压患者合并 MS 现状,制定相关措施,减少心血管意外事件,在临床中具有重要意义。此外,世界卫生组织提出,对于老年慢性病的管理,除了对疾病本身的控制外,更要关注疾病对生活质量的影响[3]。基于以上背景,本研究对新疆乌鲁木齐地区老年高血压患者 MS 合并情况及生活质量进行评估与分析,旨在为该地区的老年高血压管理提供更多参考。

1 对象与方法

1.1 研究对象

选择新疆医科大学第一附属医院 2021 年 1 月至 2022 年 7 月收治的 1 566 例老年高血压患者为研究对象。纳入标准:(1)年龄≥60 岁;(2)诊断为原发性高血压,符合《中国高血压防治指南(2018 年版)》[4]相关诊断标准;(3)自愿参与本研究,可配合完成相关调查;(4)病例资料完整。排除标准:(1)合并认知障碍;(2)长期卧床;(3)急性脑血管意外;(4)继发性高血压;(5)需静脉用药控制血压。

1 566 例老年高血压患者中有 854 例合并 MS,占 54.53%。将合并 MS 者纳为 MS 组(n=854),未合并 MS 者纳为非 MS 组(n=712)。比较患者简明健康状况调查量表(36-item short-form health survey,SF-36)分级结果,根据结果将患者分为生活质量优等组(n=669)与中差组(n=897)。

1.2 方法

1.2.1 MS 诊断 具备以下任意 3 项或以上即可诊断为 MS[5]:(1)体质量指数(body mass index,BMI)≥25 kg/m^2;(2)糖尿病;(3)高血压;(4)血脂紊乱。

1.2.2 生活质量评估 采用 SF-36 评估患者生活质量,标准转化公式=(实际初得分-理论最低初得分)/(该理论最高处得分-理论最低初得分)×100。躯体健康及心理健康分别对应 4 个维度的平均分,各维度转换分数平均值为量表总分,得分越高,患者生活质量越好。根据 SF-36 中国老年人生存质量常模的分级截断点[6,7],将生存等级分为“良”“中”“差”三个等级,量表总得分>117 分为优,72~117 为中等,<72 分为差。

1.2.3 一般资料收集 根据既往文献[8,9],收集性别、年龄、文化程度、婚姻状况、是否独居、经济来源、医疗付费方式、高血压病程、多重用药、合并慢性病情况等可能影响患者生活质量的相关资料。

1.3 质量控制

工作人员首先接受统一培训,然后选择在环境安静的房间中进行问卷调查。对于具有一定文化程度、可独立完成问卷调查者,在说明调查目的、注意事项及保密性后,要求患者独立完成问卷内容;对于文化程度低或不能独立完成问卷调查者,工作人员通过口述问题,辅导患者完成问卷调查,也可通过患者家属或长期陪护人员完成调查问卷。数据录入电脑后,由另外一人选取部分进行复核。

1.4 统计学处理

采用 SPSS 19.0 统计软件进行数据处理。计量资料以均数±标准差($\bar{x}\pm s$)表示。计数资料以例数(百分率)表示,组间比较采用χ^2 检验。等级资料采用秩和检验。采用 logistic 回归分析老年高血压患者生活质量的影响因素。P<0.05 为差异有统计学意义。

2 结 果

2.1 老年高血压患者生活质量情况

老年高血压患者生活质量生理健康总评分为(65.59±13.58)分,其中生理功能、生理职能、躯体疼痛及总体健康评分分别为(75.45±10.15)分、(56.38±11.15)分、(77.03±12.39)分及(53.48±11.58)分;心理健康总评分为(72.28±14.11)分,其中社会功能、情感职能、活力及精神健康评分分别为(69.45±12.15)分、(77.05±15.54)分、(63.07±12.25)分及(79.54±13.74)分。

患者生活质量整体优等者共 669 例,占 42.72%;中等者 783 例,占 50.00%;差等者共 114 例,占 7.28%。其中 MS 组患者生活质量分级优等、中等及差等者分别为 270 例、490 例及 94 例;非 MS 组患者生活质量分级优等、中等及差等者分别为 399 例、293 例及 20 例,两组患者生活质量分级情况比较,差异有统计学意义(Z=109.231,P<0.05)。

2.2 优等组与中差等组患者基线资料比较

生活质量分级优等组患者独居、多重用药及合并慢性疾病≥3 种者占比低于中差等组;外出频率及体育锻炼频率高于中差等组,差异均有统计学意义(P<0.05;表 1)。

2.3 影响老年高血压患者生活质量的多因素 logistic 回归分析

将老年高血压患者生活质量水平作为因变量(Y),单因素分析有意义的指标纳入多因素回归模型,作为自变量(X)。多因素 logistic 回归分析提示,独居、多重用药、合并慢性疾病≥3 种是影响老年高血压患者生活质量的危险因素,而外出频率、体育锻炼是其生活质量的保护因素(表 2)。

表1 优等组与中差等组患者基线资料比较

Table 1 Comparison of baseline data between excellent group and moderate-poor group [n(%)]

Item	Excellent group(n=669)	Moderate-poor group(n=897)	χ^2	P value
Gender			0.852	0.356
Male	340(50.82)	477(53.18)		
Female	329(49.18)	420(46.82)		
Age			0.534	0.465
60-<75 years	306(45.74)	427(47.60)		
≥75 years	363(54.26)	470(52.40)		
Education level			0.126	0.939
Primary school and below	214(31.99)	285(31.77)		
Middle school	313(46.79)	427(47.60)		
College and above	142(21.22)	185(20.63)		
Marital status			2.192	0.139
Married	420(62.78)	530(59.09)		
Unmarried/divorced/widowed	249(37.22)	367(40.91)		
Living alone	569(85.05)	641(71.46)	40.303	<0.001
Economic source			2.179	0.536
Pension	214(31.99)	306(34.11)		
Allowance for relatives and children	235(35.13)	313(34.90)		
Labor income	135(20.18)	157(17.50)		
Others	85(12.70)	121(13.49)		
Medical payment method			0.517	0.772
Medical insurance	377(56.35)	498(55.52)		
Self-paying	220(32.89)	292(32.55)		
Others	72(10.76)	107(11.93)		
Course of hypertension			2.434	0.295
<5 years	178(26.61)	213(23.75)		
5-<10 years	384(57.40)	520(57.97)		
≥10 years	107(15.99)	164(18.28)		
Hypertension grading			0.743	0.690
Grade 1	285(42.60)	392(43.70)		
Grade 2	185(27.65)	256(28.54)		
Grade 3	199(29.75)	249(27.76)		
Blood pressure measurement frequency			0.248	0.884
At least once a day	278(41.55)	384(42.81)		
At least once a week	249(37.22)	327(36.45)		
At least once a month	142(21.23)	186(20.74)		
Frequency of taking blood pressure medication			1.604	0.205
Taking when having symptoms	213(31.84)	313(34.89)		
Taking regularly	456(68.16)	584(65.11)		
Dizziness and headache	135(20.18)	192(21.40)	0.348	0.555
Lower extremity edema			1.677	0.432
Continuously	71(10.61)	107(11.93)		
Intermittently	78(11.66)	89(9.92)		
No	520(77.73)	701(78.15)		
Multiple medication	142(21.23)	320(35.67)	38.465	<0.001
Family history of hypertension	206(30.79)	306(34.11)	1.921	0.166
Sleep disorders	107(15.99)	164(18.28)	1.403	0.236
Frequency of going out			59.379	<0.001
At least once a day	463(69.21)	627(69.90)		
At least once a week	199(29.75)	185(20.62)		
Long time	7(1.05)	85(9.48)		
Smoking	199(29.75)	285(31.77)	0.737	0.391
Alcohol drinking	178(26.61)	256(28.54)	0.715	0.398
Physical exercise			142.734	<0.001
Often	107(15.99)	71(7.91)		
Occasionally	427(63.83)	384(42.81)		
Never	135(20.18)	442(49.28)		
Concomitant chronic diseases			103.473	<0.001
<3 types	349(52.17)	242(26.98)		
≥ 3 types	320(47.83)	655(73.02)		

表 2 影响老年高血压患者生活质量的多因素 logistic 回归分析

Table 2 Multivariate regression analysis of quality of life in elderly patients with hypertension

Factor	β	*SE*	*Wald* χ^2	*OR*	*P* value	95%*CI*
Living alone	0.843	0.177	22.683	2.323	<0.001	1.642-3.287
Multiple medication	0.943	0.255	13.675	2.568	<0.001	1.558-4.233
Frequency of going out	-1.358	0.436	9.701	0.257	0.002	0.109-0.604
Physical exercise	-1.736	0.531	10.688	0.176	0.001	0.062-0.499
Concomitant chronic diseases	1.211	0.573	4.467	3.357	0.035	1.092-10.320

3 讨 论

生活质量是评估慢性病患者生存状态的重要指标[10],由于气候环境、饮食习惯、文化等差异,各地区的高血压患病及生活质量情况不尽相同。本研究调查发现,老年高血压患者 SF-36 生理健康总评分为(65.59±13.58)分,其生活质量整体优等者占比 47.73%,中差等者占比 57.27%,提示乌鲁木齐老年高血压患者生活质量整体处于中等水平,与任丽萍等[11]研究结果相似。高血压与 MS 在流行病学、发病机制、病因及治疗等方面均具有较多相似处,备受临床关注,Silveira Rossi 等[12]研究提示,高血压合并 MS 将增加患者动脉粥样硬化、心脏及肾脏功能障碍等风险。本研究中,新疆乌鲁木齐地区老年高血压患者中有 54.53% 合并 MS,进一步分析发现,高血压合并 MS 者的生活质量较未合并 MS 者更差,提示合并 MS 在一定程度上降低了老年高血压患者生活质量。有研究显示,MS 将加重高血压患者血管功能与靶器官损害[13],这导致了合并 MS 的高血压患者疾病负担更大,进一步增加患者身心压力,生活质量下降。故针对老年高血压的治疗,除了做好血压控制外,还需积极调控其他代谢紊乱。

了解影响老年高血压患者生活质量的相关因素,是采取针对性措施,提高其生活质量的前提。本研究结果显示,独居、多重用药及合并慢性疾病≥3 种是影响老年高血压患者生活质量的危险因素,而外出频率、体育锻炼是其生活质量的保护因素。分析其原因:独居老人更缺乏心理关怀、经济支持与照顾,生活质量更差。故建议社区工作人员以及患者子女亲属增加对独居高血压老年人的探视频率,帮助其解决生活及就医相关困难,给予患者更多的情感支持,以提高其生活质量。老年人群多重用药现象十分普遍,而多重用药会增加药物不良反应发生风险,同时多重用药也说明患者合并疾病种类多,疾病负担更重,这也在一定程度上降低了患者生活质量。故建议老年合并多种慢性疾病者按时复诊,及时调整用药方案。此外,提高外出频率,多参与社会活动,提高体育锻炼频率,可在一定程度上改善血压昼夜节律紊乱、胰岛素抵抗状况,提高生活质量[14]。故临床应积极向患者科普社交活动及体育锻炼对疾病的益处,鼓励患者积极参与社交活动,选择适合自己的运动,养成运动习惯,以提高生活质量。

综上所述,新疆乌鲁木齐地区老年高血压患者生活质量整体不佳,应及时调节多重用药者治疗药物剂量及方案,鼓励患者增加社会活动及体育锻炼。此外,该地区患者合并 MS 情况普遍,而合并 MS 将进一步降低患者生活质量,临床应注重 MS 的防控。

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