·临床研究·

西北地区农村高血压患者血压及血压控制效果相关因素研究

袁筱婕[1],龙泳[1],李晓春[2],肖静[2],杨宏[3],赵英林[3],邵中军[1]*

([1]空军军医大学预防医学系流行病学教研室,西安 710032;[2]武威市疾病预防控制中心,武威 733000;[3]武威市羊下坝镇中心卫生院,武威 733000)

【摘 要】 **目的** 了解我国西北地区农村高血压群体的血压控制情况及可能影响血压控制的因素。**方法** 选取甘肃省武威市羊下坝镇3个自然村2016年7月前被纳入高血压管理系统的常住高血压人口作为调查对象,进行问卷调查(人口学特征、生活方式、既往病史、家族史和用药情况等)、体格检查(身高、体质量及血压)和实验室相关指标检测。采用SPSS 23.0统计软件对数据进行分析,根据数据类型,组间比较采用ANOVA检验、t检验或χ^2检验;多因素分析采用多重线性回归和多因素logistic回归分析。**结果** 研究共纳入512例高血压患者,年龄(64.7±9.7)岁。其中72.3%(370/512)服用降压药,该部分人群血压控制率59.2%(219/370)。单因素分析显示,来自下二沟村、不参加农务劳动和服用降压药者有较高收缩压(SBP);年龄≥65岁、超重/肥胖、来自下二沟村、服用降压药、未曾患过心血管疾病、有高血压家族史患者有较高舒张压(DBP)。多重线性回归模型显示,SBP与服用降压药(β=0.173)、低密度脂蛋白胆固醇(LDL-C)水平呈正相关(β=0.107),与参加农务劳动呈负相关(β=-0.119);DBP与年龄(β=0.247)和服用降压药呈正相关(β=0.156),与曾患过心血管疾病(β=-0.115)、参加农务劳动(β=-0.103)和高密度脂蛋白胆固醇(HDL-C)水平呈负相关(β=-0.104)。血压控制率单因素分析显示,不同地区(P=0.001)、是否参加农务劳动(P=0.033)、是否服用降压药(P<0.001)比较差异均有统计学意义(P<0.05)。多因素logistic回归分析显示,参加农务劳动(OR=0.632,95% CI 0.429~0.933;P=0.021)、来自三沟村(OR=0.416,95% CI 0.262~0.660;P<0.001)和五沟村(OR=0.587,95% CI 0.378~0.911;P=0.018)为血压控制率的保护因素。**结论** 高血压患者的血压控制除应规范使用降压药外,还应强调健康生活方式,农村地区患者适当参加农务劳动可以更好地控制血压。

【关键词】 农村人口;高血压;血压控制率

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Related factors of blood pressure and its control in hypertensive patients from rural areas of Northwest China

YUAN Xiao-Jie[1], LONG Yong[1], LI Xiao-Chun[2], XIAO Jing[2], YANG Hong[3], ZHAO Ying-Lin[3], SHAO Zhong-Jun[1]*

([1]Department of Epidemiology, Faculty of Preventive Medicine, Military Medical University of PLA Air Force, Xi'an 710032, China; [2]Wuwei Center for Disease Prevention and Control, Wuwei 733000, China; [3]Community Health Service Center of Yangxiaba Town, Wuwei 733000, China)

【**Abstract**】 **Objective** To investigate the status and the possible influencing factors of blood pressure control in hypertensive population from the rural areas of Northwest China. **Methods** Hypertensive patients (permanent residents of 3 natural villages of Yangxiaba Town, Wuwei City, Gansu Province) enrolled in a hypertension management system before July 2017 were recruited and surveyed through questionnaires. Their demographic characteristics, life style, medical history, family history and drug use were investigated, and physical examination (height, body mass and blood pressure) and laboratory examination were carried out. SPSS statistics 23.0 was used to analyze the data. One-way analysis of variance (ANOVA), Student's t test or Chi-square test was employed for the comparison between groups. Multivariate analysis were carried out with multiple linear regression and multivariate logistic regression analysis. **Results** The recruited 512 hypertensive patients were at an age of (64.7±9.7) years. Among them, 72.3% (370/512) participants took antihypertensive drugs, with a rate of blood pressure control of 59.2% (219/370). Single factor analysis showed that the participants from Xiaergou Village, and taking antihypertensive drugs and doing no farm work, had higher systolic blood pressure (SBP), while those with age ≥65 years, overweight/obesity, from Xiaergou Village, receiving antihypertensive drugs, no history of

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通信作者: 邵中军, E-mail: 13759981783@163.com

cardiovascular disease, and having family history of hypertension, had higher diastolic blood pressure (DBP). Multiple linear regression analysis indicated that SBP was positively correlated with receiving antihypertensive drugs ($\beta = 0.173$) and LDL-C level ($\beta = 0.107$), and negatively with farm work ($\beta = -0.119$). While, DBP was positively correlated with age ($\beta = 0.247$) and receiving antihypertensive drugs ($\beta = 0.156$), but negatively with history of cardiovascular disease ($\beta = -0.115$), farm work ($\beta = -0.103$) and HDL-C level ($\beta = -0.104$). The results of single factor analysis for blood pressure control showed that significant differences were found among different areas ($P = 0.001$), taking part in farm work or not ($P = 0.033$) and receiving antihypertensive drugs or not ($P < 0.05$). Multivariate logistic regression analysis indicated that farm work ($OR = 0.632$, 95% CI 0.429 – 0.933; $P = 0.021$), from Sangou Village ($OR = 0.416$, 95% CI 0.262 – 0.660; $P < 0.001$) and Wugou Village ($OR = 0.587$, 95% CI 0.378 – 0.911; $P = 0.018$) were protective factors for blood pressure control. **Conclusion** Apart from standardized antihypertensive medication, healthy life styles should also be encouraged for hypertensive patients. Those from rural areas should take part in farm work to well control blood pressure.

【Key words】 rural population; hypertension; control rate of hypertension

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Corresponding author: *SHAO Zhong-Jun*, *E-mail*: *13759981783@163.com*

高血压是心血管疾病如动脉粥样硬化、心力衰竭及脑卒中等发生发展的首要危险因素，是中低收入国家疾病负担的主要原因之一[1]。世界高血压患病率达 31.1%[2]，中国患病率达 29.6%[3]，且大部分地区呈上升趋势[4]。未有效控制的高血压将显著增加心脑血管疾病和肾病的发生风险，对人们的生活质量及寿命构成威胁[5]。因此，高血压患者血压的有效管理也至关重要。近年来研究表明，除服用降压药物外，众多因素可能影响高血压患者的血压有效控制率[6-10]。但目前对于我国西北贫困地区农村人群的高血压控制效果研究较少，为提升该地区高血压患者的血压管理水平，本研究选取甘肃武威下坝镇 3 个自然村高血压患者为研究对象，以问卷调查为基础，结合血糖、血脂检测，目的在于了解我国西北地区农村高血压群体情况及其血压控制情况，推测可能影响血压及血压控制的因素，为基层医师有效防控心脑血管疾病提供依据。

1 对象与方法

1.1 研究对象

本研究选取甘肃省武威市羊下坝镇 3 个自然村作为样本调查地区，以各自然村 2016 年 7 月前已被医师诊断并纳入高血压管理系统的常住人口为调查对象。纳入标准：(1) 年龄 ≥18 岁；(2) 居住超过 6 个月的常驻居民。排除标准：(1) 不易配合的高血压患者(智力、听力或肢体活动明显障碍)；(2) 不愿意参加调查的高血压患者；(3) 继发性高血压患者。入选患者签署知情同意书并经空军军医大学第一附属医院药物临床试验医学伦理委员会批准(KY20162090)。

1.2 方法

1.2.1 研究设计 本研究为横断面研究，以自行设计的高血压患者调查表为工具，由经过严格培训的调查员采用面对面访谈形式进行调查，收集相关资料。调查内容主要包括人口学特征、生活方式、既往史、家族史和用药情况等。

1.2.2 检测项目 测量体质量指数(body mass index, BMI)及血压，其中血压测量 2 次计算平均值。实验室检查包括空腹血糖(fasting blood glucose, FBG)、总胆固醇(total cholesterol, TC)、甘油三酯(triglycerides, TG)、低密度脂蛋白胆固醇(low-density lipoprotein cholesterol, LDL-C)和高密度脂蛋白胆固醇(high-density lipoprotein cholesterol, HDL-C)。上午 8:00 ~ 10:00 采集研究对象空腹静脉血 3 ml，分离血浆后由羊下坝镇中心医院进行统一测定。

1.2.3 判定标准 本研究以血压控制率为血压控制效果指标[11]，即收缩压(systolic blood pressure, SBP) <140 mmHg(1 mmHg = 0.133 kPa)且舒张压(diastolic blood pressure, DBP) <90 mmHg 人数占总人数的的百分率。

1.3 统计学处理

采用 SPSS 23.0 软件对数据进行统计分析。计量资料以均数 ± 标准差($\bar{x} \pm s$)表示，组间比较采用 ANOVA 检验和 t 检验；计数资料以百分率表示，组间比较采用 χ^2 检验。多因素分析采用多重线性回归和多因素 logistic 回归分析。$P < 0.05$ 为差异有统计学意义。

2 结 果

2.1 人群基本特征

本研究纳入原发性高血压患者 512 例，年龄(64.7 ± 9.7)岁，详细特征见表 1。

表1 样本人群特征

Table 1 The main characteristics of sample participants (n=512)

Item	Data
Age(years, $\bar{x}\pm s$)	64.7±9.7
BMI(kg/m^2, $\bar{x}\pm s$)	24.57±3.41
Male[n(%)]	223(43.6)
Smoking[n(%)]	109(21.3)
Farm work[n(%)]	157(30.6)
SBP(mmHg, $\bar{x}\pm s$)	135.45±17.78
DBP(mmHg, $\bar{x}\pm s$)	82.38±11.70
Duration of hypertension(years, $\bar{x}\pm s$)	5.81±4.71
Antihypertensive medication[n(%)]	370(72.3)
Family history of hypertension[n(%)]	57(37.7)
Complicated disease[n(%)]	
Diabetes mellitus	343(67.0)
Dyslipidemia	42(8.2)
History of diseases[n(%)]	
Cardiovascular disease	83(16.2)
Cerebrovascular disease	29(5.7)
Laboratory indices(mmol/L,$\bar{x}\pm s$)	
FBG	6.67±1.78
TC	4.53±0.92
TG	0.91±0.90
LDL-C	2.59±0.44
HDL-C	1.30±0.33

BMI: body mass index; SBP: systolic blood pressure; DBP: diastolic blood pressure; FBG: fasting blood glucose; TC: total cholesterol; TG: triglycerides; LDL-C: low-density lipoprotein cholesterol; HDL-C: high-density lipoprotein cholesterol. 1 mmHg=0.133 kPa

2.2 影响血压的因素分析

2.2.1 单因素分析 来自下二沟村、不参加农务劳动和服用降压药者有较高SBP;年龄≥65岁、超重/肥胖、来自下二沟村、服用降压药、未曾患过心血管疾病和有高血压家族史患者有较高DBP,差异均有统计学意义(P<0.05;表2)。

2.2.2 多因素分析 多重线性回归显示,SBP与服用降压药和LDL-C水平呈正相关,与参加农务劳动呈负相关;DBP与年龄和服用降压药呈正相关,与曾患过心血管疾病、参加农务劳动和HDL-C水平呈负相关(P<0.05;表3)。

2.3 血压控制的影响因素分析

2.3.1 单因素分析 结果表明,不同调查地区、是否参加农务劳动及是否服用降压药的血压控制率比较,差异均有统计学意义(P<0.05;表4)。

2.3.2 多因素分析 多因素logistic回归模型显示,参加农务劳动(OR=0.632,95% CI 0.429~0.933;P=0.021)、来自三沟村(OR=0.416,95% CI 0.262~0.660;P<0.001)和五沟村(OR=0.587,95% CI 0.378~0.911;P=0.018)为影响血压控制率的保护因素。

表2 不同特征患者血压比较*

Table 2 Comparison of blood pressure of patients with different characteristics (mmHg, $\bar{x}\pm s$)

Item	SBP	P value	DBP	P value
Age		0.215		0.002
≥65 years	136.37±18.31		84.08±12.25	
<65 years	134.42±17.15		80.86±10.98	
BMI		0.050		0.041
Overweight/obesity	137.00±16.60		83.35±11.64	
Normal	133.80±19.21		81.19±11.80	
Area		0.009		<0.001
Village Xiaergou	138.50±19.53		87.80±11.72	
Village Wugou	135.42±16.73		80.99±10.57	
Village Sangou	132.48±16.68		78.61±10.98	
Farm work		0.018		0.573
Yes	134.16±16.99		81.95±11.86	
No	138.41±19.66		82.62±11.24	
Antihypertensive medication		0.001		0.027
Yes	137.21±18.04		83.11±11.40	
No	131.06±16.14		80.55±11.69	
Cardiovascular disease		0.130		0.022
Yes	132.75±16.43		79.73±11.57	
No	135.98±18.02		82.94±11.64	
Family history of hypertension		0.446		0.007
Yes	136.22±17.05		84.18±10.88	
No	134.98±18.21		81.29±12.05	

SBP: systolic blood pressure; DBP: diastolic blood pressure; BMI: body mass index. 1 mmHg=0.133 kPa. *Data without statistical significance in both SBP and DBP are not shown (gender, duration of hypertension, diabetes mellitus, dyslipidemia, cerebrovascular disease, farm work, fasting blood glucose, total cholesterol, triglycerides, low-density lipoprotein cholesterol and high-density lipoprotein cholesterol)

表 3 影响患者血压的多重线性回归分析

Table 3 Analysis of multiple linear regression of blood pressure of patients

Factor	β	*t*	*P* value
SBP			
Antihypertensive medication	0.173	3.543	<0.001
Farm work	−0.119	−2.430	0.016
LDL-C	0.107	2.200	0.028
DBP			
Age	0.247	4.892	<0.001
Antihypertensive medication	0.156	3.321	0.001
Cardiovascular disease	−0.115	−2.464	0.014
Farm work	−0.103	−2.010	0.045
HDL-C	−0.104	−2.224	0.027

SBP: systolic blood pressure; LDL-C: low-density lipoprotein cholesterol; DBP: diastolic blood pressure; HDL-C: high-density lipoprotein cholesterol

表 4 不同特征患者高血压控制效果比较*

Table 4 Comparison of hypertension control of patients with different characteristics [*n*(%)]

Item	*n*	Hypertension control rate	*P* value
Village			0.001
Xiaergou	162	86(53.1)	
Wugou	185	122(65.9)	
Sangou	165	120(72.7)	
Farm work			0.033
Yes	342	230(67.3)	
No	170	98(57.6)	
Antihypertensive medication			<0.001
Yes	370	219(59.2)	
No	142	109(76.3)	

* Data without statistical significance in both systolic blood pressure and diastolic blood pressure are not shown (gender, body mass index, age, duration of hypertension, diabetes mellitus, dyslipidemia, cardiovascular disease, cerebrovascular disease, family history of hypertension, farm work, fasting blood glucose, total cholesterol, triglycerides, low-density lipoprotein cholesterol and high-density lipoprotein cholesterol)

3 讨 论

高血压是一种常见的心血管疾病,也是脑卒中、冠心病等心脑血管疾病和过早死亡的主要危险因素之一,主要损害靶器官动脉,引起动脉痉挛、粥样硬化、动脉血管狭窄、堵塞,从而影响靶器官的功能[12]。目前,高血压治疗主要采取药物治疗。本次调查中,该镇高血压患者规律服用降压药比例达到 72.3%(370/512),血压控制率达 59.2%(219/370),而全国血压控制率为 27.4%[3],这可能和当地基层对高血压的宣传教育到位有关,且在相对贫困地区,较多高血压患者在进行药物治疗时会注意与劳作结合,这有助于血压的控制。但高血压控制仍是一个复杂过程,受生理、心理、社会等多方面因素的影响,因此,需要科学地揭示影响患者高血压控制效果的因素,为控制血压提供可靠依据。

本次研究表明,年龄、BMI、调查地区、高血压家族史均对血压产生影响,其他研究也有类似的发现[10,13,14]。不同的是,本研究中曾患过心血管疾病的患者血压更低,这可能因心血管疾病的就医行为提高了患者对健康的关注,并且服用保护心血管相关药物也可能在一定程度上降低了血压,进而有助于保持血压的稳定。另外,服用降压药的患者较不服用降压药患者血压更高,这可能与服药患者不能按时按量服药有关,而不服用降压药的患者可能通过饮食或劳作使血压得到控制。沈莉英等[15]研究表明,高血压患者较正常人血糖、TC 和 LDL-C 水平均较高,HDL-C 水平较低。本研究多重线性回归结果表明,SBP 与 LDL-C 水平呈正相关,DBP 与 HDL-C 水平呈负相关,与之前文献是一致的。

高血压极易并发冠心病、脑卒中、糖尿病、血脂异常等,从而增加患者发生意外的风险。尤川梅等[16]认为合并或并发不同疾病的高血压患者,其血压控制效果存在差异。本次研究中存在并发疾病的患者人数较多,而研究结果并未显示该类患者血压控制率受到影响,但仍建议社区卫生服务机构在监测血压的同时,应检测其他相关指标,以便及时发现高血压患者可能并发的其他疾病,提高高血压患者的生活质量。本研究结果显示,三沟村、五沟村和参加农务劳动是影响高血压控制率的保护因素。不同调查地区间血压控制率相差较大,根据实地调查发现,主要是因为三沟村和五沟村对高血压相关基础知识的宣传和普及工作比较到位,加强了当地患者对高血压及治疗的健康意识。低强度体力活动已被确定为心血管疾病的主要保护因素,许多专业组织和委员会建议将锻炼作为初级生活方式治疗来预防、治疗和控制高血压[17],本研究显示,参加农务劳动可显著降低 SBP,提高血压控制率,是高血压控制的保护因素,考虑到农村人群的生活方式主要以体力劳动为主,即可等价于中高强度的锻炼,亦具有控制血压作用。

综上,影响该镇高血压控制的因素是多方面的,需对各种可能的影响因素进行综合考虑。高血压患者除应规范使用降压药外,还应保持健康生活方式,适当参加农务劳动,以取得较好的高血压控制效果。因本研究仅是一次调查且抽样样本局限,其结果仅能代表该镇高血压患者的内部特征,至于 3 个自然

村之间的差异,有待于进一步收集相关数据进行分析,以期对整个西北地区乃至全国高血压控制的实施提供参考。

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