

《慢病防控和健康管理战略研究》参考

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[资讯]

1. **Stephanie Johnson discusses heart health as a priority for Black women**

【AMA】In today's episode of Moving Medicine, AMA Chief Experience Officer Todd Unger talks with Stephanie Johnson, the AMA's vice president of communications and product strategies, about the AMA's ongoing efforts to encourage Black women in taking preventive action to protect their heart health and an important event happening this weekend that's an extension of that work.

链接：<https://www.ama-assn.org/delivering-care/hypertension/stephanie-johnson-discusses-heart-health-priority-black-women>

[文献速递]

2. **Insomnia and the risk of hypertension: A meta-analysis of prospective cohort studies**

文献来源：*Sleep medicine reviews*

作者：*Li, Liqing*

摘要：The relationship between insomnia and hypertension remains inconclusive. Thus, we conducted a meta-analysis of prospective cohort studies to evaluate the association between insomnia and the risk of hypertension. Relevant prospective cohort studies were

searched from PubMed, Embase, and Web of Science from their inception to October 2019. A random-effects model was used to calculate the pooled relative risk (RR) with 95% confidence interval (CI). A total of fourteen prospective cohort studies involving 395,641 participants were included in this study. The pooled RR of insomnia on hypertension was 1.21 (95%CI: 1.10-1.33). An increased risk of hypertension was observed in participants with difficulty maintaining sleep (RR = 1.27; 95%CI: 1.04-1.55) and early morning awakening (RR = 1.14; 95%CI: 1.08-1.20), but was not statistically significant in participants with difficulty falling asleep (RR = 1.14; 95%CI: 0.95-1.37). In addition, the results were statistically significant in the European population (RR = 1.08, 95%CI: 1.02-1.14), but not significant in Asian and American populations (RR = 1.54, 95%CI: 0.98-2.40; RR = 1.21, 95%CI: 0.89-1.65). The study findings indicate that insomnia is associated with a significantly increased risk of hypertension. This may have substantial implications for the prevention of hypertension in individuals with insomnia symptoms.

链接: http://pan.ckcest.cn/rcservice//doc?doc_id=86141

3. Research progress of sirtuins in renal and cardiovascular diseases

文献来源: *Current opinion in nephrology and hypertension*

作者: *Wang, Wanning*

摘要: Purpose of review Sirtuins are a family of nicotinamide adenine dinucleotide+-dependent enzymes catalyzing target protein deacetylation to modulate cellular metabolism, response to oxidative stress and inflammation, senescence, autophagy and apoptosis. In this review, we provide an overview of recent studies regarding the alterations and roles of sirtuins in a variety of renal and cardiovascular diseases. We are also going to highlight activators and inhibitors of sirtuins in the prevention of these diseases. This will help us to understand how this field may change in the future. Recent finding Recent studies have elucidated how physical or diseased conditions alter the expressions and enzyme activity of sirtuins and expounded sexual differences in sirtuins functions. In addition, interventions by targeting sirtuins have been applied in preclinical and clinical studies to prevent or slow the development of related diseases. The advantages of female sex in renal and cardiovascular diseases are partially due to the expression and function of

sirtuins. Estrogen activates sirtuins and in turn sirtuins promote estrogen receptor signaling. In addition, the hypoglycemic agents, sodium-glucose cotransporter 2 inhibitors protect against diabetic nephropathy at least in part via activating SIRT-1. Although several compounds targeted sirtuins are promising drug candidates in a variety of renal and cardiovascular diseases, well designed large clinical trials are still required to identify their efficacy and safety.

链接: http://pan.ckcest.cn/rcservice//doc?doc_id=86142

4. Sildenafil plus Low Dose Aspirin for Prevention of Preeclampsia: A Randomized Controlled Trial

文献来源: *妇产科期刊 (英文)*

作者: *Mahmoud Mohamed Ghaleb*

摘要: Objective: To compare between the efficacy of the use of oral sildenafil plus low dose aspirin versus the use of oral low dose aspirin alone in pregnancy as preventive measure in women at risk for preeclampsia (PE). Design: A randomized clinical trial. Setting: Outpatient Obstetric clinic of Ain Shams University Maternity Hospital. Population or sample: Women at gestational age of ≤ 16 weeks who at risk for PE between June 2018 and June 2019. Methods: Participants were randomly allocated into two groups: Group I Included 200 women who received a 25 mg tablet of oral sildenafil citrate tid until delivery plus 100 mg tablet of aspirin orally once daily until gestational age of 36 weeks, Group II Included 200 women who received a 100 mg tablet of aspirin orally once daily until gestational age of 36 weeks. Main Outcome Measures: Incidence of preeclampsia diagnosed per ACOG criteria. Results: The incidence of PE in both groups showed no statistically significant difference. The incidence of PE in the first group is 11.0%, and it is 12.0% in the second group (p-value 0.754). Conclusion: The addition of sildenafil citrate to low dose aspirin had no impact on the prevention of preeclampsia for women at risk of PE, in addition, sildenafil did not improve maternal and fetal outcomes.

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5. Immunomodulation Therapy Using Tolerogenic Macrophages in a Rodent

Model of Pulmonary Hypertension

文献来源: *Stem cells and development*

作者: *Guihaire, Julien*

摘要: Inflammation plays a major role in the pathogenesis of pulmonary hypertension (PH). We sought to investigate the effects of a cell-based immunomodulation in a dysimmune model of PH. PH was induced in athymic nude rats using semaxinib (Su group, n = 6). Tolerogenic macrophages (toM) were generated from monocyte isolation and then injected either the day before semaxinib injection (Prevention group, n = 6) or 3 weeks after (Reversion group, n = 6). Six athymic nude rats were used as controls. In vivo trafficking of toM was investigated with bioluminescence imaging showing that toM were mainly located into the lungs until 48 h after injection. Right ventricular (RV) end-systolic pressure and RV systolic function were assessed at 4 weeks using echocardiography. Morphometric analysis and RNA sequencing of the lungs were realized at 4 weeks. Rats treated with toM (Prevention and Reversion groups) had a significantly lower RV end-systolic pressure at 4 weeks (respectively, 25 +/- 8 and 30 +/- 6 mmHg vs. 67 +/- 9 mmHg, P < 0.001), while RV systolic dysfunction was observed in Su and Reversion groups. Mean medial wall thickness of small arterioles was lower in Prevention and Reversion groups compared with the Su group (respectively, 10.9% +/- 0.8% and 16.4% +/- 1.3% vs. 28.2% +/- 2.1%, P < 0.001). Similarly, cardiomyocyte area was decreased in rats treated with toM (150 +/- 18 and 160 +/- 86 μm^2) vs. 279 +/- 50 μm^2 , P < 0.001). A trend toward upregulation of genes involved in pulmonary arterial hypertension pathobiology was found in Su rats, while KCNK3 was significantly downregulated (fold-change = 9.8, P < 0.001). Injection of toM was associated with a less severe phenotype of PH in rats exposed to angioproliferative stress. Preserved expression of KCNK3 may explain the protective effect of toM.

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6. Developing community-based health education strategies with family history

文献来源: *Social science and medicine*

作者: *Prom-Wormley, Elizabeth C.*

摘要: Background: Family history (FH) is an underutilized genetically informative tool that can influence disease prevention and treatment. It is unclear how FH fits into the development of community-based health education. This study examines the role that FH plays in perceived threat and health education related to mental and chronic physical conditions in the context of the health belief model.

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7. Assuming one dose per day yields a similar estimate of medication adherence in patients with stroke

文献来源: *British Journal of Clinical Pharmacology*

作者: *Ung, David*

摘要: Purpose Prescribed daily dose (PDD), the number of doses prescribed to be taken per day, is used to calculate medication adherence using pharmacy claims data. PDD can be substituted by (i) one dose per day (1DD), (ii) an estimate based on the 75th percentile of days taken by patients to refill a script (PDD75) or (iii) the World Health Organization's defined daily dose (DDD). We aimed to compare these approaches for estimating the duration covered by medications and whether this affects calculated 1-year adherence to antihypertensive medications post-stroke. Methods We conducted a retrospective review of prospective cohort data from the ongoing Australian Stroke Clinical Registry linked with pharmacy claims data. Adherence was calculated as the proportion of days covered (PDC) for 1DD, PDD(75) and DDD. Differences were assessed using Wilcoxon rank-sum tests. Results Among 12 628 eligible patients with stroke, 10 057 (80%) were prescribed antihypertensive medications in the year after hospital discharge (78.2% aged ≥ 65 years, 45.2% female). Overall, the 75th percentile of patient time until next medication refill was 39 days. The greatest variations in dose regimens, estimated using person- and dose-level refill times, were for beta blockers (11.4% taking two tablets/day). There were comparable levels of adherence between 1DD and the PDD75 (median PDC 91.0% vs 91.2%; $P = 0.70$), but adherence was slightly higher using DDD (92.3%; both $P < 0.001$). However, this would represent a clinically nonsignificant difference. Conclusion Adherence to antihypertensive

medications shows similar estimates across standard measures of dosage in patients during the first year after an acute stroke.

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8. Accelerating Use of Self-measured Blood Pressure Monitoring (SMBP) Through Clinical-Community Care Models

文献来源: *Journal of community health*

作者: *Meador, Margaret*

摘要: Self-measured blood pressure monitoring (SMBP), the regular measurement of blood pressure by a patient outside the clinical setting, plus additional support, is a proven, cost-effective but underutilized strategy to improve hypertension outcomes. To accelerate SMBP use, the Centers for Disease Control and Prevention (CDC) funded the National Association of Community Health Centers, the YMCA of the USA, and Association of State and Territorial Health Officials to develop cross-sector care models to offer SMBP to patients with hypertension. The project aimed to increase the use of SMBP through the coordinated action of health department leaders, community organizations and clinical providers. From 1/31/2017 to 6/30/2018, nine health centers in Kentucky, Missouri, and New York partnered with seven local Y associations (local Y) and their local health departments to design and implement care models that adapted existing primary care SMBP practices by leveraging capacities and resources in community and public health organizations. Nine collaborative care models emerged, shaped by available community assets, strategic priorities, and organizational culture. Overall, 1421 patients were recommended for SMBP; of those, 795 completed at least one cycle of SMBP (BP measurements morning and evening for at least three consecutive days). Of those recommended for SMBP, 308 patients were referred to a local Y to receive additional SMBP and healthy lifestyle support. Community and public health organizations can be brought into the health care delivery process and can play valuable roles in supporting patients in SMBP.

链接: http://pan.ckcest.cn/rcservice//doc?doc_id=86144

9. Clinical efficacy of antiviral therapy in patients with hepatitis B-related cirrhosis after transjugular intrahepatic portosystemic shunt

文献来源: *世界胃肠病学杂志: 英文版*

作者: *Xin Yao*

摘要: BACKGROUND As a country with a high burden of hepatitis B, China has about 86 million cases of hepatitis B virus infection, ranking the first in the world. Currently, there are about 390,000 deaths due to hepatitis B-related complications such as liver cirrhosis and liver cancer every year. Consequently, how to control portal hypertension, improve liver functional reserve, and reduce the incidence of hepatic failure and liver cancer in such patients is the focus of current clinical attention. Previous clinical study in our center suggested that at 24 mo after transjugular intrahepatic portosystemic shunt (TIPS), the liver functional reserve of patients with hepatitis B cirrhosis was better than that of patients with alcohol-induced and immune cirrhosis, which may be related to the effective etiological treatment. AIM To investigate the clinical efficacy of three first-line antiviral drugs recommended by the guidelines of prevention and treatment for chronic hepatitis B in China (2019) in the treatment of patients with hepatitis B-related cirrhosis who had received a TIPS. METHODS The clinical data of 137 patients with hepatitis B-related cirrhosis with portal hypertension after receiving TIPS at our centre between March 2016 and December 2020 were analysed retrospectively. According to different anti-viral drugs, the patients were divided into entecavir (ETV) (n=70), tenofovir alafenamide fumarate (TAF) (n=32), and tenofovir disoproxil fumarate (TDF) (n=35) groups. The cumulative incidence of hepatic encephalopathy and hepatocellular carcinoma, survival, and changes in hepatic reserve function and glomerular filtration rate in patients treated with different antiviral drugs within 24 mo after surgery were investigated. RESULTS At 24 mo after surgery, the Child-Pugh score in the TAF group (6.97 ± 0.86) was lower than that in the TDF (7.49 ± 0.82 ; $t = -2.52$, $P = 0.014$) and ETV groups (7.64 ± 1.17 ; $t = -2.92$, $P = 0.004$). The model for end-stage liver disease score in the TAF group at 24 mo after surgery was 9.72 ± 1.5 , which was lower than that in the TDF (10.74 ± 2.33 ; $t = -2.09$, $P = 0.040$) and ETV groups (10.97 ± 2.17 ; $t = -2.93$, $P = 0.004$). At 24 mo after surgery, the estimated glomerular filtration rate (eGFR) in the

TAF group(104.41 ± 12.54)was higher than that in the TDF(93.54 ± 8.97)and ETV groups(89.96 ± 9.86)($F=21.57,P<0.001$).CONCLUSION At 24 mo after surgery,compared with TDF and ETV,TAF has significant advantages in the improvement of liver functional reserve and eGFR.

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10. A Practical Approach to Assist Asthmatics to Lose Weight

文献来源: *The journal of allergy and clinical immunology*

作者: *Kolinsky, Nicholas C.*

摘要: Treating patients with obesity, particularly asthmatics, is a complex challenge that requires a unique and individually tailored approach. Obesity, defined by the Centers for Disease Control and Prevention, is a body mass index of 30.0 kg/m^2 or greater. It affects approximately 43% of adults and 19% of youth in America. It is a multifactorial disease and should be managed with the same intensity as any other medical problem, for it represents a risk factor for the onset and severity of asthma. Furthermore, it is a comorbid condition that exacerbates rhinosinusitis, gastroesophageal reflux disease, obstructive sleep apnea, hypertension, anxiety, and depression. Being obese also increases morbidity for cardio/cerebrovascular diseases, metabolic syndrome, type 2 diabetes, breast and bladder cancer, and migraines. Osteoarthritis, in particular, of the knees and hips, is also associated with obesity, and that too will complicate asthma by hindering a subject's mobility and ability to exercise. This paper reviews the epidemiology and pathophysiology of obesity, its effect on asthma, and practical strategies to achieve weight loss.

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