·论著·

成人血低密度脂蛋白胆固醇水平升高及代谢综合征与卒中相关性研究

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【摘要】 目的

结果 (1) MS 和卒中的患病率均随 LDL-C 水平升高而增加。与 LDL-C < 2.00 mmol/L 组相比, LDL-C ≥ 3.32 mmol/L 组 MS 和卒中的患病率分别增加了 2.5 倍(7.9% 比 20.1%)和 4.2 倍(0.5% 比 2.1%), P 值均 < 0.01。(2) 在同一 LDL-C 水平组, 卒中患病率均为伴 MS 亚组高于不伴 MS 亚组, P 值均 < 0.01。(3) logistic 回归分析调整年龄、性别、吸烟后显示, LDL-C、MS 与卒中发生正相关, 致卒中的相对危险度(OR 值)分别为 2.35 和 3.15, P 值均 < 0.0001。(4)与 LDL-C < 2.00 mmol/L 不伴 MS 亚组相比, LDL-C 2.00 ~ 2.50、2.51 ~ 3.31 和 ≥ 3.32 mmol/L 不伴 MS 春亚组发生卒中的 OR 值分别为 1.03、1.89 和 2.08。LDL-C 水平相似的伴 MS 亚组与不伴 MS 亚组相比, 致卒中危险增加约 3 ~ 4倍(OR 值分别为 4.38、5.23 和 6.15), P 值均 < 0.0001。结论 LDL-C 水平升高和 MS均为卒中发生的独立危险因素, 当二者并存时这种危险将进一步增加。对二者同时进行干预治疗对防治卒中十分重要。

【关键词】 胆固醇, LDL; 代谢综合征 X; 脑血管意外

The association of stroke with high plasma low-density lipoprotein cholesterol level and metabolic syndrome in Chinese adults XING Xiao-yan, LI Guang-wei*, YAO Chong-hua, RAO Ke-qin, KONG Ling-zhi, on behalf of the Technical Working Group of China National Nutrition and Health Survey. *Center of Endocrinology and Metabolism, China-Japan Friendship Hospital, Beijing 100029, China Corresponding author: LI Guang-wei, Email: guangwei_li@medmail.com.cn

To investigate the impact of high plasma LDL-C level with or without [Abstract] Objective metabolic syndrome (MS) on the incidence of stroke in Chinese adults. Methods Totally 42 626 subjects (25 - 75 years old) from Chinese National Health and Nutrition Survey in 2002 were stratified four groups based on plasma LDL-C level: <2.00 mmol/L group, 2.00 - 2.50 mmol/L group, 2.51 - 3.31 mmol/L group, and ≥ 3.32 mmol/L group. The prevalence of MS (with 2005 International Diabetes Federation criteria) and stroke and the risk factors of stroke were compared among the four groups. Results (1) The prevalence of MS and stroke increased with rising of LDL-C level. The prevalence of MS in LDL-C≥3.32 mmol/L group increased 2.5 times (7.9% vs 20.1%) as compared with that in LDL-C < 2.00 mmol/L group and the prevalence of stroke increased 4.2 times (0.5% vs 2.1%), all P < 0.01. (2) In subjects with similar LDL-C level, the prevalence of stroke was significantly higher in a subgroup with MS than that without (P < 0.01). (3) After adjustment for age, sex and smoking, logistic regression analysis showed that both LDL-C level and MS were positively associated with the development of stroke; the odds ratio (OR) was 2.35 and 3.15 (P < 0.0001), respectively. (4) Compared with the subgroup of LDL-C < 2.00 mmol/L without MS, OR for stroke in the subgroups of LDL-C 2. 00 - 2. 50 mmol/L, 2. 51 - 3. 31 mmol/L, and ≥ 3.32 mmol / L without MS was 1.03, 1.89, and 2.08, whereas the OR for stroke in the subgroups

DOI: 10.3760/cma. j. issn. 0578-1426. 2009. 05. 010

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