

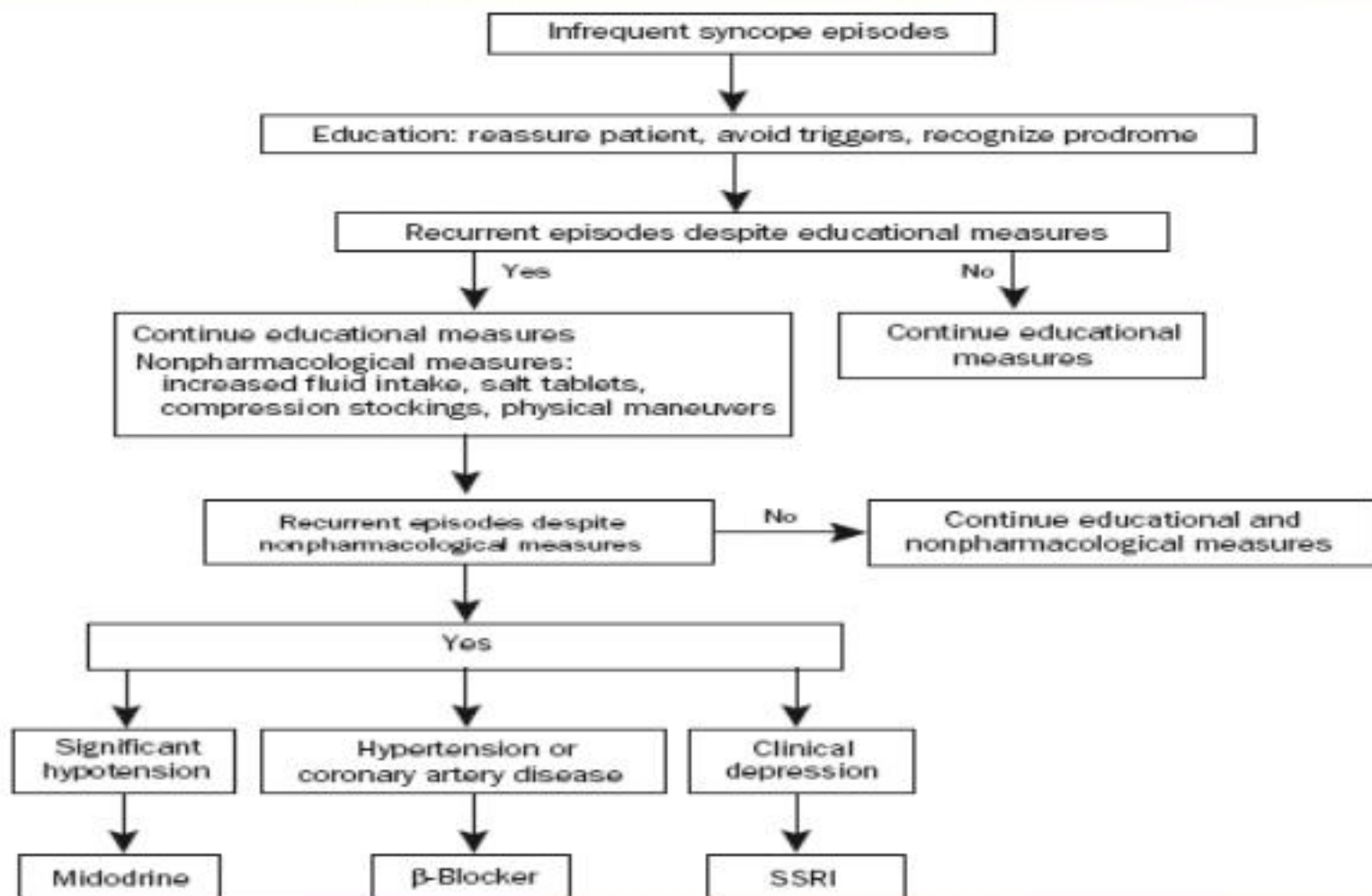
身体抗压动作和倾斜训练 血管迷走晕厥的预防



血管迷走晕厥的临床特点

- 血管迷走晕厥临床最常见
- 反复发生，严重影响患者生活质量
- 典型的病史：直立时间长，疼痛或情绪激动可引发，伴随头晕，出汗，面色苍白，恶心呕吐
- 体格检查及ECG正常

血管迷走晕厥的治疗



血管迷走晕厥的治疗

- 广泛接受的治疗：解释潜在机制、良性性质、识别先兆、避免诱因
- 预防晕厥复发：
 - 身体抗压动作（**PCM**）和倾斜训练：提高直立耐受性
 - 药物干预：预防血管内容量减少/增加动静血管张力
 - 心脏起搏：干预心动过缓

药物

- 长期安慰剂对照的前瞻性研究并未能显示这些药物比安慰剂好
- 除米多君外，还没有充足的证据支持血管迷走晕厥的药物治疗

训练

- 延长站立姿势的训练可减少晕厥发作
- 腿部等长对抗压力的动作（交叉腿）或上肢的动作（手握力和手臂紧张）能在即将发生血管迷走晕厥前明显引起血压的升高，多数情况下可使患者避免或延缓意识丧失

身体抗压动作 (PCM)



手臂张力增加：等长收缩
一只手紧握另一只手，同时向外牵引。

身体抗压动作 (PCM)



站立位置交叉腿，腿部、腹部及臀部肌肉紧张度增加，两腿相互挤压

交叉腿部

- 站位或坐位时将腿交叉搭在另一条腿上，压在大腿的部位。这是一种可提高血压的有效和简单的方法
- 交叉腿部动作的机制：机械挤压腿部，臀部和腹部的静脉血管床
- 交叉腿部的优势是操作简单，不需很费力，也不会引起别人的注意
- 交叉腿部动作的同时紧缩肌肉可增加升高血压的作用

下蹲位

- 很快增加静脉回流，增加收缩压和舒张压
- 可在紧急情况下，如有晕厥前兆时采用，避免意识丧失
- 身体向前弯曲类似系鞋带的动作，可产生同样的效果，这个动作老年人也容易做
- 蹲坐位，膝部顶在胸部的位罝
- 站立时一只脚踏在凳子上与下蹲位可产生同样的效果
- 当从下蹲位站起时，告知患者收缩腿部的肌肉，避免再次诱发低血压



身体抗压动作 (PCM)



- 保持PCM动作直至最大耐受或症状消失
- 必要时可采用不同的动作
- 选择动作的顺序由患者自行决定

身体抗压动作(PCM)

- 早期：自主神经功能衰竭患者中：可稳定血压
- Krediet 等研究：交叉腿及增加肌肉紧张度可控制即将发生的晕厥
- Brignole 等研究得出类似结论
- 入选患者少，规模小

TABLE 3. Summary of Counter-Pressure Maneuver and Syncope Management Unit Trials^a

Reference	Treatment/intervention	Study design	Description of participants	Main findings/conclusions
<i>Counter-pressure maneuver trials</i>				
Krediet et al, ²⁶ 2002	Leg crossing/ muscle tensing	Single-arm trial	21 patients; recurrent syncope and positive findings on tilt-table test	Maneuver ↑ SBP and DBP during tilt testing Maneuver abolished prodromal symptoms and prevented loss of consciousness during tilt testing 11 of 13 patients who applied maneuver in daily life were free of syncope at 10 mo
Brignole et al, ²⁷ 2002	Handgrip	Single-blind, placebo-controlled, randomized, crossover, efficacy trial	19 patients; vasovagal syncope	Maneuver ↑ SBP during tilt testing; placebo ↓ SBP (<i>P</i> =.008) 63% in active arm vs 11% in placebo arm became asymptomatic (<i>P</i> =.02); 5% vs 47% developed syncope during tilt-induced onset of symptoms (<i>P</i> =.01)
van Dijk et al, ²⁸ 2006	Leg crossing, handgrip, arm tensing	Multicenter, prospective, randomized controlled trial	106 treated with PCM vs 117 control patients	Syncope recurred in 32% of patients treated with PCM vs 51% of control patients (<i>P</i> =.004) RRR with PCM, 39%; 95% CI, 11%-53%
Melby et al, ²⁹ 2007	Inspiratory impedance threshold device	Single-center, randomized controlled trial Active (impedance 7 cm H ₂ O) or sham (no inspiratory impedance) impedance threshold device	18 healthy volunteers and 22 patients with OH	Active treatment ↓ posture-induced drop in BP in healthy volunteers and patients with OH Active treatment ↓ posture-induced symptoms in patients with OH
<i>Syncope management unit trials</i>				
Brignole et al, ⁸ 2003	Syncope unit in the hospital	Prospective cohort study within a prospective registry 6 hospitals with syncope units (study group) vs 6 matched hospitals without syncope units (controls)	279 study group patients vs 274 control patients	Fewer hospitalizations (43% vs 49%; <i>P</i> =NS) and tests performed (mean ± SD, 3.3±2.2 vs 3.6±2.2; <i>P</i> =NS) among study vs control patients Study patients underwent 38% more CSM and 87% more tilt testing NMS was diagnosed in 56% of study patients vs 36% of control patients (<i>P</i> <.001)
Shen et al, ³⁰ 2004	Syncope unit in ED	Prospective, randomized, single-center study Syncope unit evaluation in ED (study group) vs standard care in ED (controls) for intermediate-risk patients	51 study group patients vs 52 control patients	Diagnosis was established in more study patients than control patients (67% vs 10%; <i>P</i> <.001) Study patients had fewer hospitalizations (43% vs 98%; <i>P</i> <.001) and higher actuarial survival (97% vs 90%; <i>P</i> =.30) than control patients Syncope unit in ED ↑ diagnostic yield and ↓ hospitalizations without affecting all-cause mortality

PC研究 (身体抗压动作研究)

- 一项多中心，前瞻，纵向，随机临床研究
- PCM 与传统治疗比较，是否可降低血管迷走晕厥的年负荷，延长第一次再发晕厥的时间
- 117名患者接受传统治疗，106名患者接受PCM和传统治疗

以上内容仅为本文档的试下载部分，为可阅读页数的一半内容。如要下载或阅读全文，请访问：<https://d.book118.com/958054031035007005>