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· 指南解读 ·

【编者按】 世界卫生组织统计数据 displays, 2016 年缺血性心脏病和卒中已经成为人类头号杀手, 因疾病死亡人数高达 1 520 万。世界各国都必须加强对心脑血管疾病的管理和控制, 但目前我国卒中诊疗体系尚不完善、成熟, 存在许多不足和需要改进之处。针对目前现状, 贵州中医药大学第一附属医院急诊科团队以指南推荐意见为基础结合研究进展对 2019 年英国国家卫生与临床优化研究所 (NICE) 《大于 16 岁人群卒中和短暂性脑缺血发作的诊断和初期管理指南》进行了深入解读, 以使短暂性脑缺血发作和卒中的诊疗流程更清晰化和规范化。解读 (一) 主要涉及短暂性脑缺血发作的诊断和治疗、急性缺血性卒中的再灌注治疗等, 刊登于本刊 2020 年 16 期; 本文为解读 (二), 着重对卒中的抗凝治疗、降压治疗和手术治疗等进行详尽的论述和分析, 以期完善卒中中心建设、规范卒中临床诊疗。

2019 年 NICE 《大于 16 岁人群卒中和短暂性脑缺血发作的诊断和初期管理指南》解读 (二)



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【摘要】 英国国家卫生与临床优化研究所 (NICE) 于 2008 年 7 月发布了《急性卒中和短暂性脑缺血发作的诊断和最初管理》指南, 但卒中的治疗方法发生了变化, 在急性出血性卒中血压管理、去骨瓣减压术实施、卒中后最佳体位和早期活动等方面出现了新的证据。所以, NICE 在 2019 年 5 月又公布了新版《大于 16 岁人群卒中和短暂性脑缺血发作的诊断和初期管理指南》, 以补充阐释上述问题, 为短暂性脑缺血发作 (疑诊或确诊) 和脑卒中急性发作后 48 h 内的诊断和治疗提供最佳临床建议。NICE 指南共有 9 条推荐意见, 研究组前期发表的指南解读 (一) 对其中的“1.1.1~1.4.8 条”推荐意见进行了阐释, 内容包括快速识别和诊断、疑诊短暂性脑缺血发作或急性非致残性卒中的影像学检查、急性卒中的专科处理、急性卒中溶栓和血栓清除术。本文则结合相关研究进展对其中的“1.4.9~1.9.7 条”推荐意见进行解读, 内容包括抗血小板和抗凝治疗、去骨瓣减压治疗、血压和血糖管理、营养管理、运动康复管理等。本文通过对该指南的解读, 可以为我国急诊科、神经科等临床科室的实践工作提供参考, 优化临床疗效。

【关键词】 卒中; 脑缺血发作, 短暂性; 指南; 解读

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Interpretation (No.2) of Stroke and Transient Ischaemic Attack in Over 16s: Diagnosis and Initial Management

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【Abstract】 The NICE clinical guideline CG68 (July 2008), *Stroke and Transient Ischaemic Attack in Over 16s: Diagnosis and Initial Management*, has been updated and superseded by NG128 (May 2019) for there are new developments in stroke treatments, such as newly emerging evidence related to blood pressure control for people with acute intracerebral haemorrhage, decompressive hemicraniectomy, optimal positioning and early mobilisation for people with acute stroke, and so on, and for supplementing the existing suggestions on the diagnosis and acute management of confirmed or suspected transient ischaemic attack (TIA) or acute stage of a stroke in the 48 hours after onset of symptoms as the best clinical advice. The guideline includes 9 recommendations, among which the 1.1.1-1.4.8 recommendations, including rapid recognition of symptoms and diagnosis, imaging for people with suspected TIA or acute non-disabling stroke, specialist care for people with acute

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stroke, thrombolysis and thrombectomy for people with acute ischaemic stroke have been interpreted in our previous study, and the 1.4.9–1.9.7 recommendations, are interpreted here in the light of relevant research progress, mainly covering aspirin and anticoagulant treatment, decompressive hemicraniectomy for people with acute stroke, blood pressure and blood sugar control, nutrition and rehabilitation management. Our interpretation may provide a reference for domestic clinical practice of care involving mainly emergency and neurology for improving the clinical curative effect.

【 Key words 】 Stroke; Ischemic attack, transient; Guidelines; Interpretation

2012 2030
71.55 183.13 [1]
NICE 2019 NICE
16 16
TIA 48 h [2]
1.4.9~1.9.7
2016 24.9% APS
VKA
ratio INR 2~3
VKA INR 2~3 [6]
APS
/ VKA NICE
APS
2019 K vitamin K-antagonists
APS international normalized
[6] NICE
[6]

1 抗血小板治疗
1.1 65 87% 6 2.1
30% [3] NICE CVST
24 h 0.5%~1% [7]
300 mg / CT [8-9]
300 mg 2
2 MRI CT CTA
European Stroke Organization ESO
D-
40% CVST [10-11]
NICE CVST
INR 2~3 ESO
[4] 2017
CVST
ESO
HART [5] 459 7 213 [12] NICE ESO CVST
Xa CVST

1.2 APS APS NICE ESO
/

2.2 60%~85% MRI/ INR
MRA CT/CTA DSA NICE
CaAD INR
VAD 2.5~3 [13] CaAD
2~3 cm 45 10%~25%
CaAD 1%~2% [13]
3 他汀类治疗
NICE
48 h
TIA
80 mg 1 /d
CaAD [13] [14]

2.3 4 外科手术治疗
2.3.1 NICE NICE
2 300 mg/d
NICE
1 300 mg/d small deep haemorrhages
2.3.2 NICE GCS
NICE <8
NICE 48 h
NICE
NIHSS >15
NIHSS 1A ≥ 1 CT
NICE ≥ 50%
DWI >145 cm³
≥ 61 [15] 60
NICE

5 血压管理
5.1
1 40% 60%
[2] NICE 1.5.6

1~2

	6 h	SBP
150~220 mm Hg	>6 h	SBP>220 mm Hg
	1.5.6	
1 h	130~140 mm Hg	
12~36 h		
12 h		

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作者贡献：李正欢负责文章的构思与设计、论文撰写；陈杨负责文章的可行性分析，并对文章整体负责，监督管理；宋雪利负责文献/资料收集；王飞负责文献/资料整理；李正欢、刘昕负责论文的修订；李正欢、李红负责英文的修订；李正欢、陈杨负责文章的质量控制及审校。

本文无利益冲突。

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