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目 次 CONTENTS

述 评 Editorial

脑卒中后并发症流行特征分析及对基层管理优化建议

Analysis of the Epidemiological Characteristics of Post-stroke Complications and Suggestions for the Optimization of Grass-roots management in Grass-roots Management System 江滨 1445

指南解读 Guide Interpretation

阿尔茨海默病药物治疗的中英指南对比及解析

Comparison and Interpretation of Chinese and British Guidelines about Therapeutic Drugs for Alzheimer's Disease 张小林, 曾嘉炜, 陈孝, 元刚 1454

2020年美国《重症医学会关于重症后幸存者远期损害的预测和识别国际共识》解读

The Interpretation about International Consensus on the Prediction and Identification of Long-term Damage to Survivors of Severe Illness by the Critical Care Medical Association in 2020 舒月, 邓雨芳, 孙亚君, 郑改改, 陈少如, 张红梅, 王培席 1458

论 著 Article

初诊2型糖尿病患者糖负荷后胰岛素峰值的影响因素研究

Influencing Factors of Post-load Peak Insulin Level in Newly Diagnosed Type 2 Diabetic Patients 廖世波, 吴敏, 黄淑玉, 邹毅, 晏益民, 朱钊, 黄高, 李玲, 向成, 肖潇, 李小英 1464

阿尔茨海默病临床前期不同认知领域的变化特征研究

Characteristic Changes in Different Cognitive Domains in Preclinical Alzheimer's Disease 杨挺, 吴劲松, 韩梦宇, 冯腾宇, 尹莲花, 黄佳, 刘志臻 1470

正常甲状腺病态综合征对慢性心力衰竭患者远期预后的影响研究

Effects of Euthyroid Sick Syndrome on the Long-term Prognosis of Patients with Chronic Heart Failure 施根灵, 方慧, 戴茜茜, 高明喜, 苏工 1476

血清骨形成蛋白4水平与2型糖尿病患者骨密度相关性分析

Relationship between Serum BMP4 Level and Bone Density in Patients with Type 2 Diabetes Mellitus 杜岑, 敦娜, 于洁, 杨晶, 耿宝川, 都健 1482

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不同运动亚型早期帕金森病的非运动症状研究

Non-motor Symptoms in Early Parkinson's Disease with Three Different Motor Subtypes

..... 楼跃，乔松，王晏雯，蔡苗，庄丽英，刘小利 1487

功能性消化不良患者的外周血白细胞分析

Peripheral Blood Leukocytes in Patients with Functional Dyspepsia ... 李妮娇，姚树坤，许卫华，张艳丽 1494

河南省老年人综合能力失能现况及影响因素研究

Prevalence and Influencing Factors of Comprehensive Disability in the Elderly in Henan Province

..... 朱春燕，郭晴，田庆丰，刘晓光，张倩 1500

基于质性研究的糖尿病前期患者疾病态度和生活方式转变影响因素的系统综述

A Systematic Meta-synthesis of Qualitative Research on Factors Influencing Pre-diabetics' Attitudes

toward Pre-diabetes and Lifestyle Changes 李蕊，刘芳丽，陈霞，王莹 1506

局灶性亚急性肉芽肿性甲状腺炎与甲状腺乳头状癌超声及术中特征鉴别研究

Differential Analysis of Ultrasonographic and Intraoperative Characteristics between Focal Subacute Granulomatous

Thyroiditis and Papillary Thyroid Carcinoma

..... 温雅，刘静静，刘利平，闫晓慧，李晓宇，辛雨薇，毕研静 1512

大数据与人群健康研究 Big Data•Population Health Research**2002—2019年上海市浦东新区居民肝癌死亡特征及减寿率分析**

Liver Carcinoma-related Mortality and Potential Years of Life Lost among Residents in Pudong New Area of Shanghai between 2002 and 2019 陈亦晨，曲晓滨，孙良红，李小攀，陈涵一，陈华，周弋，肖绍坦 1517

基于2011—2017年镇江市慢性病监测数据的年龄别人群空腹血糖受损情况**及其相关危险因素流行趋势分析**

Age-specific Prevalence and Risk Factors of Impaired Fasting Glucose: an Analysis Based on Chronic Disease Surveillance Data in Zhenjiang City from 2011 to 2017 古孝勇，姜方平，王宏宇，徐璐，何佳佳 1523

基于沈阳市沈河区社区居民的身体肥胖指数和正常体重肥胖与代谢综合征**及其组分的关系研究**

Relations of Body Adiposity Index and Normal Weight Obesity with Metabolic Syndrome and Its Components: a Cross-sectional Study Based on Community Residents Living in Shenhe District, Shenyang City

..... 刘宇岩，李永芳，何婧，马萍，于路阳，孙贵范 1534

调查研究 Investigation and Research**上海市中心城区社区医疗机构肿瘤安宁疗护资源使用状况调查****及医护人员职业满意度分析**

Hospice Care Resource Utilization Related to Cancer Management and Hospice Care Physicians and Nurses' Occupational Satisfaction: a Survey from Community Healthcare Institutions in Shanghai's Central Districts

..... 杨森，赵华新，牛晓敏，陈晨，张文静，葛许华，陆媛，马乐，史晓晓，于德华 1541

分级诊疗制度下不同级别医院间糖尿病基本药物使用现状研究

Use of Essential Medicines for Diabetes in Different Levels of Hospitals during the Implementation of Hierarchical Medical System 章小敏, 陈翔, 陈将, 鲍俞燕, 叶爱菊, 洪冰 1546

延伸处方在社区慢病患者中的开展现况调查

Survey on the Use of Extended Prescriptions in Chronically Ill Patients in the Community 聂莲莲, 冒长青, 杨雪光, 苗长军 1552

临床诊疗 Clinical Practice

Gitelman综合征合并严重低钠血症的诊治分析

Diagnostic and Therapeutic Analysis of Gitelman Syndrome with Severe Hyponatremia 马福慧, 王新玲, 王静, 宋向欣, 郭艳英 1556

库欣综合征一例诊治反思

Reflection on the Diagnosis and Treatment of a Case of Cushing Syndrome 李风, 曾雪梅 1559

新进展 Review

脑卒中患者家庭护理评估工具的研究进展

Recent Advances in Home Care Assessment Tools for Stroke Patients 何兴月, 郝佳琪, 杨辉, 曹慧丽 1564

脑卒中后继发昼间嗜睡的影响因素与治疗及其对预后的影响研究进展

Advances in the Study of Factors and Treatment of Secondary Daytime Somnolence after Stroke and Its Influence on Prognosis 王文熠, 陈光 1570

连续性及高强度间歇运动对2型糖尿病血糖调控影响的研究进展

New Advances in the Effect of Continuous and High-intensity Interval Trainings on Blood Glucose Regulation in Type 2 Diabetes 闫增印, 闫平平, 秦春莉, 罗炯 1575

专家说

——医体融合，预防卒中

《中国卒中报告2019》显示中国居民脑血管病死亡率为149.49/10万，占我国居民总死亡率的22%，这意味着每5位死亡者中至少有1人死于卒中，且其死亡率呈现男性高于女性、农村高于城市的特点，农村居民的卒中发病率和患病率显著高于城市居民。卒中已成为造成我国国民过早死亡和疾病负担的首位原因。《健康中国行动（2019—2030年）》规划纲要提出健康文明的生活方式，把以治病为中心转变为以人民健康为中心的理念。在2020年世界卒中日提出“医体融合，预防卒中”，口号就是“科学运动，健康生活”。

何为医体融合？即用体育锻炼与医学防治相结合方式，通过医学科普宣传，倡导大健康理念，让更多人群受益。卒中的危险因素分为不可干预性和可干预性两类。不可干预性危险因素包括年龄、种族和遗传因素等，可干预性危险因素是脑卒中一二级预防的重点内容，包括高血压、糖尿病、心脏病、血脂异常、吸烟、酒精摄入、饮食、超重或肥胖、运动缺乏、心理因素等基础病的科学防治，其中一级预防是降低卒中发病率的根本措施。缺乏运动是心脑血管病发病的独立危险因素，更是死亡风险增加的独立因素，规律的有氧运动能降低慢性病患者45.9%的全死因风险。

目前已有充分的证据证实，健康成人每周3~4次、每次至少持续30 min以上的中等强度有氧运动（运动时心率达到120次/min以上），如快走、慢跑、游泳、跳舞、打乒乓球等项目，可有效预防卒中。虽然预防效果与规律的有氧运动强度、持续时间呈正相关，但个体可选择适合自己的身体活动来降低卒中发生风险。建议老年人、卒中高危人群应进行最大运动负荷检测后，制定个体化运动处方进行锻炼。有急性或慢性脏器进行性衰竭、冠脉综合征、短暂性脑缺血发作等状态时应避免或立即停止运动，及时就医；已发生过卒中的患者也应注意调整自己的生活方式，逐渐恢复、加强锻炼，预防卒中复发。

（石河子大学医学院第一附属医院 姚恩生）

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CONTENTS IN BRIEF

- 1445 Analysis of the Epidemiological Characteristics of Post-stroke Complications and Suggestions for the Optimization of Grass-roots management in Grass-roots Management System
JIANG Bin
- 1454 Comparison and Interpretation of Chinese and British Guidelines about Therapeutic Drugs for Alzheimer's Disease
ZHANG Xiaolin, ZENG Jiawei, CHEN Xiao, YUAN Gang
- 1458 The Interpretation about International Consensus on the Prediction and Identification of Long-term Damage to Survivors of Severe Illness by the Critical Care Medical Association in 2020
YIN Yue, DENG Yufang, SUN Yajun, ZHENG Gaigai, CHEN Shaoru, ZHANG Hongmei, WANG Peixi
- 1464 Influencing Factors of Post-load Peak Insulin Level in Newly Diagnosed Type 2 Diabetic Patients
LIAO Shibo, WU Min, HUANG Shuyu, ZOU Yi, YAN Yimin, ZHU Zhao, HUANG Gao, LI Ling, XIANG Cheng, XIAO Xiao, LI Xiaoying
- 1470 Characteristic Changes in Different Cognitive Domains in Preclinical Alzheimer's Disease
YANG Ting, WU Jinsong, HAN Mengyu, FENG Tengyu, YIN Lianhua, HUANG Jia, LIU Zhizhen
- 1476 Effects of Euthyroid Sick Syndrome on the Long-term Prognosis of Patients with Chronic Heart Failure
SHI Genling, FANG Hui, DAI Xixi, GAO Mingxi, SU Gong
- 1482 Relationship between Serum BMP4 Level and Bone Density in Patients with Type 2 Diabetes Mellitus
DU Cen, AO Na, YU Jie, YANG Jing, GENG Baochuan, DU Jian
- 1487 Non-motor Symptoms in Early Parkinson's Disease with Three Different Motor Subtypes
LOU Yue, QIAO Song, WANG Yanwen, CAI Miao, ZHUANG Liying, LIU Xiaoli
- 1494 Peripheral Blood Leukocytes in Patients with Functional Dyspepsia
LI Nijiao, YAO Shukun, XU Weihua, ZHANG Yanli
- 1500 Prevalence and Influencing Factors of Comprehensive Disability in the Elderly in Henan Province
ZHU Chunyan, GUO Qing, TIAN Qingfeng, LIU Xiaoguang, ZHANG Qian
- 1506 A Systematic Meta-synthesis of Qualitative Research on Factors Influencing Pre-diabetics' Attitudes toward Pre-diabetes and Lifestyle Changes
LI Rui, LIU Fangli, CHEN Xia, WANG Ying
- 1512 Differential Analysis of Ultrasonographic and Intraoperative Characteristics between Focal Subacute Granulomatous Thyroiditis and Papillary Thyroid Carcinoma
WEN Ya, LIU Jingjing, LIU Liping, YAN Xiaohui, LI Xiaoyu, XIN Yuwei, BI Yanjing
- 1517 Liver Carcinoma-related Mortality and Potential Years of Life Lost among Residents in Pudong New Area of Shanghai between 2002 and 2019
CHEN Yichen, QU Xiaobin, SUN Lianghong, LI Xiaopan, CHEN Hanyi, CHEN Hua, ZHOU Yi, XIAO Shaotan
- 1523 Age-specific Prevalence and Risk Factors of Impaired Fasting Glucose: an Analysis Based on Chronic Disease Surveillance Data in Zhenjiang City from 2011 to 2017
GU Xiaoyong, JIANG Fangping, WANG Hongyu, XU Lu, HE Jiajia
- 1534 Relations of Body Adiposity Index and Normal Weight Obesity with Metabolic Syndrome and Its Components: a Cross-sectional Study Based on Community Residents Living in Shenhe District, Shenyang City
LIU Yuyan, LI Yongfang, HE Jing, MA Ping, YU Luyang, SUN Guifan
- 1541 Hospice Care Resource Utilization Related to Cancer Management and Hospice Care Physicians and Nurses' Occupational Satisfaction: a Survey from Community Healthcare Institutions in Shanghai's Central Districts
YANG Sen, ZHAO Huaxin, NIU Xiaomin, CHEN Chen, ZHANG Wenjing, GE Xuhua, LU Yuan, MA Le, SHI Xiaoxiao, YU Dehua
- 1546 Use of Essential Medicines for Diabetes in Different Levels of Hospitals during the Implementation of Hierarchical Medical System
ZHANG Xiaomin, CHEN Xiang, CHEN Jiang, BAO Yuyan, YE Aiju, HONG Bing
- 1552 Survey on the Use of Extended Prescriptions in Chronically Ill Patients in the Community
NIE Lianlian, MAO Changqing, YANG Xueguang, MIAO Changjun
- 1556 Diagnostic and Therapeutic Analysis of Gitelman Syndrome with Severe Hyponatremia
MA Fuhui, WANG Xinling, WANG Jing, SONG Xiangxin, GUO Yanying
- 1559 Reflection on the Diagnosis and Treatment of a Case of Cushing Syndrome
LI Feng, ZENG Xuemei
- 1564 Recent Advances in Home Care Assessment Tools for Stroke Patients
HE Xingye, HAO Jiaqi, YANG Hui, CAO Huili

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