

默克老年病手册

THE MERCK MANUAL
OF GERIATRICS

第2版



人民卫生出版社

默克老年病手册

The Merck Manual of Geriatrics

第 3 版

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译者序言

1995年我们受人民卫生出版社和美国默沙东公司之托，将当年出版的第二版《默克老年病手册》翻译成中文，于1996年8月由人民卫生出版社出版。2000年第三版《默克老年病手册》问世。人民卫生出版社再次委托我们将之翻译成中文。我们于2001年完稿交人民卫生出版社，并于2002年出版。

由于本书第一、二版的首席主编 Dr. William B. Abrams 去世，本版由 Dr. Mark H. Beers 和 Dr. Robert M. Berkow 担任主编，并增加了 Dr. Robert M. Bogin 和 Dr. Mirza I. Rahman 两位担任资深副主编。

本版共分 16 篇 134 章，与第二版比较内容略作调整。加强了对老年保健基础以及外科和康复等问题的阐述，对临床医学的阐述仍占最大的篇幅，但篇、章的先后安排作了调整。就整体而言，本版仍继续着对老年保健提供与临床相关信息的传统，强调老年保健是一种内科医师、护士、社会工作者、治疗专家、药学专家和无数其他保健工作者之间的协作保健，并包括对病人和保健人员进行教育。本版增加了不少近年老年病学进展的新内容，指出新的疗法已强力地有助于预防、治疗或控制那些在上一版出版前的不治之症，编者还期望在下一版出版之前甚至有更多的晚期期致命性情况将会可被预防或能够治愈。

本书编者在各版中均强调：“作为广泛的努力以保证本书所介绍的治疗、所用药物和剂量的正确性，并符合本书出版当时所公认的水准。然而，由于研究的不断发展和临床经验的不断积累，不同作者间的意见不尽一致。个体的临床情况又有其独特的方面，未必与群体完全相同，加之在编辑涉及面如此广的书难免有人为的错误。为此，我们恳请读者在进行临床决定时宜作出自己的判断，必要时参考和比较从其他方面得到的信息资料。我们特别要建议读者在开处方或应用某

药时，尤其是对不熟识或不常用的药物，先核对药厂提供的产品说明书。”鉴于我国人的情况与西方人不同，读者采用本书的治疗措施和所推荐的药物时，更宜参照我国病人的具体情况来定，以策安全。

预料本书第三版中译本的出版，将会受到我国读者的欢迎，成为临床医师和老年医疗保健工作者广泛阅读和参考的手册。

由于译者个人文风不同，完成时间比较匆促，加之水平有限，缺点和错误在所难免，期望读者批评指正。

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前 言

随着《默克老年病手册》第三版的出版,我们得以继续着对老年保健方面提供与临床相关信息的传统。为提供最好的老年保健,需要有一个超大规模的消息基础—从内科学到药理学以及从皮肤病学到康复医学和精神病学的所有内容。然而,与医学实践的其他许多领域比较,它还需要一个与它们不同的达到保健目标的途径,一种内科医师、护士、社会工作者、治疗专家、药学专家和无数其他保健工作者之间的协作保健。老年保健还需要对病人和保健人员进行教育。因此,我们试图创造一本足以反映最适宜的老年保健途径的真正多学科性教科书。我们体会到我们提供的所有信息不是每位读者都感兴趣。然而,本书集中地涵盖了对于护理老年人所需要知道的大多数知识,虽说此书主要为临床医师而编写,但是我们希望它所广泛覆盖的内容将使本版《默克老年病手册》对涉及老年保健的其他人员、老年人及其家庭和朋友们,更为有用。

此新版《默克老年病手册》反映了5年前上版书发行以来关于老年保健方面了解到的大量新信息。老年病学和老年学仍然是研究的沃土,新的治疗已强力地有助于预防、治疗或控制那些在5年前所不能治疗的疾病。我们希望下一版出版之前甚至更多的晚期期致命性疾病将会成为可预防或可治愈的。对目前还未能得到预防、治愈或控制的疾病,我们提供姑息性治疗的建议,包括濒死的护理,这个领域我们认为应予以较多的关注。

我们感谢我们出色的编辑委员会审阅了所有章节,为本版进行重大修订作出的贡献;也感谢150多位专家提供稿件和担任顾问。他们所有人将分享这样的希望:读者将发现本书对他们有用和最终使他们的病人获益。

我们欢迎您的评论并将仔细地考虑所有关于改进的建议。

Mark H. Beers, M. D.

Robert Berkow, M. D.

凡 例

从本书目录读者可查到各篇、各章的题目和页数。

本书各篇从各篇的目录表开始，表中列出本篇的章和节。

各章的编号是从书的开始到尾端顺序编排。

缩写和符号在书中通篇使用以节约篇幅，它们的注释列于第 15 页。正文中其他缩写在各章或节中第一次出现时都加以注释。

书中的实验室数据以常用的单位给出。然而，在多数情况下，随后用括弧标出国际单位。

正文中的药物主要以通用（非专利的）药名标示。在附件 3，本书提到的许多药，按其通用名第一字母顺序列表显示，每一通用名后列一种或多种商品名。此表之后还有一表按商品名字母顺序排列，许多商品名后列出通用名。

重要说明：本书作者、审阅者和编辑付出很大努力以保证本书所介绍的治疗、所用药物和剂量的正确性，并符合本书出版之时所公认的水准。然而，由于研究的不断发展和临床经验的不断积累，不同作者间的意见不尽一致，个体的临床情况又有其独特的方面，未必与群体完全相同，加之在编辑涉及面如此广的书难免有人为的错误。为此我们恳请读者在进行临床决定时宜作出自己的判断，必要时参考和比较从其他方面得到的信息资料。我们特别要建议读者在开出处方或应用某药时，尤其是对不熟悉或不常用的药物，先核对药厂提供的产品说明书。

缩写和符号

AIDS 获得性免疫缺陷综合征	Ig 免疫球蛋白
ATP 三磷酸腺苷	IM 肌内注射
bid 每日2次	IU 国际单位
C 摄氏、摄氏温度	IV 静脉注射
CBC 全血细胞计数	kcal 千卡(食物卡路里)
cm 厘米	kg 千克
CO ₂ 二氧化碳	L 升
CPR 心肺复苏	ib 磅
CT 计算机体层摄影	m 米
dl 分升(=100ml)	mEq 毫当量
DNA 脱氧核糖核酸	mg 毫克
ECC 心电图	min 分
EEG 脑电图	ml 毫升
ESR 红细胞沉降率	mm 毫米
F 华氏、华氏温度	mOsm 毫渗量
FDA 食品和药品管理局	MRI 磁共振成像
g 克	ng 纳克(=毫微克)
h 小时	oz 盎司
H ₂ 组胺	pH 氢离子浓度
Hb 血红蛋白	po 口服
Hct 血细胞比容	q 每
Hg 汞	qid 每日4次
HIV 人类免疫缺陷病毒	RNA 核糖核酸
HLA 人类白细胞抗原	sc 皮下注射
Hz 赫兹(周/秒)	SD 标准差

s 秒

tid 每日3次

U 单位

μg 微克

μl 微升

μm 微米

μU 微单位

/ 每

< 小于

> 大于

\leq 等于或小于

\geq 等于或大于

\pm 加减

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