tens, 2006, 19(10): 1055 – 1062.
[2] Meisinger C, Koenig W, Baumert J, *et al*. Uric acid levels are associated with all-cause and cardiovascular disease mortality independent of systemic inflammation in men from the general population: the MONICA/KORA cohort study[J]. Arterioscler Thromb Vasc Biol, 2008, 28(6): 1186 – 1192.
[3] Chen J H, Chuang S Y, Chen H J, *et al*. Serum uric acid level as an independent risk factor for all-cause, cardiovascular, and ischemic stroke mortality: a Chinese cohort study[J]. Arthritis Rheum, 2009, 61(2): 225 – 232.
[4] Obermayr R P, Temml C, Gutjahr G, *et al*. Elevated uric acid Increases the risk for kidney disease[J]. J Am Soc Nephrol, 2008, 19(12): 2407 – 2413.
[5] Alberti K G, Eckel R H, Grundy S M, *et al*. Harmonizing the metabolic syndrome: a joint interim statement of the International Diabetes Federation Task Force on Epidemiology and Prevention; National Heart, Lung, and Blood Institute; American Heart Association; World Heart Federation; International Atherosclerosis Society; and International Association for the Study of Obesity[J]. Circulation, 2009, 120(16): 1640 – 1645.
[6] 倪银星, 钟健, 邹密, 等. 尿酸与代谢综合征及颈动脉粥样硬化的关系[J]. 中华老年心脑血管病杂志, 2007, 11(9): 726 – 729.
[7] 徐成斌. 代谢综合征[J]. 国外医学: 内分泌学分册, 2005, 25(1): 3 – 6.
[8] 余俊文, 陆锦波, 张小娟, 等. 佛山地区13324例居民血尿酸水平及相关指标分析[J]. 中国中西医结合肾病杂志, 2005, 6(7): 401 – 403.
[9] Nan H, Qiao Q, Dong Y, *et al*. The prevalence of hyperuricemia in a population of the coastal city of Qingdao, China[J]. J Rheumatol, 2006, 33(7): 1346 – 1350.
[10] Hak A E, Choi H K. Menopause, postmenopausal hormone use and serum uric acid levels in US women--the Third National Health and Nutrition Examination Survey[J]. Arthritis Res Ther, 2008, 10(5): R116.
[11] Yoo T W, Sung K C, Shin H S, *et al*. Relationship between serum uric acid concentration and insulin resistance and metabolic syndrome[J]. Circ J, 2005, 69(8): 928 – 933.
[12] 邓子妮, 王波. 海口市健康体检人群高尿酸血症流行病学分析[J]. 第三军医大学学报, 2010, 32(24): 2671 – 2672.
[13] Reaven G M. Syndrome X 10 years later[J]. Drugs, 1999, 58 suppl 1: s19 – s20.
[14] Liou T L, Lin M W, Hsiao L C, *et al*. Is hyperuricemia another facet of the metabolic syndrome? [J]. J Chin Med Assoc, 2006, 69(3): 104 – 109.
[15] Cook D G, Shaper A G, Thelle D S, *et al*. Serum uric acid, serum glucose and diabetes: relationship in a population study[J]. Postgrad Med J, 1986, 62(733): 1001 – 1006.
[16] Tsunoda S, Kamide K, Minami J, *et al*. Decreases in serum uric acid by amelioration of insulin resistance in overweight hypertensive patients: effect of a low-energy diet and an insulin-sensitizing agent[J]. Am J Hypertens, 2002, 15(8): 697 – 701.
[17] Onat A, Uyarel H, Hergenc G, *et al*. Serum uric acid is a determinant of metabolic syndrome in a population-based study[J]. Am J Hypertens, 2006, 19(10): 1055 – 1062.
[18] Bianchi C, Penno G, Malloggi L, *et al*. Non-traditional markers of atherosclerosis potentiate the risk of coronary heart disease in patients with type 2 diabetes and metabolic syndrome[J]. Nutr Metab Cardiovasc Dis, 2008, 18(1): 31 – 38.
[19] Nakanishi N, Tatara K, Nakamura K, *et al*. Risk factors for the incidence of hyperuricaemia: a 6-year longitudinal study of middle-aged Japanese men[J]. Int J Epedemiol, 1999, 28(5): 888 – 893.
[20] Leyva F, Wingrove C S, Godsland I F, *et al*. The glycolytic pathway to coronary heart disease: a hypothesis[J]. Metabolism, 1998, 47(6): 657 – 662.
[21] Chu N F, Wang D J, Liou S H, *et al*. Relationship between hyperuricemia and other cardiovascular disease risk factors among adult males in Taiwan[J]. Eur J Epidemiol, 2000, 16(1): 13 – 17.
[22] Liang J, Xue Y, Zou C, *et al*. Serum uric acid and prehypertension among Chinese adults[J]. J Hypertens, 2009, 27(9): 1761 – 1765.

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# 关于医学符号的使用

统计学符号不论用哪种字母,也不论大写或小写一律都用斜体。要注意区分拉丁字母和希腊字母。例如均数的符号是字母$\bar{x}$,卡方的符号是希腊字母$\chi^2$,自由度的符号是希腊文"$\upsilon$",不是拉丁文"V"。样本的相关系数是英文"$r$",不能误为希腊文"$\gamma$"。

化学元素及核素在医学写作时一般多采用符号,都是拉丁字母正体大写。离子态是在右上角用数字加"-"或"+"表示。例如$Na^+$、$Ca^{2+}$、$P^{3-}$等等,不采用$Ca^{++}$、$P^{---}$、$Al^{+3}$、$O^{-2}$表示。核素的核子素(质量数)应写在元素符号的左上角,例如:$^{131}I$、$^{32}P$。表示激发状态的m写在右上角,例如:$^{99}Tc^m$、$^{133}In^m$。在科技论文和专著中不应写核素的中文名称,即不能写成$^{131}$碘、铟$^{133m}$、$P^{32}$、$Tc^{99m}$。

近几年分子生物学发展很快,并已渗透到许多学科,大多数分子生物学名词术语的符号已有统一的确定形式,要对符号的来源及其内涵有深刻的了解,使用时不致发生错误,例如:RNA有rRNA(ribosomal RNA)、tRNA(transfer RNA)、mRNA(messenger RNA)3类。r、t、m是表示类型的符号应小写,RNA应大写。

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