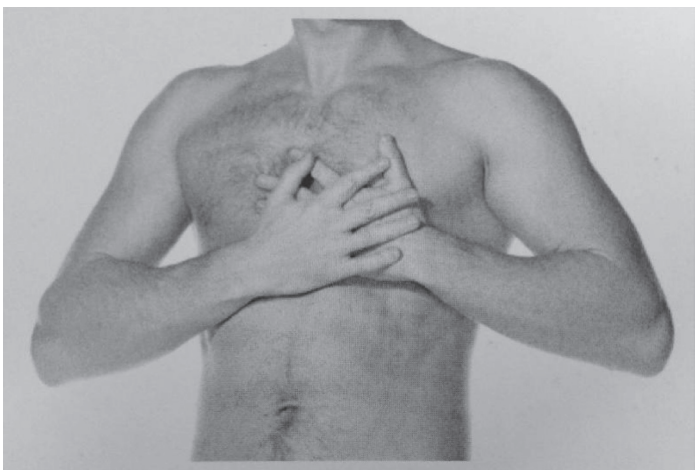
目　录

第一章

心血管内/外科
Cardiovascular Medicine/Surgery



Introduction

Cardiovascular diseases refer to diseases that affect the cardiovascular system, principally cardiac diseases, vascular diseases of the brain and heart, and peripheral arterial diseases. The causes of cardiovascular diseases are diverse, but atherosclerosis and hypertension are the most common. In addition, with aging come a number of physiological and morphological changes that alter cardiovascular function and lead to increased risk of cardiovascular diseases, even in healthy asymptomatic individuals.

Cardiovascular diseases are the leading cause of death worldwide, though, since the 1970s, cardiovascular mortality rates have declined in many high-income countries. At the same time, cardiovascular deaths and diseases have increased at a fast rate in low- and middle-income countries. Although cardiovascular diseases usually affect older adults, the antecedents of cardiovascular diseases, notably atherosclerosis, begin in early

life, making primary prevention efforts necessary from childhood. There is therefore increased emphasis on preventing atherosclerosis by modifying risk factors, for example through healthy eating, exercise, and avoidance of tobacco.

心血管疾病是影响心血管系统的疾病，主要指心脏疾病、脑血管疾病、心脏血管疾病和外周动脉疾病。心血管疾病的病因繁多，其中动脉粥样硬化和高血压是最常见的。另外，年龄增长带来的一系列生理和形态上的变化，会引起心血管功能改变，从而增加患病的风险，即便是身体健康、无相关症状的人群也不例外。

心血管疾病是全球范围内导致死亡的主要原因。尽管自20世纪70年代以来，在许多高收入国家，因心血管疾病导致的死亡率已经下降；但在中低收入国家，心血管疾病及其导致的死亡人数仍以较快的速度增长。老年人通常易患心血管疾病，但是一些前驱症状，特别是动脉粥样硬化，在早年就会出现，因此对该疾病的预防要从儿童开始。通过健康饮食、适度运动、避免吸烟等来减少患病风险因素，从而有效预防动脉粥样硬化。

本章将对医学口译的定义与分类进行介绍。主要涉及的心血管疾病知识包括心血管疾病的致病因素、心血管疾病在中低收入国家流行的原因、中医对心力衰竭的治疗思路、高血压的防治等。

Knowledge of Medical Interpreting

医学口译的定义与分类

在介绍“医学口译”的定义和分类之前，有必要先对medical interpreting和healthcare interpreting这两个术语进行辨析。

在许多移民国家和地区，medical interpreting和healthcare interpreting通常可以互换使用，指的是帮助医护人员和不能说当地语言的患者进行沟通的口译活动。在西方移民国家，由于医学会议极少需要使用口译，故而medical interpreting和healthcare interpreting一般都可以指“医疗口译”。在中国，这两个术语所指应有所不同，medical一词可泛指“医学”，也可以指“医疗”，medical interpreting可以指“发生在医学领域，包括医疗卫生专业人员之间、医疗卫生专业人员与非医疗卫生专业人员进行的会话口译或会议口译”。因此，medical interpreting可作为上义词，指“医学口译”，healthcare interpreting或doctor-patient medication interpreting可作为下义词，

指代“医疗口译”“医患沟通口译”或“医学会话口译”。本教材采用了“医学口译”（medical interpreting）的定义。

学者们对中国的医学口译进行了分类，他们认为按照交流目的，我国的医学口译可分为以下三类：

- 学术类：例如医学会议或讲座口译，主要目的是学术交流。
- 洽谈类：例如医药公司等的洽谈陪同口译，目的是协商合作与沟通意见。
- 医疗类：例如诊疗中的口译服务，主要针对医患之间的交流，目的是进行治疗。

随着全球化日益加深，我国的经济和社会都获得了巨大发展，对医学口译人才的需求日益增加；然而，目前的市场需求和人才资源之间存在落差。应结合实际情况，培养能满足市场需求的医学口译专业化人才。

Terms

本篇音频

1	并发症	complication
2	胃肠问题	gastrointestinal issue
3	搭桥手术	bypass operation
4	胆固醇	cholesterol
5	恶性肿瘤	malignancy
6	非传染性疾病	noncommunicable disease (NCD)
7	肝酶升高	elevated liver enzyme
8	高血压	hypertension
9	全因死亡率	all-cause mortality
10	射血分数降低的心力衰竭	heart failure with reduced ejection fraction (HFrEF)
11	肾功能恶化	renal function deterioration
12	糖尿病	diabetes
13	头晕	dizziness
14	心电图	electrocardiogram (ECG)
15	心律失常	arrhythmia
16	心力衰竭	heart failure (HF)
17	心血管疾病	cardiovascular disease (CVD)
18	心脏病	heart disease

19	行为危险因素	behavioral risk factor
20	血管紧张素受体—脑啡肽酶抑制剂	angiotensin receptor-neprilysin inhibitor (ARNI)
21	血糖	blood sugar
22	血压	blood pressure
23	血脂	plasma lipid
24	营养师	dietician
25	预后	prognosis
26	再住院	rehospitalization
27	中风	stroke

Note-taking

Listen to the following passages and take notes to help you retell them.

Passage One

心血管疾病的危险因素及防治策略

本篇音频

女士们、先生们，各位同仁：

今天我想和大家探讨的是一个关乎我们健康、影响深远的话题——心血管疾病的主要行为危险因素。这些因素不仅对我们的个人健康构成威胁，还对全球健康体系提出了巨大的挑战。

心血管疾病的主要行为危险因素包括不健康饮食、缺乏运动、吸烟和过量饮酒。行为危险因素造成的影响在个体中可能表现为血压、血糖和血脂的升高，以及超重和肥胖。这些“间接危险因素”可通过初级医疗机构筛查发现，它们表明心脏病发作、中风、心衰和其他并发症的危险有所上升。

经证明，戒烟、减少膳食含盐量、多吃水果蔬菜、定期锻炼身体，以及避免过量饮酒可降低罹患心血管疾病的风险。此外，对于患有糖尿病、高血压和高血脂的人群，药物治疗是降低心血管病风险、预防心脏病发作和中风的必要措施。公共卫生政策可营造有利环境，使人们能够负担得起并易于做出有益健康的选择。这些政策对鼓励人们践行并坚持健康行为是必不可少的。

心血管疾病还有一些潜在的决定因素，或“起因的起因”。这些因素反映了推动社会、经济和文化变革的主要力量——全球化、城市化和人口老龄化。心血管疾病的其他决定因素包括贫困、压力和遗传因素。

各位同仁，面对如此复杂的健康挑战，只有把个人行为与政策支持相结合，才能有效预防心血管疾病的发生。通过推广健康的生活方式，采取适当的医疗干预，并创造健康友好的社会环境，我们有能力降低罹患心血管疾病的风险，让更多人享有健康的生活。

谢谢大家！

Passage Two

Why Are Cardiovascular Diseases a Development Issue in Low- and Middle-Income Countries?

Ladies and gentlemen, distinguished colleagues:

Today, I want to draw your attention to a critical and often overlooked global health crisis: the devastating impact of cardiovascular diseases (CVDs) in low- and middle-income countries. It is alarming to note that at least three-quarters of the world's deaths from CVDs occur in these regions. Yes, you heard that right—three-quarters. This staggering statistic highlights a tragic reality: The people most affected by CVDs are often the ones who have the least access to the resources needed to combat them.

People in low- and middle-income countries who suffer from CVDs and other noncommunicable diseases (NCDs) have less access to effective and equitable healthcare services that respond to their needs. As a result, for many people in these countries, detection often occurs late in the course of the disease and people die at a younger age from CVDs and other NCDs, often in their most productive years.

The poorest people in low- and middle-income countries are most affected. At the household level, evidence is emerging that CVDs and other NCDs contribute to poverty due to catastrophic health spending and high out-of-pocket expenditure. At the macroeconomic level, CVDs place a heavy burden on the economies of low- and middle-income countries.

But this is not just a story of despair—it is also a call to action. We cannot afford to turn a blind eye to this crisis. We must work together to strengthen healthcare systems in low- and middle-income countries, ensuring that every person, regardless of their income or where they live, has access to the care they need. Early detection, prevention,

and treatment are not luxuries—they are rights. And if we are serious about reducing global inequalities and improving public health, we must start by addressing the root causes of CVDs in the world's most vulnerable populations.

Together, we can turn the tide and make a meaningful difference in the lives of millions. Thank you.

Dialogue Interpreting

Interpret the following dialogue alternatively into English or Chinese.

Mrs. Yang, a woman from the suburb, goes to see the cardiologist about her heart condition.

本篇音频

Doctor: Hello, Mrs. Yang, how have you been?

Mrs. Yang: 我觉得不太舒服，两个月前去找了我的家庭医生，她也不知道什么原因，所以又介绍我去找一名营养师。

Doctor: Which dietician did you see? Was it Mrs. Tan or the new one?

Mrs. Yang: 不是谭太太，是一个新的营养师。她叫我注意饮食，说体重减轻不要紧，还说胆固醇①测定值6.5并不算太高，不会造成问题的。

Doctor: Well, obviously she doesn't know what she is talking about. When a person loses weight dramatically, as in your case, it can be for two reasons: first, reduced food intake, and second, an underlying malignancy. That is why before taking action, we refer our patients to a dietician. With regard to your cholesterol level, the internationally agreed normal level of cholesterol, regardless of age, is 5.2. Your level is 6.5. In your case, it is quite alarming because you've had a heart attack and have blocked arteries. A high cholesterol level will contribute to further blockage of the arteries. The dietician was supposed to give you a diet to help you reduce the level of cholesterol.

Mrs. Yang: 大夫，胆固醇真的这么重要吗？我并不觉得胸部痛，它与心脏动脉有什么关系呢？

Doctor: I will explain what the situation is. The heart is supplied by three major coronary arteries. When only one is blocked, the problem is not too severe. However, when they are all blocked, as in your case, the problem can be serious and the question of a bypass operation emerges. At the moment, your heart is functioning normally, despite the blocked arteries. The attack hasn't damaged the muscle severely, and you haven't been feeling chest pain. That is why we haven't considered operating yet, and we are trying to improve the situation by providing you with a proper diet that will reduce your cholesterol level. However, as soon as you start feeling chest pain, we will consider an operation.

Mrs. Yang: 谢谢您的指导，我现在明白多了，但愿不需要动手术。

Doctor: Very well. Here you are. I want to see you in two months' time and take another ECG. I will also refer you to another dietician. My secretary will make the appointment for you. Goodbye.

NOTES

① 胆固醇（cholesterol）：胆固醇在血液中存在于脂蛋白（lipoprotein）中，其存在形式包括高密度脂蛋白胆固醇（HDL-C, high density lipoprotein cholesterol）、低密度脂蛋白胆固醇（LDL-C, low density lipoprotein cholesterol）、极低密度脂蛋白胆固醇（VLDL-C, very low density lipoprotein cholesterol）等几种。高密度脂蛋白有助于将胆固醇从外周组织逆向转运回肝脏进行代谢或排泄，而低密度脂蛋白水平升高是心血管疾病的一个重要风险因素。适量摄入豆类、牛奶、海鱼、苹果、葡萄等可能有助于提高体内高密度脂蛋白水平，而动物内脏、蟹黄、鱼子、蛋黄等食物富含胆固醇或饱和脂肪，过量摄入可能升高体内低密度脂蛋白水平。

Consecutive/Simultaneous Interpreting

Interpret the first passage into Chinese and the second into English.

Passage One

Traditional Chinese Medicine May Improve Major Heart Failure Outcomes

本篇音频

Ladies and gentlemen, I am pleased to introduce our research on *Qiliqiangxin*, a traditional Chinese medicine, and its effects on patients with heart failure with reduced ejection fraction (HFrEF). The study's results were presented at the ESC Congress 2023①.

Our trial evaluated the clinical efficacy and safety of *Qiliqiangxin* in a cohort of 3,110 patients with HFrEF across 133 hospitals in China. All participants had a left ventricular ejection fraction of 40% or below, an NT-proBNP level of 450 pg/mL or higher, and had been on a stable, standardized treatment regimen for at least two weeks prior to enrollment. The average age of participants was 62 years, and 72.1% were men.

Patients were randomized in a 1:1 fashion to receive *Qiliqiangxin* (four capsules, three times daily) or placebo on top of standard medications for chronic HF. The primary endpoint was a composite of rehospitalization for worsening HF or cardiovascular death.

During a median follow-up of 18.3 months, the primary endpoint occurred in 389 (25.02%) of the patients in the *Qiliqiangxin* group compared with 467 (30.03%) of the patients in the placebo group. This effect was related to both lower risks of rehospitalization for worsening HF and cardiovascular death in the *Qiliqiangxin* group, researchers said. Additionally, they noted that the effect of *Qiliqiangxin* on the primary outcome was generally consistent across prespecified subgroups, including in the subgroups defined according to age and NT-proBNP level, and in patients with or without angiotensin receptor-neprilysin inhibitors (ARNIs).

In terms of secondary endpoints, the *Qiliqiangxin* group showed a greater reduction in NT-proBNP levels from baseline to the three-month follow-up compared to the placebo group. These findings align with earlier pilot studies. Safety analysis revealed

no significant difference in all-cause mortality, which was 14.21% in the *Qiliqiangxin* group and 16.85% in the placebo group. Additionally, there were no major differences in adverse events such as gastrointestinal issues, renal function deterioration, or elevated liver enzymes between the two groups.

To our knowledge, this was the first randomized, double-blind controlled trial of a traditional Chinese medicine for the treatment of chronic HF. And our findings demonstrate meaningful clinical benefits with *Qiliqiangxin* in patients with HFrEF, which support the use of *Qiliqiangxin* as an adjunct therapy for treating HF.

Thank you.

NOTES

① The ESC Congress: The European Society of Cardiology Congress, is an annual event that brings together professionals and experts in the field of cardiology. It serves as a platform for the presentation and discussion of the latest advancements, research findings, and clinical trials related to cardiovascular diseases. The ESC Congress 2023 delved into various topics, including new treatments, diagnostic methods, and breakthroughs in cardiology.

Passage Two

高血压的症状与防治

本篇音频

女士们、先生们，今天我将为大家讲下高血压的症状与防治。

血压由两个数值表示，收缩压显示心脏收缩或跳动时的血管压力，舒张压显示心脏在两次跳动之间舒张时的血管压力。高血压是指血管压力过高（140/90 mmHg或更高）。虽然高血压在全球范围内非常普遍，但令人担忧的是，许多患者没有明显的症状，甚至可能根本意识不到自己患病。因此，定期检查血压是了解自己是否患有高血压的最佳方法。

哪些因素会增加我们患高血压的风险呢？年龄的增长、家族遗传史、体重超重或肥胖、缺乏运动、高盐饮食和过量饮酒都是导致高血压的常见危险因素。

然而，即便高血压不常表现出症状，当血压非常高时，患者可能会出现严重的头痛、视力模糊、胸痛、头晕、呼吸困难等症状。如果不及时控制，高血压会导致心脏

病、中风、肾脏疾病等一系列严重的健康问题。

那么，我们该如何预防和管理高血压呢？良好的生活方式是非常关键的。我们应当多吃新鲜的蔬菜和水果，保证营养均衡，同时也要注意减少盐的摄入，每日不超过5克，并避免食用含有高饱和脂肪和反式脂肪的食物；保持规律运动，每周进行至少150分钟的中等强度有氧运动或75分钟的高强度有氧运动，并辅以适当的力量训练；控制体重，维持健康的身体状态。若已确诊高血压，要严格遵循医嘱，规律服药，切勿自行停药。此外，还需戒烟并远离一切烟草制品；饮酒也应有所节制，男性每日纯酒精摄入不超过25g，女性不超过15g。这些综合措施不仅可以有效降低血压水平，还能全面改善心血管健康，提升生活质量。

各位朋友，控制和管理高血压可以预防心脏病、中风、肾脏损伤和其他健康问题。通过减轻压力、定期检查、及时治疗，并合理管理其他健康问题，我们可以显著降低高血压及其并发症的风险。

最后，我要强调，尽管改变生活方式至关重要，但有些人仍然需要药物治疗来控制血压。健康生活和合理治疗的结合，才是我们应对高血压的最佳策略。

谢谢大家！

Medical Knowledge

Read the following passage for extra knowledge. It can be a script for interpreting training.

Cardiovascular Disease

Cardiovascular diseases affect your heart and blood vessels. Nearly half of all adults in the US have some form of cardiovascular disease. You may make lifestyle changes to manage cardiovascular disease and your healthcare provider may prescribe medications. The sooner you detect cardiovascular disease, the easier it is to treat.

1. Overview

What Is Cardiovascular Disease?

Cardiovascular disease is a group of diseases affecting your heart and blood vessels. These diseases can affect one or many parts of your heart and/or blood vessels. A person may be symptomatic (physically experiencing the disease) or asymptomatic (not feeling

anything at all).

Cardiovascular disease includes heart or blood vessel issues, including:

- Narrowing of the blood vessels in your heart, other organs, or throughout your body;
- Heart and blood vessel problems present at birth;
- Heart valves that aren't working right;
- Irregular heart rhythms.

How Common Is Cardiovascular Disease?

Cardiovascular disease is the leading cause of death worldwide and in the US. Nearly half of adults in the US have some form of cardiovascular disease. It affects people of all ages, sexes, ethnicities, and socioeconomic levels. One in three women dies of cardiovascular disease.

2. Symptoms and Causes

What Causes Cardiovascular Disease?

The causes of cardiovascular disease can vary depending on the specific type. For example, atherosclerosis (plaque buildup in your arteries) causes coronary artery disease and peripheral artery disease. Coronary artery disease, scarring of your heart muscle, genetic problems, or medications can cause arrhythmia. Aging, infections, and rheumatic disease can cause valve diseases.

What Are Cardiovascular Disease Risk Factors?

You may be more likely to develop cardiovascular disease if you have risk factors such as:

- High blood pressure (hypertension);
- High cholesterol (hyperlipidemia);
- Tobacco use (including vaping);
- Type 2 diabetes;
- Family history of heart disease;
- Lack of physical activity;
- Excess weight or obesity;
- Diet high in sodium, sugar, and fat;
- Overuse of alcohol;
- Misuse of prescription drugs;
- Preeclampsia or toxemia;

- Gestational diabetes;
- Chronic inflammatory or autoimmune conditions;
- Chronic kidney disease.

What Are the Symptoms of Cardiovascular Disease?

Cardiovascular disease symptoms can vary depending on the cause. Older adults and women may have more subtle symptoms. However, they can still have serious cardiovascular disease.

Symptoms of heart issues include:

- Chest pain;
- Chest pressure, heaviness or discomfort, sometimes described as a "belt around the chest" or a "weight on the chest";
- Shortness of breath (dyspnea);
- Dizziness or fainting;
- Fatigue or exhaustion.

Symptoms of blockages in blood vessels throughout your body include:

- Pain or cramps in your legs when you walk;
- Leg sores that aren't healing;
- Cool or red skin on your legs;
- Swelling in your legs;
- Numbness in your face or a limb. This may be on only one side of your body.
- Difficulty with talking, seeing, or walking.

What Conditions Are Cardiovascular Diseases?

There are many different types of cardiovascular diseases, including but not limited to:

- Arrhythmia: Problem with your heart's electrical conduction system, which can lead to abnormal heart rhythms or heart rates.
- Valve disease: Tightening or leaking in your heart valves (structures that allow blood to flow from one chamber to another chamber or blood vessel).
- Coronary artery disease: Problem with your heart's blood vessels, such as blockages.
- Heart failure: Problem with heart pumping/relaxing functions, leading to fluid buildup and shortness of breath.

- Peripheral artery disease: Issue with the blood vessels of your arms, legs, or abdominal organs, such as narrowing or blockages.
- Aortic disease: Problem with the large blood vessel that directs blood from your heart to your brain and the rest of your body, such as dilatation or aneurysm.
- Congenital heart disease: Heart issue that you're born with, which can affect different parts of your heart.
- Pericardial disease: Problem with the lining of your heart, including pericarditis and pericardial effusion.
- Cerebrovascular disease: Issue with the blood vessels that deliver blood to your brain, such as narrowing or blockages.
- Deep vein thrombosis (DVT): Blockage in your deep veins, most commonly in the legs, which return blood to your heart.

3. Diagnosis and Tests

How Is Cardiovascular Disease Diagnosed?

Your healthcare provider will perform a physical exam and ask questions about your symptoms, personal health, and family health history. They may also order tests to help diagnose cardiovascular disease.

What Tests Might Be Needed for Cardiovascular Disease?

The following are some common tests to diagnose cardiovascular disease.

- Blood work measures substances that indicate cardiovascular health, such as cholesterol, blood sugar levels, and specific proteins. A provider can use a blood test to check for blood clotting issues as well.
- Ankle brachial index (ABI) compares the blood pressure in your ankles and arms to diagnose peripheral artery disease.
- Electrocardiogram (ECG) records your heart's electrical activity.
- Ambulatory monitoring uses wearable devices that track your heart rhythm and rates.
- Echocardiogram uses sound waves to create an image of your heartbeat and blood flow.
- Ultrasound uses sound waves to check blood flow in your legs or neck.
- Cardiac computerized tomography (CT) uses X-rays and computer processing to create 3D images of your heart and blood vessels.

- Cardiac magnetic resonance imaging (MRI) uses magnets and radio waves to create highly detailed images of your heart.
- MR angiogram or CT angiogram uses an MRI or CT, respectively, to see blood vessels in your legs, head, and neck.
- Stress tests analyze how physical activity affects your heart in a controlled setting, using exercise or medications, to determine how your heart responds. This type of test can involve ECG and/or imaging tests.
- Cardiac catheterization uses a catheter (thin, hollow tube) to measure pressure and blood flow in your heart.

4. Management and Treatment

Treatment plans can vary depending on your symptoms and the type of cardiovascular disease you have. Cardiovascular disease treatment may include:

- Lifestyle changes: Examples include changing your diet, increasing your aerobic activity, and quitting smoking or tobacco products (including vaping).
- Medications: Your healthcare provider may prescribe medications to help manage cardiovascular disease. Medication type will depend on what kind of cardiovascular disease you have.
- Procedures or surgeries: If medications aren't enough, your healthcare provider may use certain procedures or surgeries to treat your cardiovascular disease. Examples include stents in your heart or leg arteries, minimally invasive heart surgery, open-heart surgery, ablation, or cardioversion.
- Cardiac rehabilitation: You may need a monitored exercise program to help your heart get stronger.
- Active surveillance: You may need careful monitoring over time without medications or procedures/surgeries.

5. Prevention

You can't prevent some types of cardiovascular disease, such as congenital heart disease. But lifestyle changes can reduce your risk of many types of cardiovascular disease. You can reduce the risk by:

- Avoiding all tobacco products;
- Managing other health conditions, such as type 2 diabetes, high cholesterol, or high blood pressure;
- Achieving and maintaining a healthy weight;

- Eating a diet low in saturated fat and sodium;
- Exercising for at least 30 minutes, and ideally up to 60 minutes per day on most days;
- Reducing and managing stress.

6. Outlook/Prognosis

What Is the Outlook for People with Cardiovascular Disease?

Many people enjoy a high quality of life and can manage their cardiovascular disease with the help of their healthcare team. Your chances for a positive outcome are higher if you engage in your healthcare and follow your provider's treatment plan. It's important to take medications exactly as prescribed.

Does Cardiovascular Disease Increase the Risk of Other Conditions?

Untreated cardiovascular disease can lead to serious complications. If you have cardiovascular disease, you may have a higher risk of:

- Heart attack;
- Stroke;
- Acute limb ischemia (sudden blockage in your leg arteries);
- Aortic dissection;
- Sudden cardiac death.

When Should You See the Healthcare Provider?

Cardiovascular disease is often easier to treat when healthcare providers catch it early. That's why it's important to see a primary care provider every year. They can detect cardiovascular issues before symptoms start. If you have any signs of cardiovascular disease, you should see your provider immediately. Seek emergency medical attention if you experience sudden:

- Chest pain, pressure, heaviness, or discomfort, especially with exertion;
- Fainting (syncope);
- Severe shortness of breath, especially if it's new or progressive;
- Pain or numbness in your arms or legs;
- Ripping or tearing back pain.

Cardiovascular diseases are conditions that affect your heart and blood vessels. Without appropriate treatment, heart disease can lead to heart attacks or strokes. You can make lifestyle changes or take medications to manage cardiovascular disease. Earlier diagnosis can help with effective treatment. Many people live a full and active life with cardiovascular disease.