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中西药物联合应用的管理对消化内科患者临床用药合理性的影响*

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摘要 目的:研究药剂科积极参与下中西药联合使用对消化内科患者用药合理性的影响。**方法:**选取我院2014年1月至2015年12月收治且确诊为消化性疾病患者184例,通过随机数表法将患者平均分为对照组和实验组,对照组给予临床常规中西药联合治疗,观察并统计临床反应;实验组给予中西药联合治疗,由本院药剂科参与人员、临床医师联合管理。统计并分析两组疗效、用药合理性及不良反应。**结果:**对照组总有效率为82.60%,明显低于实验组的94.56% ($X^2=5.944, p=0.015$);对照组用药合理率为77.17%,明显低于实验组的89.13% ($X^2=5.102, p=0.024$);对照组不良反应合理率为61.96%,明显低于实验组的88.04% ($X^2=18.026, p<0.001$)。**结论:**药剂科的积极参与提高了中西药联合使用对消化内科患者的疗效,也降低了不良反应的发生率。

关键词: 中西药;联合使用;药剂科;消化内科

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Influence of Active Participation of Pharmacist in The Combination Management of Traditional Chinese Medicine and Western Medicine on Rationality of Drug Use for Patients with Digestive Disease*

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ABSTRACT Objective: To research the rationality of combination use of Traditional Chinese medicine and Western Medicine with active participation of clinical medication for patients with digestive disease. **Methods:** A total of 184 cases of patients with digestive disease who treated in our hospital between January 2014 and December 2015 were selected in this study. They were divided into control group (n=92) and experimental group (n=92) by the random number table method. The control group was treated with combination of Traditional Chinese medicine and Western Medicine, and the clinical response was observed by the researchers. The experimental group was treated with the combination of Traditional Chinese medicine and Western Medicine, which were jointly administered by the physician and clinical pharmacist. Compare and analyze the efficacy, the rationality of the use of drugs and adverse reactions between two groups. **Results:** The total effective rate of the control group was 82.60%, significantly lower than that of the experimental group (94.56%) ($X^2=5.944, P=0.015$). The rate of rational drug use in the control group was 77.17%, significantly lower than that of the experimental group (89.13%) ($X^2=5.102, P=0.024$). The rational rate of adverse reaction in control group was 61.96%, significantly lower than in the experimental group (88.04%) ($X^2=18.026, P<0.001$). **Conclusion:** The active participation of clinical pharmacist improved the curative effects of the combined use of Traditional Chinese medicine and Western Medicine on the patients in the department of gastroenterology, and decreased the incidence of adverse reactions.

Key words: Traditional Chinese medicine and Western Medicine; Combined use; Pharmacy; GI Medicine

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前言

近年来祖国医药研究不断取得突破性进展,现代医药技术也不断提升,中西医联合治疗及中西药联合使用在临床中得到认可并广泛运用。西药作用机理研究较为透彻,化学成分清楚,药代动力学明确,临床疗效往往比较快速^[1]。但由于西药针对性

太强,不良反应及副作用大,而中药大多数均为天然药,其作用靶点较多,作用机理较复杂,偏向针对病因治疗,临床不良反应较少^[2]。中西药联合使用不仅可以各取所长提高药效,同时作用范围更广,还可以减少不良反应及副作用。然而中西药的不合理使用会导致不同药物发生拮抗作用或增加毒性,甚至引发药源性疾病^[3]。随着中西药联合使用的不断推广,临床所发生的药

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物不合理使用也日益凸显。基于上述问题,本研究药剂科管理下中西药的联合使用对消化内科患者用药合理性影响,为临床消化科治疗提供一定参考。

1 资料与方法

1.1 一般资料

选取我院 2014 年 1 月至 2015 年 12 月收治且确诊为消化性疾病患者 184 例,男性 98 例,女性 86 例,年龄 20~65 岁。包括功能性消化不良患者 82 例(溃疡样型 16 例,动力障碍 60 例,特异性 6 例),胃溃疡患者 52 例(复合型溃疡 20 例,多发性溃疡 24 例,应激性溃疡 8 例),慢性胃炎患者 50 例(浅表性胃炎 24 例,浅表萎缩胃炎 18 例,反流性胃炎 8 例)。纳入标准^[4]:1)符合功能性消化不良诊断标准、胃溃疡诊断标准、慢性胃炎诊断标准;2)年龄满 18 岁;3)自愿配合实验研究。排除标准:1)伴随严重肝肾功能不足;2)伴随全身系统性免疫疾病。告知家属相关事宜并获得家属知情同意书签字,通过随机数表法将患者平均分为对照组和实验组,两组平均年龄、性别比例及病型差异均无统计学意义($p<0.05$)。

1.2 方法

负责医生从本院药剂科取现有消化性疾病对症中成药、中药饮片及西药,并根据患者实际情况联合使用。胃溃疡患者给予阿莫西林胶囊、果胶铋及葵花胃康灵^[5];功能性消化不良患者给予吗丁啉^[6];慢性胃炎患者给予平胃散、奥美拉唑肠溶片^[7];对照组给予临床常规中西药联合治疗,由研究人员观察并统计临床反应;实验组给予中西药联合使用,由本院药剂科参与研究人员、临床医师联合管理。2 组治疗时间均为 3 个月。

参与人员工作分配:1)临床药师针定期为患者所服用药物进行分析,并记录患者服药后临床症状及表现,进行用药合理性初步判断;2)药师充分了解并掌握相应中药、中成药及西药的各自药理特点、药代动力学及药效,密切关注药物之间是否会发生拮抗作用或不良反应,分析患者对药物的吸收、代谢;3)药师对临床医师反应患者服药后症状及反应,提出个体化治疗

方案或用药优化方案;4)药师增强中西药联合使用意识,利用本院网络查看消化科中西药联合使用情况,若用药与实验存在分歧应及时与医师沟通,落实联合用药的精准性,防止临床药物不合理使用。

1.3 疗效标准^[8]

治疗结束后,两组疗效评价标准:痊愈:治疗后患者症状完全消失;显效:患者症状有明显好转或基本消失;有效:患者临床症状部分消失或好转;无效:患者临床症状无明显好转,甚至较治疗前更差。

1.4 评价标准^[9]

根据患者疗效、联合用药合理性及用药后不良反应三项标准进行评价,每项标准分为合理、基本合理和不合理三种层次。联合用药合理性:中西药为协同作用为合理;中西药联合无禁忌反应为基本合理;中西药为拮抗作用或产生毒性为不合理。药物不良反应:没有药物不良反应为合理,存在轻度药物不良反应为基本合理,存在重度药物不良反应为不合理。

1.5 统计学方法

计数资料行 X^2 检验或确切概率法,组间比较采用 T 检验, $p<0.05$ 为差异存在统计学意义。

2 结果

2.1 3 个月后对比两组疗效

对照组痊愈率为 13.04%,显著低于实验组的 30.43%,差异具有统计学意义($X^2=8.561, p=0.003$);对照组显效率为 28.26%,低于实验组的 31.52%,但差异无统计学意义($X^2=0.216, p=0.641$);对照组有效率为 41.30%,高于实验组的 32.61%,但差异无统计学意义($X^2=1.372, p=0.241$);对照组无效率为 17.40%,明显高于实验组的 5.44%,差异有统计学意义($X^2=7.354, p=0.007$);对照组总有效率为 82.60%,显著低于实验组的 94.56%,差异具有统计学意义($X^2=5.944, p=0.015$)(表 1)。

表 1 两组中西药联合使用疗效对比[n/%]

Table 1 Comparison of the curative effects of Chinese and Western Medicine between two groups [n/%]

Groups	The number of cases	Recovery	Efficacy	Effective	Non-effective	Total effective rate
Control group	92	12(13.04)	26(28.26)	38(41.30)	16(17.40)	76(82.60)
Research group	92	28(30.43)	29(31.52)	30(32.61)	5(5.44)	87(94.56)
X^2		8.561	0.216	1.372	7.354	5.944
P		0.003	0.641	0.241	0.007	0.015

2.2 对比两组中西药联合使用合理率

对照组合合理率为 77.17%,显著低于实验组的 89.13%,差异具有统计学意义($X^2=5.102, p=0.024$);对照组基本合理率为 4.35%,低于实验组的 10.87%,但差异无统计学意义($X^2=3.531, p=0.060$);对照组不合理率为 18.48%,显著高于实验组的 0%,差异具有统计学意义($X^2=19.780, p<0.001$)(表 2)。

2.3 对比两组中西药联合使用不良反应

对照组合合理率为 61.96%,显著低于实验组的 88.04%,差异

具有统计学意义($X^2=18.026, p<0.001$);对照组基本合理率为 15.21%,高于实验组的 11.96%,但差异无统计学意义($X^2=0.385, p=0.534$);对照组不合理率为 22.87%,实验组不合理率为 0,差异具有统计学意义($X^2=25.988, p<0.001$)(表 3)。

3 讨论

临床处方药中中西药药物的相互作用机理及不良反应一直是一个棘手的课题,此项研究所涵盖范围过于广泛,其中包括药物各自的理化作用、药代动力学,以及相互的反应作用及,

表 2 两组患者中西药联合使用合理性比较[n/%]

Table 2 Comparison of rational use of Chinese and Western medicine between two groups[n/%]

Groups	The number of cases	Reasonable	Basically reasonable	Unreasonable
Control group	92	71(77.17)	4(4.35)	17(18.48)
Research group	92	82(89.13)	10(10.87)	0
X ²		5.102	3.531	19.780
P		0.024	0.060	<0.001

表 3 两组中西药联合使用不良反应比较[n/%]

Table 3 Comparison of adverse reactions of Chinese and Western Medicine between two groups [n/%]

Groups	The number of cases	Reasonable	Basically reasonable	Unreasonable
Control group	92	57(61.96)	14(15.21)	21(22.87)
Research group	92	81(88.04)	11(11.96)	0
X ²		18.026	0.385	25.988
P		<0.001	0.534	<0.001

相互作用后可以影响原本的药代动力学,改变在人体体内的吸收、分部及排泄。引起的药效可能是拮抗,也可能是协同作用,甚至产生增毒现象^[10-13]。目前,临床大多数中西药物联合使用的作用机制尚不明确,临床使用大多依据医师个人使用经验,缺乏系统科学的指导,在运用中缺乏成熟体系^[14]。对此项的空白若不及时引起广大医疗人员关注,很可能带来严重的后果,轻则降低疗效重则危及患者生命安全,所以当代医学有很大必要研究中西药联合使用的药效及作用机制^[15-17]。

本实验在对照组和实验组之间采取有无药剂科工作人员参与的区分治疗,借助药剂科工作人员对本专业知识的熟练掌握及对患者临床症状的观察判断医师处方的合理性。由实验数据可得,在药剂科工作人员参与下的实验组的总疗效为94.56%,远高于对照组的82.60%($p<0.05$),同时实验组的痊愈率远高于对照组,无效率低于对照组($p<0.05$),直接说明了实验组的治疗效果比对照组更好。中西药联合使用合理性中实验组为89.13%,对照组合理性为77.17%($p<0.05$),说明在药剂科的介入下提高了医师对药物合理使用的意识,并加大了对药物审核的力度,使得中西药联合使用落实到位,规范的实验的药物使用。在实验的不良反应中,对照组合理性为61.96%,低于实验组的88.04%($p<0.001$);对照组不合理率为22.87%,实验组不合理率为0($p<0.001$)。表明在药剂科人员的帮助下中西药联合使用能有效发挥药效,降低了不良反应的发生率,提高了临床用药安全。药师对医师的观察反馈能更好的对中西药联合使用扬长避短,提升用药疗效。

我国相关学者在研究中西药联合使用对急性胰腺炎使用发现西药联合使用中医清热解毒活血化瘀方能有效抑制肠道细菌繁殖和易位,预防肠道感染^[18]。另有杨等^[19]研究发现西药配合和中健脾方可有效治疗反流性食管炎,西药组显效率为36.7%,中药组显效率为40.0%,中西药组为56.7%($p<0.05$)。在治疗后中西药组反酸、反食及烧心症状改善情况与另两组差异均有统计学差异。同时于淑艳等^[20]统计后发现中西药不合理联

用处方率为24.8%,重复用药及同类药物并存所占的比例占不合理联用处方的35.69%。理化禁忌性占不合理联用处方的27.02%,并也存在着药理拮抗性的联用和诱发药源性疾病的联用。

综上所述,中西药联合使用常常能有更好的治疗效果,但临床处方仍存在许多不合理,在药剂科的积极参与下能有效提高中西药联合使用药效,提高处方合理率,并大大降低联合使用的不良反应,临床中应推广药师监督管理中西药的联合使用。

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(上接第 1492 页)

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