制酸劑是否有預防的效果

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背景 Background

健保局鑑於支出龐大，期望節省浪費，先從一般常見不良醫療習慣著手。其中以常用含鋁或鎂之制酸劑，作為預防胃痛之處方，為一般常見不良醫療行為。一篇台灣的調查報告，使用「非類固醇抗發炎藥物」者，有 87.3%同時使用制酸劑以圖預防抗發炎止痛藥引起之上腹痛{Liu,J.Y. 2001}。今以實証醫學的角度，作為依據，証明此醫療習慣之不合理。

目標 Objectives

評估含鋁或鎂之制酸劑，是否能預防任何原因引起之胃痛。分為與止痛藥引起、類固醇引起、與不明原因引起者。

搜尋策略 Search strategy

資料庫包括 Medline, EMBASE, Science Citation Index (-2005), AIDS, Bioethics, Cancer, Complementary Medicine, Core clinical journals, Dental journals, History of Medicine, Nursing journals, OLDMEDLINE for Pre1966, PubMed central, Toxicology

選擇標準 Selection criteria

以隨機臨床實驗為優先，其次雙盲為主之實驗，而且追蹤其須至少一個月。其改善指標包括胃痛之減少頻率。

資料收集與分析 Data collection and analysis

以 MeSH 之詞做搜尋 ，包括 dyspepsia/drug therapy OR dyspepsia/prevention、NSAID adverse effect AND antacid/therapeutic effect 共出現 902 篇。限制於人類、臨床試驗、有摘要，剩 47 篇。
分析此 47 篇，去除研究設計不良，不屬於選擇標準者，僅餘 15 篇。15 篇中有 2 篇是 metanalysis{Hansen,J.M. 2001; Hawkey,C.J. 1998}。

主要結果 Main results

「非類固醇抗發炎藥物」引起之上腹痛，高達 53%{Labenz,J. 2002}； 54.8%使用者要被迫停藥{Gubbins,G.P. 1992}；引起潰瘍則高達 16.7% {Ekstrom,P. 1996}；「非類固醇抗發炎藥物」引起之胃潰瘍者，更可怕的是 50%的人無症狀{Florent,C. 1992}。

在較大型的臨床實驗裡，只有氫離子阻斷劑(proton pump inhibitor) omeprazole 與高劑量的前列腺素 E (prostaglandin E)作用劑 misoprostol，可以預防「非類固醇抗發炎藥物」引起之上腹痛或潰瘍{Cullen,D. 1998; Hansen,J.M. 2001; Ekstrom,P. 1996; Hawkey,C.J. 1998; Labenz,J. 2002}；但是抗組織氨的藥物(anti-histamine type 2 blocker) 如 cimetadine、ranitidine 皆無效。含鋁或鎂的制酸劑無法預防「非類固醇抗發炎藥物」引起之上腹痛或潰瘍{ Singh,G. 1996 }，甚至比不用制酸劑者，可引起更多胃鏡可見的胃糜爛{ Sievert,W. 1991}與胃腸副作用{ Singh,G. 1996} (odds ratio 2.14；95% CI 1.06-4.32)，有害無益；發生嚴重副作用者，發生前也不會有輕微的症狀警告。

高劑量的前列腺素 E (prostaglandin E)作用劑 misoprostol，有嚴重腹瀉等副作用。對於「非潰瘍性的上腹痛」(non-ulcer dyspepsia)，氫離子阻斷劑(proton pump inhibitor) omeprazole 之效果不大(number needed to treat = 25){ Wildner-Christensen,M. 2003}；omeprazole 預防「非類固醇抗發炎藥物」引起之上腹痛或潰瘍，效果較大(Number Needed to Treat 4-5){ Cullen,D. 1998; Ekstrom,P. 1996}，但是在停藥後，保護效果迅速消失{ Hawkey,C.J. 1998}。

「非潰瘍性的上腹痛(non-ulcer dyspepsia)」，有 39.2%的人有合併幽門桿菌(Helicobacter pylori)感染{ Schilling,D. 2002}。對於合併感染幽門桿菌的「非潰瘍性的上腹痛」，omeprazole 無法改善腹痛{ Peitz,U. 2004; Schilling,D. 2002}，即使有改善，效果只持續不到 6 個月{ Gilvarry,J. 1997}。但是對於有幽門桿菌且使用「非類固醇抗發炎藥物」者，以三合一抗生素與 omeprazole 治療幽門桿菌後，即使不用藥，在短期內也不會因為「非類固醇抗發炎藥物」而胃痛{ Labenz,J. 2002}。

對於胃酸逆流之上腹痛，如果以三合一抗生素與 omeprazole 治療幽門桿菌後，胃酸逆流之症狀反而會加劇{ Peitz,U. 2004}。

除了消化性潰瘍、非潰瘍性上腹痛、胃酸逆流等三種疼痛外，其他腹部症狀之預防，皆無有效藥物。例如朝鮮薊(artichoke)、膽鹽 tauroursodeoxycholic acid、cisapride、胰臟酵素等，皆只有少數個案之系列報告，且研究時間極短，無法作為科學證據{ Bundy,R. 2004; Carvalhinhos,A. 1995; Croce,E. 1993; Suarez,F. 1999}。

作者結論 Author's conclusions

含鋁或鎂之制酸劑，無預防效果，而且有害。無科學證據證明藥物可預防胃痛或腹部的其他症狀，唯一有效可預防「非類固醇抗發炎藥物」上腹痛或潰瘍，是 omeprazole 與 misoprostol，但是效果非持續性，有其副作用。因此應該儘可能少用「非類固醇抗發炎藥物」，而非濫用藥物，無效的以求預防的心態。

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