• 計畫中文名稱	由健保資料庫進行國人用藥合理性的探討研究		
• 計畫英文名稱	The Usage of NHIRD for Risk Analysis of Irrational Drug Use		
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• 執行機構	台北醫學大學{藥學院}		
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• 研究領域	藥學, 統計學, 公共衛生學		
• 研究人員	王惠珀,許光陽,吳姿樺,林哲玲,曾宇鳳		
• 中文關鍵字	健保資料庫；用藥安全；實証藥學；藥物不良反應；；；；		
• 英文關鍵字	National Health Insurance Database；medication error；evidence-based pharmacy；drug consumption；；；；		
• 中文摘要	醫療或用藥疏失導致再次就醫，依各國統計其負擔可高達醫療資源的 7-15%。我國健保藥價支出比例過高(25%)，腎臟疾病的發生率及盛行率又高居世界第一，隱含國人有不合理使用藥物、造病、再度浪費健保資源的可能性。但是不合理用藥產生後的藥物不良反應之通報率又遠低於先進國家，隱含國人處於用藥風險而不自知的情境。針對此社會醫療現況，國內尚缺乏用藥風險的系統性研究。本研究乃計畫以健保資料庫，就藥品品項、消費狀況及用藥風險來源之探討，提出一年期研究計畫。首先結合臨床藥理及臨床藥學的實務經驗，從我國健保資料庫(Out patient Sampling Database, OSD)篩選及整理國內最常用的、療效區間小的、不良反應通報最多的以及已知有明顯藥物交互作用卻可能被合用的藥品，例如 phenytoin, ketorolac 等，做爲用藥風險研究之標的。系統性資料庫篩選資料進行初步分析後，選取一個可能不當使用的標的藥物，進行(1)消費及給付分析；(2)可能被不當使用之態勢分析；(3)從臨床藥學探討及評估不當使用之人爲或系統風險因子；以歸人檔(Longitudinal Health Insurance Database, LHID)深入探討用藥後遺症，例如不良反應通報或其他就醫狀況之相關性分析。研究結果將可做爲政府制定產業經濟政策、與用藥安全風險管理之建議。		
• 英文摘要	Costs spent in handling consequences of medication error, in general, counts for 7-15% of total healthcare expenditure. Taiwanese population was known to have high drug consumption. The population was also ranked number one among the world in the prevalence and the incidence rate of end-stage renal disease, which is believed to be partially associated with the high drug		

	consumption. However, the reporting rate of adverse drug reaction is rather low, indicating the medication risk an undermined problem. As medication risk is strongly correlated to irrational drug use and the concomitant use of multiple drugs, studies on the profile of drug consumption becomes an important information source, both clinically and epidemiologically, for pharmacovigilance planning. Studies in this one year project is scheduled in two stages. First, drug items being widely used while are with narrow therapeutic window and with adverse drug reactions most frequently reported (e.g. phenytoin and ketorolac) and known to have significant drug-drug interactions will be identified as target drugs for study. The consumption of such candidate drug items will be analyzed by emperical data mining from the outpatient database from the National Health Insurance research database (OSD). The consumption and expenditure from NHI will be calculated. One drug item will be selected for further studies by using the Longitudinal National Health Insurance research database (LHIRD). Studies include (1) the analysis of distribution profile regarding to the consumption and expenditure; (2) the identification of risk factors, individual or institutional, affecting the irrational use from the above distribution profile. Patients having irrational medication of the identified drug item will be followed from LHIRD for their physician's visit for second claim disease, the claim of adverse drug reaction, or other claims of complicated indication. Risk profie and risk model due to irrational medication will be established. The results will be provided to the health authority for the implementation of pharmacovigilance, as well as for the control of drug consumption and expenditure in the National Health Insurance Program.