應用病患支持策略於治療 C 型肝炎之效益研究

The effectiveness of patient support program for the treatment of hepatitis C

中文摘要

C 型肝炎是台灣地區肝硬化(liver cirrhosis)及肝細胞癌(hepatocellular carcinoma)盛行率僅次於 B 型肝炎排名第二之致病原因，台灣地區約有 2-4%的人口(約三十萬人)感染 C 型肝炎，而慢性 C 型肝炎約有 30%會演變成肝硬化，25%會演變成肝細胞癌。肝炎係病毒感染造成，以往並無特殊藥物治療，B 型肝炎已有預防性疫苗，而 C 型肝炎則無。近年來醫藥科技之進步，慢性 C 型肝炎之治療以干擾素合併 Ribavirin 之「合併療法」(combined therapy)最有效。然而干擾素的副作用會嚴重影響病患日常生活功能，使病患容易中途放棄治療，大大降低藥物的成效，所以病患藥物治療的「順從性」(compliance)成爲影響預後的關鍵。如何增加 C 型肝炎病患治療的順從性以達到有效治療的目的，目前國內外已有門診衛教護士方式輔導，其效果如何？以及有無其他更有效方法，尚無深入及系統性之研究分析以及比較。近年來由於通訊科技之進步，家用電話及個人行動電話極爲普遍，且成本逐年降低，各種快速及便利之通訊諮詢中心逐漸盛行，特別是在醫藥健康方面。本研究的目的是比較一般門診衛教護士(對照組)以及經由健康諮詢中心(實驗組)執行兩種病患支持計劃，研究其改善病患治療「順從性」的差異與效益。

方法

將符合收納標準的慢性 C 型肝炎病患，依照其個人喜好自由選擇一種病患支持計劃。病患支持計劃(一) (對照組)由門診衛教護士於病患門診時間執行及提供諮詢。病患支持計劃(二)(實驗組)是利用通訊科技，由一個 24 小時健康諮詢中心執行。兩組均接受相同標準劑量的合併療法及療程共 72 週。治療結束後均追蹤 24 週。本研究比較兩組病患的(1)基本資料、(2)實驗室檢查結果、(3)藥物副作用種類及頻率、(4)治療順從率以及(5)病患支持計劃之成本。

結果

本研究共收集對照組及實驗組分別爲 150 及 148 名病患。兩組病患在(1)基本資料以及治療前實驗室檢查結果顯示無統計學之差異。(2)兩組病患治療後實驗室檢查結果亦顯示血清生化値的改善及持續病毒反應率(sustained virologic response rate)各爲 66% 及 68.9% ($p>0.05$)，亦無統計學之差異。(3) 兩組在藥物副作用頻率及種類亦相似。(4)對照組共有 132 位病患完成治療及追蹤，治療順從率爲 88% (132/150)。實驗組共有 140 位病患完成治療及追蹤，治療順從率爲 94.6% (140/148)，兩組之治療順從率在統計上有顯著之差異($p<0.05$)。(5)兩組病患支持計劃之所需成本分別爲 11,970,000 及 3,656,250 元，亦有顯著之差異。

結論

本研究顯示由門診衛教方式及健康諮詢中心執行之兩種病患支持計劃，均能增加慢性 C 型肝炎病患治療之順從性，可以提升治療 C 型肝炎之成功率，但健康諮詢中心執行之病患支持計劃，較門診衛教方式更能增加慢性 C 型肝炎病患之順從性，降低治療中斷率，且更具經濟成本效益。

英文摘要

OBJECTIVES: This study is intended to investigate the clinical outcome with and without methylprednisolone (MP) treatment in 110 patients who suffered from acute traumatic spinal cord injury in Taiwan.

METHOD: This is a retrospective review of the medical reports of patients who had acute traumatic spinal cord injury in 18 hospitals in Taipei City (urban area) and 4 hospitals in Hualien County (rural area) during the last 12-month period from June 1,2000 to May 31,2001.

The data of 110 patients aged between 16 and 90 years were collected and evaluated for their neurological status. The patients with isolated nerve-root disorder and open neck wound were excluded from this study. The subjects were divided into two groups: those treated with methylprednisolone and those without methylprednisolone after hospital admission.

Comparisons of those two groups included 21 demographic and clinical characteristics: age, sex, cause of injury, the number of associated injuries, use of alcohol, time elapsed between the injury and admission, number of hospital transfers before treatment, spinal cord injury (SCI) severity, SCI level, SCI completeness, past history of major diseases, past history of spinal disease, mean blood pressure on admission, systolic BP on admission, Revised Trauma Score on admission, CT diagnosis of the spine, MRI diagnosis of the spine, level of the hospital, location of the hospital, surgery after admission, and rehabilitation after admission.

RESULTS:

Outcome measure MP Non-MP P value

Mean length of hospitalization (day) 45.28 31.94 0.144

Mean length of stay in ICU (day) 4.99 3.39 0.37

Mean length of respirator use (day) 18.87 8.36 0.071

Number of tracheotomy 9 3 0.532

Mean duration from hospital

admission to the start of

rehabilitation (day) 25.82 25.13 0.922

Mean score of in-hospital

motor function change 2.18 1.45 0.764

Mean score of motor function

change six weeks after the treatment 2.76 0.20 0.057
Number of in-hospital mortality 2 1 0.714
Frequency of in-hospital
complications 1.29 0.87 0.099
Number of respiratory failure 9 4 0.483
Number of infectious disease 42 17 0.038
Number of UGI bleeding 6 1 0.418
Number of neurogenic bladder 25 10 0.303
CONCLUSION: The results of this study suggest that the patients with SCI are more likely to have infectious complications if receiving methylprednisolone. However, there are no significant differences among other outcome parameters whether the patients receive methylprednisolone treatment.