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小剂量奥美拉唑用于治疗功能性消化不良的效果分析*

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摘要 目的:分析小剂量奥美拉唑用于治疗功能性消化不良的临床效果。**方法:**选取我院 2009 年 10 月至 2011 年 8 月收治的 260 例功能性消化不良患者,随机分为观察组(148 例)和对照组(112 例)。观察组患者采取口服小剂量奥美拉唑进行治疗,对照组患者采取口服埃索美拉唑联合多潘立酮进行治疗。观察并比较两组患者的胃部烧灼感、餐后饱胀、上腹痛、嗝气等临床症状的改善情况。**结果:**经过两周的治疗,两组治疗患者的胃部烧灼感、上腹痛、嗝气及餐后饱胀等消化不良病症的改善情况没有明显差异($P>0.05$)。**结论:**小剂量奥美拉唑用于治疗功能性消化不良,其效果与埃索美拉唑联合多潘立酮药物的治疗效果相当,且患者治疗后的不良反应发生率低,可作为临床治疗功能性消化不良的有效药物。

关键词:功能性消化不良;奥美拉唑;小剂量用药;治疗效果

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Clinical Efficacy of Low-dosed Omeprazole on the Treatment of Functional Dyspepsia*

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ABSTRACT Objective: To analyze the clinical effects of low-dosed omeprazole on the treatment of functional dyspepsia. **Methods:** 260 patients who were treated with functional dyspepsia in our hospital from October 2009 to August 2011 were selected and randomly divided into the observation group (148 cases) and the control group (112 cases). The patients in observation group were treated by low-dosed omeprazole, while patients in control group were treated by esomeprazole combined with domperidone. The clinical symptoms of patients' adverse reactions induced by functional dyspepsia which including the sense of stomach burned, epigastric pain, gluttony and eructation were observed and compared between two groups. **Results:** After two-week's treatment, there was no statistically significant difference between two groups in terms of the above clinical symptoms of adverse reactions induced by functional dyspepsia ($P>0.05$). **Conclusions:** The application of low-dosed omeprazole on the treatment of functional dyspepsia could be equal to the esomeprazole combined with domperidone for their clinical effects. What's more, the use of omeprazole has showed us a low incidence of adverse reactions so that it could be selected as an effective drug to treat the functional dyspepsia.

Key words: Functional dyspepsia; Omeprazole; Low-dosed; Clinical efficacy

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前言

功能性消化不良(Functional dyspepsia)是消化系统常见的疾病,成人是该急症的高发群体^[1-3]。由于功能性消化不良的发病原因较复杂且发病率较高,目前尚未明确划分该病的具体分型,所以临床上还没有形成统一的治疗功能性消化不良的有效方案^[4,5]。本研究从临床合理用药的角度出发,通过分析小剂量奥美拉唑用于治疗功能性消化不良的临床效果,探讨该药用于治疗功能性消化不良的有效性及安全性,为临床研究提供可利用的资料。现将具体结果报道如下:

1 资料与方法

1.1 临床资料

选取我院 2009 年 10 月至 2011 年 8 月收治的功能性消化不良患者 260 例,其中,男性 137 例,女性 123 例,平均年龄为 46 岁。将所有患者随机分为观察组(148 例)和对照组(112 例)。两组患者在性别、年龄及病程等一般资料上没有明显差异,有可比性。

纳入标准:患者胃部伴有烧灼感、餐后饱胀、嗝气、上腹痛等消化不良的临床症状,需要给予药物进行控制;没有

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消化道器官质病变、重度肝功能不全、严重心肺肾疾病、妊娠、哺乳期等情况;没有药物过敏反应或过敏史。

1.2 治疗方法

观察组患者采取口服小剂量奥美拉唑进行治疗, 每日一次, 每次 10 mg; 对照组患者采取口服埃索美拉唑联合多潘立酮进行治疗。其中, 埃索美拉唑的口服剂量为每次 20mg, 每日一次, 多潘立酮的口服剂量为每次 10mg, 每日三次。两组患者的治疗疗程均为 2 周, 且治疗期间应避免饮用浓茶、咖啡、巧克力及高脂食物等, 以免影响口服药物的药性。

1.3 评价标准

临床上将功能性消化不良的病症分为五个等级: 0 级、I 级、II 级、III 级和 IV 级。0 级主要表现为无明显症状; I 级主要表现为偶尔出现病症反应, 但患者没有明显不适感; II 级主要表现为有病症反应, 但反应不频繁, 患者没有明显不适感; III 级主要表现为症状比较频繁, 患者有明显不适感; IV 级主要表现为症状比较严重, 需用药进行控制。患者接受不同药物治疗后,

根据病症等级的不同, 对治疗效果进行评分: 1. 症状完全消失为显效; 2. 症状有明显改善或减轻为有效; 3. 症状没有改善为无效。患者服用药物进行治疗后的不良反应主要表现为恶心、头痛以及腹泻、便秘、腹胀等。

1.4 统计学处理

将所有数据进行分析, 按照不同病症等级, 分别以 0 分、1 分、2 分、3 分、4 分表示, 以 $P < 0.05$ 为有统计学意义。

2 结果

2.1 两组患者治疗前后的症状对比

两组患者服用不同药物进行治疗后, 胃部烧灼感及上腹痛的症状较治疗前均得到改善, 组间比较差异不明显 ($P > 0.05$); 两组患者治疗后, 嗝气症状得到缓解; 观察组患者的治疗后, 其餐后饱胀的症状较治疗前明显改善; 对照组患者治疗后也得到缓解。两组患者治疗前后的症状分级评分没有明显差异 ($P > 0.05$)。详见表 1。

表 1 两组患者治疗前后的临床症状对比

Table 1 Comparison of the symptoms in patients between two groups before and after treatment

Groups	Cases	Epigastric pain		Glutted		Eructation		Stomach burning	
		Before	After	Before	After	Before	After	Before	After
		treatment	treatment	treatment	treatment	treatment	treatment	treatment	treatment
Control	112	3.19± 0.88	0.98± 0.39	3.66± 0.86	2.84± 0.23	3.54± 0.78	2.12± 0.36	2.95± 0.71	0.52± 0.18
Observation	148	3.04± 0.91	1.03± 0.40	3.30± 0.73	2.92± 0.18	3.61± 0.69	2.3 3± 0.30	2.68± 0.18	0.71± 0.22

2.2 两组患者的治疗效果对比

如表 2 所示, 对照组患者治疗后病症的总缓解率虽高于观

察组, 但差异不明显 ($P > 0.05$)。

表 2 两组患者的治疗效果对比

Table 2 Comparison of treatment efficacy in patients between two groups

Groups	CasesCases	Rate of relief	Treatment efficacy		
			Remarkable	Effective	Invalid
Control	112	80.3%(90)	44.6%(50)	35.7%(40)	19.6%(22)
Observation	148	78.3%(116)	40.5%(60)	37.8%(56)	21.6%(32)

2.3 两组患者治疗后的不良反应发生情况

观察组患者没有发生任何不良反应情况; 而对照组患者中出现皮疹 1 例, 哮喘 1 例, 头晕 3 例; 经对症处理后均已恢复并完成治疗。

3 结论

奥美拉唑是一种右旋异构体, 它在实际应用中的代谢率比较低, 并且生物利用度比较高, 血浆浓度也高, 对于酸性物质的抑制能力比较强^[11,16]。奥美拉唑对胃黏膜细胞具有特异性, 而这种特异性则通过降低胃黏膜壁细胞中 H^+ , K^+ 等酶的活性来实现, 从而抑制功能性消化不良患者因刺激作用而引起的胃酸分泌^[8,20]。本研究中, 观察组患者在治疗后, 胃部烧灼感明显得到缓解, 说明奥美拉唑有效的抑制了患者胃酸的过度分泌。

埃索美拉唑是奥美拉唑的 S- 异构体, 通过特异性的靶向

作用机制减少胃酸分泌, 为壁细胞中质子泵的的特异性抑制剂^[7,13]。埃索美拉唑用于治疗功能性消化不良, 可能会削弱食管黏膜的保护机制, 甚至损伤食管黏膜, 不利于黏膜的修复^[17,19]。对于胃肠动力比较差的患者, 其胃内食物存在积滞的情况, 此时若采用埃索美拉唑单药进行治疗容易引起细菌性食管炎, 甚至加重患者功能性消化不良的症状^[12,14]。多潘立酮作为一种周围性多巴胺拮抗剂, 能够直接作用于消化道, 增强食管及平滑肌的收缩能力, 从而加速了胃内气体的排放^[15,18]。本研究中, 对照组患者在治疗后的餐后饱胀症状明显改善, 说明多潘立酮在治疗中发挥了作用。

综上所述, 我们通过研究发现, 观察组患者采用口服小剂量奥美拉唑进行治疗, 对照组患者采用口服埃索美拉唑联合多潘立酮进行治疗, 两组患者治疗的有效率基本相似, 没有显著差异, 说明奥美拉唑可有效的治疗功能性消化不良。此外, 我们

还发现,服用奥美拉唑的患者在治疗后不良反应的发生率较低,说明奥美拉唑用于治疗功能性消化不良对患者造成的副作用小,值得临床推广。

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