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醫療新知

長期使用氫質子幫浦抑製劑（PPI）會增加慢性腎臟病(CKD)及加速慢性腎臟病(CKD)惡化的風險

- 氫質子幫浦抑製劑（PPI）被廣泛使用於抑酸治療，常用於幾種與胃酸有關的疾病，包括胃食道逆流(GERD)，消化性潰瘍，食道炎，胃炎，巴雷特食管炎等疾病. 它們通常也被用於預防性與非類固醇性消炎藥(NSAIDs)合併使用減少胃潰瘍出血的發生. 每年美國成年人使用氫質子幫浦抑製劑（PPI）的數量估計約為 1500 萬人（估計約美國成年人口的 7.8%）. 這類胃藥經常被過度處方，很少被醫師或病患停用，而且住院期間也常被不適當地使用. 根據統計約有 53%至 69%PPI 的處方是不合乎適應症的.
- 直到近幾年，根據多項觀察性研究發現，氫質子幫浦抑製劑(PPI)會產生嚴重不良後果和增加死亡的風險，氫質子幫浦抑製劑（PPI）的安全性也開始受到了挑戰。越來越多的研究的證據表明，使用 PPI 與心血管疾病，胃癌，老年癡呆，肺炎，骨質疏鬆性骨折的風險增加有關.

Box 1. Adverse Events Associated With PPI Use

Adverse nonkidney events

- Atrophic gastritis
- Vitamin B_{12} malabsorption
- Cardiovascular disease
- *Clostridioides difficile* infection
- Community-acquired pneumonia
- Dementia
- Gastric cancer
- Osteoporotic fractures

Adverse kidney outcomes

- Hypomagnesemia
- Acute kidney injury
- Acute interstitial nephritis
- Incident chronic kidney disease
- Kidney failure

Causes of death associated with PPI use

- All-cause mortality
- Death due to cardiovascular disease
- Death due to chronic kidney disease
- Death due upper gastrointestinal cancer

Abbreviation: PPI, proton pump inhibitor.

- 對於腎臟病方面，之前研究已知氫質子幫浦抑製劑(PPI)會增加 低鎂血症，急性腎損傷(AKI)和急性腎間質腎炎(AIN)的風險. 最近一些大型流行病學研究發現，使用氫質子幫浦抑製劑(PPI)與發生慢性腎臟病(CKD)，加速慢性腎臟病(CKD)病程和腎衰竭風險的增加之間存在強而一致性的關聯.

Table 1. Selected Studies on the Association of PPIs and Risk for Incident CKD, CKD Progression, or ESKD

Authors	Study Characteristics	Outcome(s)
Arora et al[73] (2016)	Population: 99,269 patients who were seen in primary care Study: case-control Exposure: PPI use during a quarter	Those taking PPI vs no PPI: OR of 1.10 (95% CI, 1.05-1.16) for development of CKD
Lazarus et al[71] (2016)	Population: ARIC cohort with 10,482 participants and Geisinger cohort with 248,751 participants Study: cohort study Exposure: self-reported PPI use in the ARIC or outpatient PPI prescription in Geisinger	Baseline PPI vs H_2 blocker use: HR of 1.39 (95% CI, 1.01-1.91) in ARIC cohort and 1.39 (95% CI, 1.01-1.91) in Geisinger cohort for incident CKD
Xie et al[9] (2016)	Population: Department of Veterans Affairs 173,321 new users of PPIs and 20,270 new users of H_2 blockers Study: cohort study Exposure: new use of PPI	PPI vs H_2 blocker use: HRs of 1.28 (95% CI, 1.23-1.34) for incident CKD; 1.53 (95% CI, 1.42-1.65) for Scr doubling; 1.32 (95% CI, 1.28-1.37) for >30% decline in eGFR; and 1.96 (95% CI, 1.21-3.18) for ESKD
Klatte et al[75] (2017)	Population: Stockholm Creatinine Measurements health care utilization cohort with 105,305 new PPI users and 9,578 new H_2 blocker users Study: cohort study Exposure: new use of PPI	PPI vs H_2 blocker use: HRs of 1.26 (95% CI, 1.05-1.51) for Scr doubling and 1.26 (95% CI, 1.16-1.36) for >30% eGFR decline
Xie et al[41] (2017)	Population: Department of Veterans Affairs with 125,596 new users of PPIs and 18,436 new users of H_2 blockers with no AKI Study: cohort study Exposure: new use of PPI	PPI vs H_2 blocker use: HRs of 1.26 (95% CI, 1.20-1.33) for incident CKD; 1.22 (95% CI, 1.16-1.28) for >30% eGFR decline, 1.30 (95% CI, 1.15-1.48) for ESKD or >50% eGFR decline

Note: Studies ordered by year of publication, then by first author's last name.
Abbreviations: AKI, acute kidney injury; ARIC, Atherosclerosis Risk in Communities; CI, confidence interval; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; ESKD, end-stage kidney disease; HR, hazard ratio; OR, odds ratio; PPI, proton pump inhibitor; Scr, serum creatinine.

- 根據統計，跟傳統制酸劑(H2-blocker)相比,長期使用氫質子幫浦抑製劑（PPI）會增加 26%的慢性腎臟病(CKD)風險，22%的加速慢性腎臟病(CKD)惡化的風險，30%的腎衰竭風險.
- 氫質子幫浦抑製劑（PPI）的過度使用並非無害；它與不良事件的重大風險和巨大的經濟成本損失相關。 對氫質子幫浦抑製劑(PPI)的過度使用可能是由於人們誤認為此類藥品是安全的(或沒有副作用)，臨床醫生也常常低估了它的危害，卻高估了它的好處. 停用或減少 PPI 的使用策略包括 停止使用，用 H2 受體阻斷劑(H2-blocker)來取代，或將劑量減少至間歇使用或按需使用。

資料來源： 安慎診所洗腎室

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