

美常安治疗老年人抗生素相关性腹泻的疗效观察 *

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摘要 目的 观察美常安治疗老年人抗生素相关性腹泻的疗效。方法 将 79 例老年人抗生素相关性腹泻患者随机分为 2 组,对照组为常规治疗,治疗组在常规治疗的基础上加用美常安治疗。结果 治疗组患者的总有效率明显高于对照组,2 组有显著差异($P<0.05$)。结论 美常安治疗老年人抗生素相关性腹泻疗效显著。

关键词 美常安 抗生素相关性腹泻 老年人

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Clinical Observation of Medilac-s to Treat Patients with Antibiotic-associated Diarrhea in the Aged*

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ABSTRACT Objective: To explore the effect of Medilac-s to treat patients with antibiotic-associated diarrhea in the elderly. **Methods:** 79 patients with antibiotic-associated diarrhea were randomly divided into two groups. Control group received normal treatment alone, while treatment group combined Medilac-s with conventional treatment. **Results:** The total effective rate of treatment group was significantly higher than the control group ($P<0.05$). **Conclusion:** The effect of Medilac-s to treat patients with antibiotic-associated diarrhea in the elderly was significant.

Key words: Medilac-s; Antibiotic-associated diarrhea; Elderly

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前言

抗生素相关性腹泻是临床使用抗生素治疗感染性疾病后导致的一个常见的临床问题^[1,2],在老年人中尤其明显,并且有日益增高的趋势,据报道危重住院患者发病率约为 4%^[3,4]。抗生素相关性腹泻是由于应用抗生素引起肠道菌群失调,从而使条件致病菌作用导致的肠炎,而老年人常合并多种基础疾病,免疫力下降,消化道功能降低,肠蠕动功能减弱,加之大量抗酸剂应用等导致肠道菌群紊乱,从而发生抗生素相关性腹泻^[4,5]。因此,加强对于老年人抗生素相关性腹泻的关注,探讨临床合理的治疗方案,对于提高老年患者生存率至关重要。因此,对 2006 年 6 月至 2011 年 12 月间在我院综合科病房住院的抗生素相关性腹泻的 79 例老年患者的临床资料进行了总结和分析。

1 材料与方法

1.1 一般资料

共入选 79 例抗生素相关性腹泻老年患者,其中男 51 例,女 28 例,年龄 60~95 岁,平均(78.23±21.10)岁。抗生素相关性腹泻的诊断标准为符合以下四条:①近 1 个月内有广谱抗生素用药史,且抗生素使用前无腹泻;②腹泻,表现为大便≥3 次/d,为黄色糊状便或水样便,伴或不伴有粘液,无血便;③可有腹痛、腹胀、低热、食欲不振、恶心等伴随症状;④除外胃肠道恶性

肿瘤、炎症性肠病等。79 例病例均符合以上标准。

1.2 原发病情况

抗生素使用原因有肺部感染 68 例,泌尿系感染 10 例,皮肤软组织感染 1 例。

1.3 方法

将 79 例患者随机分为两组,其中治疗组 43 例,对照组 36 例。2 组患者均停用抗生素,对照组患者为常规治疗,治疗组患者在对照组患者治疗方法的基础上予美常安口服。治疗组和对照组两组间性别、年龄、合并基础病、病情严重程度等方面经统计学处理无显著差异($P>0.05$),两组间具有可比性。

1.3.1 疗效判定标准 疗效分为显效、有效和无效三种。显效定义为大便次数及性状恢复正常,同时伴随症状消失;有效定义为大便次数及性状接近正常,同时伴随症状减轻;无效定义为腹泻次数、症状及伴随症状均未减轻。

1.3.2 统计学处理 两组间疗效比较采用 χ^2 检验, $P<0.05$ 表示两组间差异有统计学意义, $P<0.01$ 表示两组间差异有显著统计学意义。

2 结果

治疗组 43 例中显效 30 例,有效 10 例,无效 3 例,有效率 93.02%,对照组 36 例中显效 21 例,有效 10 例,无效 5 例,有效率 86.11%,治疗组有效率明显升高($P<0.01$) (见表 1)。

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表 1 治疗后两组疗效比较 n(%)

Table 1 The comparison of effect of two groups n(%)

Group	n	Significant effective	Effective	Invalid	Percentage of effective
Treatment group	43	30(69.77)	10(23.25)	3(6.98)	93.02 a
Control group	36	21(58.33)	10(27.78)	5(13.89)	86.11

注：与对照组相比,a: P<0.01。

Note: compared with the control group: a: P<0.01.

3 讨论

健康成人胃肠道含有 10¹⁴ 个细菌,500 种组成, 包括球菌和杆菌, 正常情况下两者处于动态平衡, 双歧杆菌和嗜酸乳杆菌是对人体有益的细菌,能够保护肠道、抑制有害细菌增殖^[6,7]。肠道菌群共分为 3 类^[8] : 1 共生型 双歧杆菌、类杆菌、优杆菌等专性厌氧菌,能够与肠粘膜紧密联系组成生物屏障,对宿主起到保护作用,从而抵抗病原菌的入侵。2 条件致病菌 主要为兼性厌氧菌,正常情况下对人体无害,为胃肠道非优势菌群,它的重要作用是保持微生物菌群生态平衡。但当机体内外环境发生变化时,条件致病菌具有侵袭性。3 病原菌 变形杆菌、假单胞菌等过路菌群,正常情况下很少定植,数量少,不会对机体造成损害。但是当肠道微生态失去平衡时,病原菌数量会增多,从而成为致病菌。正常情况下,肠道菌群、宿主和外部环境建立起一个动态的生态平衡,3 类肠道菌群均不会致病。但当长期应用广谱抗生素的时候,机体的肠道微生态失去平衡,致病性微生物大量繁殖,条件性致病菌出现侵袭性,导致肠道菌群失调,从而出现抗生素相关性腹泻^[9,10]。

抗生素相关性腹泻的主要发病机制主要有以下两个方面^[11,12] : 1. 抗生素的间接作用 : 抗生素在破坏病原菌的同时,也可杀灭肠道正常菌群,而正常菌群的破坏一方面使肠道菌群相关性糖代谢障碍,导致糖类与胆汁酸吸收不良,从而发生渗透性腹泻 ;另一方面细菌定植抗力减弱,致病菌和条件致病菌更易入侵,导致致病菌过度生长,尤其是广谱抗生素。2. 抗生素的直接作用 抗生素可以影响肠道运动,直接引起机体内外环境紊乱,有研究发现抗生素对肠道粘膜的致敏和毒性作用在抗生素相关性腹泻的发生中起了一定作用。而美常安通过促进调节肠道菌群,促进肠道菌群平衡,阻止抗生素相关性腹泻的发生。本研究表明,治疗组较对照组抗生素相关性腹泻的治疗有效率明显升高 (93.02% vs 86.11%,P<0.01) ,表明美常安治疗抗生素相关性腹泻疗效确切。有研究发现对于双歧杆菌降低的患者,美常安可促进双歧杆菌生长,并且能够促进机体肠道微生态平衡,防止病原菌入侵,保护机体,并通过多种机制参与调节肠道局部体液免疫及细胞免疫而发挥作用^[13-15]。因此,保持微生态平衡是治疗抗生素相关性腹泻的关键,微生态制剂是临床合理的治疗方案,美常安是治疗老年人抗生素相关性腹泻的理想用药。

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4 结论

气囊漏气实验是一项有益的上气道梗阻筛查方法,如为阴性其因严重上气道梗阻再插管可能性很小,如为阳性则要注意可能发生拔管后上气道梗阻,应在严密监测、充分准备下拔除气管,一旦有严重上气道梗阻则可重新插管或气管切开。

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