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奥美拉唑联合法莫替丁治疗反流性食管炎的临床效果分析

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摘要 目的:观察并分析奥美拉唑联合法莫替丁治疗反流性食管炎的临床效果。**方法:**选取 2008 年 5 月至 2012 年 5 月在本院确诊并治疗的反流性食管炎患者 45 例,随机平均分为三组。联合用药组(15 例):每日早餐前口服 20 mg 奥美拉唑,睡前口服 20 mg 法莫替丁;奥美拉唑组(15 例):每日口服两次奥美拉唑,每次 20 mg;法莫替丁组(15 例):每日口服两次法莫替丁,每次 20 mg。每组的治疗时间均为 8 周。在内镜指导下观察并比较三组患者的胸痛、反酸和烧心等主要病征的改善情况,综合评价三种治疗方法的临床疗效。**结果:**联合用药组较其他两组获得的疗效更明显,患者的症状得到较好的改善,差异有统计学意义($P<0.05$)。**结论:**奥美拉唑联合法莫替丁能够有效地抑制胃酸的分泌,对于反流性食管炎的临床治疗具有良好的效果。

关键词:奥美拉唑;法莫替丁;反流性食管炎

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Clinical Analysis on the Effect of Omeprazole Combined with Famotidine on the Treatment of Reflux Esophagitis

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ABSTRACT Objective: To observe and analyze the clinical effect of omeprazole combining with famotidine on the treatment of reflux esophagitis. **Methods:** 45 patients who were diagnosed and treated with reflux esophagitis in our hospital from May 2008 to May 2012 were randomly divided into three groups. Group A(15 cases): the patients were administrated oral drugs with omeprazole (20 mg) before breakfast and famotidine (20 mg) at bedtime; Group B (15 cases): the patients were administrated oral drugs with omeprazole (20 mg/once) twice a day; Group C (15 cases): the patients were administrated oral drugs with famotidine (20 mg/once) twice a day. The average time of the treatment was 8 weeks for the three groups. On the basis of gastroscop, we comprehensively observed and analyzed the improved situations about the main symptom of three groups, such as the pectoralgia, reflux, heart rot and so on. **Results:** The efficacy of group A that was administrated with omeprazole and famotidine was obviously better than either of the omeprazole group or the famotidine group, and there was statistically significant difference ($P<0.05$). **Conclusion:** The secretion of gastric acid can be effectively restrained which has reliable curative effect on reflux esophagitis. It is suggested that the secretion of stomach acid could be effectively restrained by omeprazole combined with famotidine. It is well worthy of promoting for the treatment of reflux esophagitis in the clinical field.

Key words: Omeprazole; Famotidine; Reflux esophagitis

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前言

反流性食管炎(Reflux Esophagitis, RE)是消化内科常见的疾病之一。临床症状表现为胸痛、反酸、烧心等^[1,2]。长期的胃食管反流会导致食管溃疡狭窄,声带炎和慢性咽炎,甚至引发支气管哮喘以及形成巴雷特食管,从而增加食管癌的发生率^[3-5,11]。目前,临床上治疗反流性食管炎主要依靠减少胃食管的反流,降低反流液酸度及胆汁含量,以保护食管黏膜,进而达到减轻甚至消除胃食管的反流症状,提高患者的生活质量^[6,9,10]。奥美拉唑和法莫替丁是治疗反流性食管炎的常用药,将两种药物联合

应用于临床治疗中可以得到更好的疗效^[7,8]。为了进一步分析研究上述两种药物的临床疗效,我们选取了 2008 年 4 月至 2012 年 11 月在我院接受治疗的 45 例反流性食管炎病患进行随机试验,现将相关结果报告如下。

1 资料与方法

1.1 一般资料

选取本院 2008 年 4 月至 2012 年 11 月收治的 45 例反流性食管炎病患,随机平均分为三组。联合用药组 15 例,其中男性 7 例,女性 8 例,年龄分布在 28-59 岁,平均年龄为 45 ± 1.2 岁;奥美拉唑组 15 例,其中男性 9 例,女性 6 例,年龄分布在 32-61 岁,平均年龄为 48 ± 1.5 岁;法莫替丁组 15 例,其中男性 8 例,女性 7 例,年龄分布在 25-56 岁,平均年龄为 43 ± 1.6 岁;三组患者的病程时间均为 3 个月到 3 年。三组病患在年龄和性

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别上差异无统计学意义($P>0.05$),有可比性。

1.2 诊断和排除标准

1.2.1 诊断标准 ①具有典型胃食管反流的症状,且患病2个月以上;②通过内窥镜检查发现食管的中下段的黏膜出现浅表小溃疡、充血、渗出、水肿、糜烂等现象,符合反流性食管炎诊断标准。对符合诊断标准的病患按照洛杉矶世界胃肠病会议标准分级(LA 分级)^[9]进行分类,A、B级是轻度,C级是中度,D级是重度。

1.2.2 排除标准 ①其他系统疾病;②会导致胃肠道症状出现的其他疾病;③在4周以内服用了抗酸药物和其他会影响到胃肠道功能的药物。

1.3 治疗方法

联合用药组实行每日早餐前口服20 mg的奥美拉唑,睡前口服20 mg法莫替丁;奥美拉唑组实行每日口服两次奥美拉唑,每次20 mg;法莫替丁组实行每日口服两次法莫替丁,每次服用20 mg^[4]。三组治疗时间均为8周。

1.4 疗效评价

1.4.1 主要症状评价 胸痛、反酸、烧心等主要症状,无症状:0

分;有无明显感觉,可忍受:1分;稍重症状,不影响工作:2分;明显症状,不能忍受,会影响工作、休息:3分。8周治疗后症状积分下降 $>80\%$:显效;下降50%到80%:有效;下降 $<50\%$:无效。

1.4.2 内镜评价 治疗8周后,对胃镜复查,进行LA重新分级,痊愈:食管黏膜无破损;有效:食管黏膜好转1及或以上;无效:无明显改善。

1.5 统计学方法

数据采用SPSS13.0统计学软件进行统计学分析,组间用卡方检验,当 $P<0.05$ 时差异具有统计学意义。

2 结果

结果显示,解剖组患者都出现了咽喉部狭窄的症状,其中80%以上的患者还伴有咽喉部阻塞等多种症状。临床研究显示,OSAS患者的悬雍垂舌背的间距、悬雍垂基底的宽度、悬雍垂的长度、腭舌弓的间距以及悬雍垂咽后壁的间距五个方面,与正常人对照存在着较大的差异($P<0.05$)(见表1)。

表1 临床症状缓解情况比较

Table 1 Comparison of the improved clinical situations among three groups

Groups	Cases	Markedly	Effective	Failed	Rate/%	In total/%
Group A Omeprazole & Famotidine	15	10	4	1	66.67(1,2)	93.33(1,2)
Group B Omeprazole	15	6	5	4	40.00(3)	73.33
Group C Famotidine	15	3	6	6	20.00	60.00

Note:1)Compared with group B, $P<0.05$; 2)Compared with group C, $P<0.01$; 3)Compared with group C, $P<0.05$.

表2 内镜下病变改善情况的比较

Table 2 Comparison of the improvement on lesions by Endoscopic

Groups	Cases	Markedly	Effective	Failed	Rate/%	In total/%
Group A Omeprazole & Famotidine	15	10	4	1	66.67(1,2)	93.33(1,2)
Group B Omeprazole	15	6	5	4	40.00(3)	73.33
Group C Famotidine	15	2	6	9	13.33	40.00

Note: 1)Compared with group B, $P<0.05$; 2)Compared with group C, $P<0.01$; 3)Compared with group C, $P<0.05$.

三组内镜下的病变的改善情况对比,具体见表2结果表明,奥美拉唑联合法莫替丁的治愈率以及总有效率比单独使用两种药物要高,奥美拉唑组的显效率比法莫替丁组高。

3 讨论

近年来,通过监测患者食管pH值得知,在患有胃酸反流的病人中有48%至79%的患者有反流性食管炎^[10-12]。正常情况下,食管下端括约肌的张力高,加上贲门肌层的张力,似的食管内压高于胃内压,不会发生胃食管反流;若下食管括约肌及贲门肌的张力降低或膈肌脚及食管韧带发育不良,食管内压降

低,低于胃内压,就要发生反流。利用胃酸抑制剂对胃酸分泌进行抑制可减轻反流液酸度,是最有效的控制胃食管反流的治疗药物。相关研究表明,长期抑酸能够有效地治愈反流性食管炎,从而改善病患的生活质量^[18-20]。胃酸的分泌有周期性,一般为夜间分泌多,午夜会出现峰值。奥美拉唑能有效抑制胃壁细胞分泌酸液的最后步骤,但其只能对正在进行分泌的质子泵进行抑制,对其他处于静止的质子泵则无任何作用,故其作用较弱^[13-15]。实验证明,在抑制基础胃酸分泌和由五肽胃泌素引起胃酸分泌方面,法莫替丁5 mg的作用强度相当于西米替丁300 mg,持续时间在7 h以上,对夜间胃酸分泌的抑制作用极为显

著,且对夜间胃酸分泌方面,法莫替丁作用强于奥美拉唑^[16,17]。

本研究主要是将奥美拉唑与法莫替丁联合用于治疗反流性食管炎。法莫替丁可以和抗酸药联合,使轻度、间歇烧心症状迅速持续缓解,但持续应用会产生耐受性,而奥美拉唑持续应用不会产生耐药,使长时间的烧心症状缓解,较H₂受体阻滞剂更快速促食道愈合。根据我们得到的临床结果,经过8周的治疗,联合用药组在显效率和总有效率方面均优于单独使用两种药物的两组,奥美拉唑组在显效率方面要高于法莫替丁组,说明联合用药的疗效要优于单独用药,奥美拉唑对胃酸的抑制作用要优于法莫替丁。联合用药组在治愈率和总有效率方面也要优于单独用药的两组,说明联合用药对病变的改善要优于单独用药,能够在缓解病症、控制病情方面起到良好的治疗效果。

综上所述,奥美拉唑联合法莫替丁治疗反流性食管炎的疗效好,能够有效的控制并缓解胃痛、反酸、烧心等症状,改善病人的生活质量,值得进行实际临床推广。

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