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## 戒菸藥物選擇之影響因子

The Impact Factors of Choice of the Smoking Cessation Drugs

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**研究目的：**目前國內門診處方協助戒菸藥物主要包括尼古丁替代藥物(NRT)與varenicline (Champix, 戒必適)，本研究目的旨在探討哪些因素會影響醫師為嘗試戒菸個案處方藥物時之選擇。

**研究方法：**以某醫學中心2011年期間接受門診戒菸治療服務之個案為研究對象，接受處方之戒菸藥物主要為nicotine patch (Nicotinell, 克菸貼片)與varenicline(Champix, 戒必適)兩種，探討個案之性別、年齡、吸菸年數、戒菸前三個月每天平均吸菸量、尼古丁成癮分數(FTND)與過去一年曾嘗試戒菸之次數，是否會影響戒菸治療藥物之選擇。本次研究以廣義線性模式(GLM)進行分析，但為考量不同醫師處方戒菸藥物時之個別差異，以random effect處理。

**研究結果：**本研究共收集59位門診戒菸治療個案，處方藥物為克菸貼片(34位)或戒必適(24位)共佔58位，分別由7位醫師處方。58位納入研究之個案中，女性7位(12%)、男性51位(88%)，平均年齡為56.4歲(22~85歲)，平均菸齡為32.4年(0.25~62年)，戒菸前每天平均抽菸支數為22支(5~40支)，尼古丁成癮分數平均為6.2分(分為小於7分為29人，7分至10分為29人)，過去一年曾嘗試戒菸人數為25位(43%)、未嘗試過為33位(57%)。在控制不同醫師處方藥物之個別差異後，個案之尼古丁成癮度、過去一年是否曾嘗試戒菸與每日吸菸量為影響處方藥物之顯著因素，其中FTND $\geq$ 7(OR=6.22, 95% CI 2.28-17.01,  $p<0.0001$ )、曾經嘗試戒菸(OR=5.11, 95% CI 1.86-14.00,  $p=0.0015$ )與每日吸菸量超過一包(OR=2.85, 95% CI 1.38-5.88,  $p=0.0046$ )者，傾向接受戒必適處方。

**結論：**戒必適為2007年上市之戒菸藥物，臨床研究顯示其戒菸效果優於傳統尼古丁替代藥物，但相對價格較昂貴而可能影響使用意願，本研究指出尼古丁成癮度高、過去一年曾嘗試過戒菸與每日吸菸超過一包者，較願意選擇戒必適為戒必適為菸輔助治療藥物。

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## 血中高半胱氨酸濃度和慢性腎衰竭的相關性

The Relation of Serum Homocysteine with Chronic Kidney Disease

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**Background:** There is growing evidence that high serum levels of homocysteine are associated with heart disease and ischemic stroke. However, less study was mentioned about the relationship of homocysteine and chronic kidney diseases. The aim of this study is to investigate the association between homocysteine and chronic kidney diseases.

**Method:** A total of 1581 participants were recruited from the Health Examination Center of China Medical University Hospital from 2006 to 2008. Demographic information, medical histories and biomarkers were collected. Among these, 1489 subjects without missing data were selected for final analysis. Serum homocysteine levels were divided into two groups with cut off value of 14.24  $\mu\text{mol/L}$ . Glomerular filtration rate (GFR) was calculated by Modification of Diet in Renal Disease (MDRD) equation and we defined GFR below 60 mL/min/1.73  $\text{m}^2$  as chronic kidney disease. Multivariate logistic regression analyses were used to estimate the adjusted odds ratios(ORs) and 95% confidence intervals for chronic kidney diseases in relation to homocysteine levels.

**Result:** Serum homocysteine levels were highly correlated with GFR. There was difference among age, sex, fasting plasma glucose(FPG), blood pressure, cholesterol, TG, HDL, GFR, and habits of smoking, alcohol, betel nuts chewing. After adjustment for age, sex, lifestyle habits (cigarette smoking, alcohol consumption, and betel nut chewing), chronic disease (hypertension, diabetes, dyslipidemia), the ORs (95% confidence interval) of chronic kidney diseases were 5.756 (2.99-11.09) among subjects with high serum homocysteine levels compared to subjects with low serum homocysteine levels.

**Conclusion:** The study suggests that elevated homocysteine was an independent risk factor for CKD. Further study is necessary to clarify whether renal function recovers after lowering homocysteine levels.