

[1]周小燕,徐望明,董兰,等.阿托西班与利托君治疗早产临床疗效的系统评价[J/CD].中华妇幼临床医学杂志(电子版),2014,(02):170-176.

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阿托西班与利托君治疗早产临床疗效的系统评价(PDF)

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Title: Atosiban Versus Ritodrine in the Treatment of Preterm Labour: A Systematic Review

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摘要: 目的 探讨阿托西班 (atosiban)与利托君(ritodrine)治疗早产的临床疗效及安全性。方法 根据系统评价原则,计算机全面检索相关文数据库,收集国内外有关阿托西班和利托君治疗早产的随机对照试验(RCT),对符合本研究纳入标准的临床研究采用 RevMan 5.1软件进行 Meta 分析。结果 通过文献检索,共计4篇RCT文献符合本研究纳入标准,共计纳入420例患者。①³篇英文文献的方法学质量高,研究对象一致,均为早产患者,进行 Meta 分析的结果显示,阿托西班组与利托君组在治早产的有效率、延长分娩时间、增加新生儿出生体质量、降低新生儿窒息率及围生儿死亡率等方面较,差异无统计学意义($P > 0.05$); 但孕妇心动过速发生率与因母体不良反应中断治疗率,阿托西班组较托君组显著降低,且差异均有统计学意义 [$RR = 0.02, 95\% CI (0.01 \sim 0.08), P < 0.01$; $RR = 0.03, 95\% CI (0.01 \sim 0.15), P < 0.01$]。②¹篇中文文献的方法学质量较差,且研究对象为先兆早产患者,独立进行描述性分析结果显示,阿托西班与利托君治疗先兆早产在显效时间、延长妊娠时间、保胎成功率、足月分娩率、增加新生儿出生体质量与降低不良反应发生率方面比较,差异均无统计学意义($P > 0.05$)。结论 阿托西班治疗早产的临床疗效与利托君相当,国内外研究中比较二者不良反应发生率的结果有所不同,尚不能断定阿托西班治疗早产的安全性明显优于利托君。尚需更多国内外高质量、大样本的RCT结合成本效益分析,以更全面、客观、正确地评价阿托西班在治疗早产中的确切临床价值。

Abstract: Objective To explore the clinical efficacy and safety between atosiban and ritodrine in treatment of preterm labour. Methods The relevant data base were

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[本期目录/Table of Contents](#)

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searched according to the principles of systematic review to collect all the randomized controlled trials(RCT) involving treatment of preterm labour using atosiban and ritodrine. According to treatment strategies, the subjects were divided into atosiban group and ritodrine group. Meta analysis of including studies was performed by Rev Man 5.1 software. Results A total of 4 pieces RCT were included with 420 subjects. ①Three of them were English literature, RCT with high quality included patients of preterm labour. The Meta analysis showed there were no statistic differences in tocolytic efficacy, gestational age at delivery, birth weight of neonatal, rates of neonatal asphyxia or perinatal death between twogroups($P > 0.05$). The incidence of maternal tachycardia and early drug termination due to adverse events in atosiban group were substantially lower than those in ritodrine group [$RR = 0.02$, 95% CI (0.01 0.08), $P < 0.01$; $R = 0.03$, 95% CI (0.01 0.15), $P < 0.01$], respectively. ②One Chinese study with relatively lower quality included patients of threatened preterm labour. A descriptive analysis conducted independently showed that there were no significant differences between two groups in time to effect, prolonged pregnancy duration, tocolysis rate, full term delivery rate, birth weight or adverse events rate($P > 0.05$). Conclusions Atosiban treatment of preterm labour was better than that of ritodrine. There had difference between domestic and abroad studies in term of incidence of adverse events. It is quite necessary to perform more high quality and large scale RCT in combination with cost effectiveness evaluation to assess the exact clinic value of atosiban in treatment of preterm labour more reliably.

参考文献/REFERENCES

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