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临床应用

微量氯胺酮对晚期癌痛患者自控静脉镇痛的优化作用

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Micro-dose Ketamine on Optimized Patient-controlled Intravenous Analgesia in Advanced Cancer Patients

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全文: PDF (481 KB) HTML (0 KB) 输出: BibTeX | EndNote (RIS) 背景资料

摘要 目的研究微量氯胺酮配伍芬太尼在晚期癌痛患者，自控静脉镇痛(PCIA)中应用的效应及安全性。方法80例需镇痛的晚期癌痛患者随机分为芬太尼组(F组)(n=20)和芬太尼氯胺酮复合组(FK组)(n=60)，FK组包括人数相等的三组，即FK1组(n=20)、FK2组(n=20)和FK3组(n=20) 三组。各组患者镇痛液中都含有芬太尼100 μg/ml。FK1组、FK2组和FK3组三组患者镇痛液中分别另含有氯胺酮1 mg/ml、2 mg/ml和3 mg/ml；观察和记录镇痛过程中：镇痛评分、镇静评分、芬太尼消耗量、呼吸抑制、谵妄等并发症。结果在无负荷情况下，达到相同镇痛状态用时，FK2、FK3组比F组和FK1组的快一倍。在镇痛过程中，F组芬太尼消耗量呈现明显递增态势，和镇痛初期比较后期消耗量显著增加；FK组芬太尼消耗量总体前后恒定。镇痛后期F组芬太尼消耗量显著多于FK组。FK组中FK2组患者镇痛效果更佳，维持过程中患者几乎不用操控镇痛泵。FK3组患者芬太尼消耗量较其他三组患者显著减少，患者过度镇静发生率显著增加。所有患者没有出现呼吸抑制、幻觉、谵妄等症状。结论微量氯胺酮通过抗痛觉过敏和对阿片受体耐受的防护，能够显著减少芬太尼消耗量，有效保护芬太尼耐受，提升晚期癌痛患者芬太尼PCIA镇痛品质。在芬太尼每分钟0.006 μg/kg左右输注量下，匹配氯胺酮
每分钟(1.3 ±0.02) μg/kg输注量是较为理想的组合。

关键词： 氯胺酮 芬太尼 PCIA 癌痛

Abstract： ObjectiveOur study was to analyze the effect and safety of micro-dose ketamine plus fentanyl in patient-controlled intravenous analgesia (PCIA) for advanced cancer. MethodsEighty advanced cancer pain patients required were randomly divided into fentanyl group (group F) (n=20) and ketamine plus fentanyl groups (FK) (n=60). FK group included three groups of equal number,ie. FK1 Group(100 μg/ml fentanyl+ 1 mg/ml ketamine), FK2 Group(100 μg/ml fentanyl+ 2 mg/ml ketamine) and FK3 Group(100 μg/ml fentanyl+ 3 mg/ml ketamine). Analgesic consumption score, sedation score, respiratory depression, delirium and other complications were recorded during analgesia. ResultsIn non-load condition, the onset time of analgesia in group FK2, FK3 was shorter than that in group F and group FK1. Fentanyl consumption in group F showed obviously increasing trend. Fentanyl consumption in group FK was constant during treatment and lower than that in group F. Group FK2 patients had better effect, almost did not need to regulate analgesia pump. Fentanyl consumption in FK3 was significant lower than that in other three groups, although with increased incidence of excessive sedation. No respiratory depression, hallucinations, delirium and other symptoms were observed. ConclusionMicro-dose ketamine could significantly reduce fentanyl consumption through protection of anti-opioid receptor, improve fentanyl tolerance, and enhance the quality of fentanyl PCIA analgesia in patients with advanced cancer. 0.006 μg/kg. fentanyl plus (1.3 ±0.02) μg/kg ketamine was an ideal combination.

Key words： Ketamine Fentanyl PCIA Cancer pain

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