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县医院2型糖尿病住院患者降血糖治疗方案的调查分析

Investigation and Analysis on the Hypoglycemic Treatment Protocols among Patients with Type 2 Diabetes in County Hospital

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英文关键词:<u>county hospital type 2 diabetes</u> <u>hypoglycemic treatment</u> <u>irrational drug use</u> <u>compliance</u>

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中文摘要:

目的 探讨县医院2型糖尿病(T2DM)患者降血糖药物的使用状况。方法 回顾性调查2010年7月—2011年6月笔者所在医院收住的伴有 T2DM好转出院患者747例,按在内分泌科、其他内科和外科系统治疗分为A组、B组、C组,调查入院前后各组使用的药物、降血糖方案和 血糖水平、HbA1c,比较各组降血糖治疗方案的合理性、对血糖水平有影响的其他药物使用情况、患者的依从性和血糖的控制情况。结果 采用预混胰岛素及类似物(RI)±口服降糖药(0A)方案A组从入院前的24.0%增至46.4%(P<0.005),速短效RI+中长效RI±0A的强化方案各组 较入院前显著增高(P<0.005),中长效RI±0A方案A组和B组较入院前极显著增高(P<0.005),0A方案A组和B组较入院前显著降低(P<0.01, P<0.05), A组、B组降血糖治疗不依从性极显著性降低(P<0.005)。降血糖治疗的不合理用药率A组、B组、C组分别为15.1%、20.7%、2 5.4%, C组显著高于A组(P<0.05)。空腹血糖控制理想率A组、B组、C组分别为32.7%、31.4%、20.1%, 餐后血糖各组仅20%患者达理想或尚 可的标准。结论 具医院非糖尿病专科医师,特别是外科医师对T2DM患者降血糖治疗不合理用药率高,血糖控制差。

英文摘要:

OBJECTIVE To investigate the usage of hypoglycemic drugs among the type 2 diabetic patients in county hospital. METHODS From July 2010 to June 2011, 747 cases accompanied type 2 diabetes mellitus that were discharged with a better health condition were retrospectively analyzed and divided into A, B and C group according to departments of endocrinology, other medical and surgery. We investigated the use of drug, hypoglycemic treatment protocols, glucose levels and glycosylated hemoglobin in each group before and after admission, and compared the rationality of the hypoglycemic treatment protocols, usage of drugs that could influence blood glucose levels, patient compliance and blood glucose control with each group. RESULTS Usage rate of premixed insulin and analogue \pm oral antidiabetic agents increased from 24% to 46.4% in group A (P<0.005). Usage of the strengthening scheme of rapid-acting insulin + longacting insulin \pm oral antidiabetic agents increased significantly in each group (P<0.005). Usage of long-acting insulin \pm oral antidiabetic agents highly increased in group A and B (P<0.005), but obviously decreased with the scheme of oral antidiabetic agents (P<0.01, P<0.05). Noncompliance of hypoglycemic treatment decreased significantly in group A and group B (P<0.005). The irrational drug-usage rate of hypoglycemic treatment protocols in group A, B and C was 15.1%, 20.7%, 25.4%, respectively. And it was significantly higher in group C than that in group A (P<0.05). The rate of fasting blood glucose which was under controlled satisfactory level in group A, B and C was 32.7%, 31.4%, 20.1%, respectively. Only 20 percents of patients' postprandial blood glucose was ideal or passable in each group. CONCLUSION The irrational drug use rate was high in hypoglycemic treatment protocols in type 2 diabetic patients. And the blood glucose was also poorly controlled by non-diabetes specialists in county hospital, especially the surgeons.

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