



## 序贯与三联疗法根除幽门螺杆菌的临床应用比较

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**摘要** 目的 比较由雷贝拉唑联合阿莫西林、克拉霉素以及替硝唑组成的10 d序贯疗法与三联疗法根除幽门螺杆菌的疗效、依从性、安全性及经济学比较。方法 将幽门螺杆菌阳性的90例消化性溃疡患者随机分为以雷贝拉唑为基础的10 d序贯疗法组( $n=45$ )和三联疗法组( $n=45$ ),治疗结束4周后复查<sup>14</sup>C-UBT,评估幽门螺杆菌根除情况,并对各方案进行成本-效果分析。结果 共85例患者按方案完成治疗。10 d序贯疗法组幽门螺杆菌根除率按意向治疗(ITT)和按方案(PP)分析均高于三联疗法组(ITT: 91.1%对73.3%,  $P<0.05$ ; PP: 95.3%对78.6%,  $P<0.05$ ); 10 d序贯疗法组不良反应发生率(PP: 14.0%对11.9%,  $P<0.05$ )与三联疗法组相似;成本-效果分析显示,序贯治疗组的成本-效果比值(C/E)低于对照组。结论 以雷贝拉唑为基础的10 d序贯疗法具有疗效高、可提高幽门螺杆菌根除率等优势。

**关键词:** 幽门螺杆菌 序贯疗法 消化性溃疡

**Abstract:** Objective To compare the efficacy, compliance, safety and economics of standard triple therapy and 10-day sequential therapy consisting of rabeprazole, clarithromycin, amoxicillin and tinidazole for *Helicobacter pylori* eradication. METHODS A total of 90 peptic ulcer patients who were *Helicobacter pylori* positive proved by <sup>14</sup>C-urea breath test (<sup>14</sup>C-UBT) were randomly divided into two groups. Forty-five patients received rabeprazole-based 10-day sequential therapy and the other forty-five patients received rabeprazole-based 7-day standard triple therapy. <sup>14</sup>C-UBT was carried out 4 weeks after a course of treatment to evaluate the eradication of *Helicobacter pylori*. The two regimens were evaluated by cost-effectiveness analysis. RESULTS Eighty-five patients completed the study. The *Helicobacter pylori* eradication rates by intention-to-treat (ITT) analysis and by per-protocol (PP) analysis in 10-day sequential therapy group were higher than those in 7-day standard triple therapy group (ITT: 91.1% vs. 73.3%,  $P<0.05$ ; PP: 95.3% vs. 78.6%,  $P<0.05$ ). The incidences of adverse reactions (PP: 14.0% vs. 11.9%,  $P<0.05$ ) were similar in the two groups. The cost-effectiveness analysis showed that the C/E value of the 10-day sequential therapy were lower. CONCLUSION Rabeprazole-based 10-day sequential therapy is more effective for eradication of *Helicobacter pylori*.

**Keywords:** *Helicobacter pylori*, sequential therapy, peptic ulcer

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