

**中文題目：**抑制胃酸分泌藥物與結核菌感染之相關性

**英文題目：**Acid Suppress Agent and The Risk of *Mycobacterium Tuberculosis*: A Population-Based, Case–Control Study

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**Background:** The use of acid suppress agent such as proton pump inhibitors has been associated with an increased risk of infectious disease including pneumonia. *Mycobacterium Tuberculosis* associated chronic infection major occurred in pulmonary and impacted the on public health. We aimed to find the influence of acid suppression treatment in the spread of *Mycobacterium Tuberculosis* infection.

**Method:** We conducted a population-based case-control study using data from National Health Insurance data base of Taiwan. Cases (n=6541) were defined as all patients with *Mycobacterium Tuberculosis* treated with first-line anti-TB medication with four combined regimen at least one month(Rifampin, Isoniazid, Pyrazinamide, Ethambutol) during1996 through 2008. We also selected 65410 control subjects, who were matched to the cases by age and sex. Data on the use of acid suppress agent included proton-pump-inhibitor, histamine2-receptor antagonist and comorbidity conditions were extracted from the National Health Insurance Database, managed by the Taiwan National Health Research Institutes local registries. Confounders were controlled by logistic regression.

**Results:** The prevalence of *Mycobacterium Tuberculosis* was higher among patient with comorbidity. Recent initiationof treatment with proton-pump-inhibitor, 3 months before index date, had higher association with *Mycobacterium Tuberculosis* (adjusted OR, 1.63; 95% 1.61-1.63). It was also existed in recent histamine2-receptor antagonist user (adjusted OR, 1.51; 95% 1.50-1.52). The risk decreased with treatment that was started a long time ago.

**Conclusion:** The use of Proton pump inhibitor, histamine2-receptor antagonist especially when recently begun, is associated with increasing risk of *Mycobacterium Tuberculosis*.