

中文題目：缺血性中風病患同時使用質子幫浦抑制劑及 Clopidogrel 並無明顯交互作用

英文題目：Lack of drug interaction between proton pump inhibitors and clopidogrel for ischemic stroke: A nationwide population based cohort

作者：趙崇志¹，張揚沛²，邱桂芬³，郭富珍⁴，蘇育正^{1,5}，王文明^{1,5}

服務單位：高雄醫學大學附設醫院 胃腸內科¹ 神經內科²

高雄市立大同醫院 資訊室³ 內科⁵

義守大學 健管系⁴

Background/Aim: Clopidogrel is often used for secondary prevention of ischemic stroke and cardiovascular events. This study was intended to explore whether the combination of clopidogrel and proton pump inhibitor (PPI) or H2 blocker may affect the recurrence of ischemic stroke.

Methods: This nationwide population-based cohort study was based on data obtained from the Taiwan National Health Insurance Database (a population of 23 million). The risk of re-hospitalization for ischemic stroke was analyzed using binary logistic regression with adjustment for UGI bleeding ratio, and Charlson morbidity index during follow-up.

Results: In total, 7362 patients hospitalized due to first-ever stroke between 2003 and 2007. We identified 750 patients and 750 age and gender-matched controls who took clopidogrel since discharge from first-ever stroke. Among PPI users, we only found non-significant trend of increased risk of rehospitalization for ischemic stroke (Adjusted OR=0.96, 95% CI, 0.69-1.32). By contrast, use of H2 blocker was associated with a significant increased risk of re-hospitalization (Adjusted OR= 1.32, 95%CI, 1.05-1.67), especially among the patients taking H2 blockers between 15 to 139 days.

Conclusion: Our study disclosed that concomitant use of clopidogrel and PPI was not associated with increased risk of re-hospitalization after first-ever ischemic stroke, while this was not the case for co-prescribing clopidogrel and H2 blocker. To effectively prevent recurrent ischemic stroke in patients with potentially risk for UGI bleeding, it is plausible to use clopidogrel and PPI.