中文題目:年長之肝硬化病患發生消化性潰瘍出血之危險因子探討 英文題目:Risk factors of the peptic ulcer bleeding in aging cirrhotic patients 作 者:魏正一¹林毅軒^{1,2} 羅景全^{1,2} 黃怡翔^{1,2} 侯明志^{1,2} 服務單位:台北榮民總醫院 內科部¹胃腸肝膽科²

Background: Previous studies showed that cirrhotic patients had a significantly higher occurrence of peptic ulcer bleeding (PUB). Elderly patients were found to have a higher risk for peptic ulcer disease (PUD) and PUB. The study aimed to identify the risk factors of PUB in aging (\geq 65-year-old) cirrhotic patients.

Methods: From the National Health Insurance Research Database of Taiwan, 1194 aging cirrhotic patients and 2467 age-, gender- and medication-matched patients without liver disease (control group) were compared. The log-rank test was performed to analyze the differences in accumulated hazard of PUB between the two groups. Cox proportional hazard regressions were performed to evaluate independent risk factors for PUB between the two groups and identify risk factors of PUB in aging cirrhotic patients.

Results: In a seven-year follow-up, aging cirrhotic patients had a significantly higher incidences of PUB than the matched controls (p<0.001 by the log-rank test)). By Cox proportional hazard regression analysis, cirrhosis [hazard ratios (HR), 1.65; 95% confidence interval (CI), 1.39-1.94] were independently associated with increased risk of PUB. Age, diabetes mellitus (DM), chronic renal disease, and the use of

non-steroidal anti-inflammatory drugs (NSAIDs) were risk factors for PUB in aging cirrhotic patients.

Conclusions: Aging cirrhotic patients are independently associated with higher risk of PUB. Age, DM, chronic renal disease, and the use of NSAIDs were risk factors for PUB in these aging cirrhotic patients.

Key words: Aging, cirrhosis, chronic renal disease, non-steroidal anti-inflammatory drugs (NSAIDs), peptic ulcer bleeding (PUB)