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《2型糖尿病合并慢性肾脏病患者多重用药安全中国专家共识》专家笔谈

据糖尿病联盟数据显示, 2019年全球糖尿病患病率约为9.3% (4.63亿人), 预计2045年将增加至10.9% (7亿人)。慢性肾脏病是糖尿病严重的并发症, 全球慢性肾脏病发病率高达8%~16%, 其中糖尿病肾病常见。《中国2型糖尿病防治指南(2020年版)》指出, 约40%的2型糖尿病患者会发展成为慢性肾脏病, 多数患者为早期(1~2期), 而部分患者则进展为需要透析和/或移植的终末期肾脏病。根据年龄分层分析发现, ≥ 65 岁的2型糖尿病患者慢性肾脏病患病率高达58.7%, 且分期更晚。

糖尿病合并慢性肾脏病患者应采用综合治疗策略, 以降低心血管疾病风险和肾脏疾病进展为主要治疗目标, 并需要严格控制危险因素, 包括高血压、高血糖、血脂异常、吸烟、肥胖等。另外, 也可通过缓解蛋白尿、避免使用肾毒性药物和调整药物剂量等方法, 延缓慢性肾脏病进展。糖尿病合并慢性肾脏病患者降糖药物联用、与其他药物联用情况不可避免且比较普遍, 而多重用药可能增加药物-药物相互作用风险, 甚至导致严重后果。鉴于此, 关注糖尿病合并慢性肾脏病患者多重用药的风险, 并提出管理措施, 以避免或减少多药联合治疗时药物-药物相互作用带来的损害。

目前国内外未见较为全面的2型糖尿病合并慢性肾脏病患者的临床多重用药安全指南。已颁布的部分指南多仅考虑1种共病, 对于如何管理多病共存患者的具体建议有限。因此, 有关2型糖尿病合并慢性肾脏病患者临床多重用药的安全共识亟待制订、颁布, 以避免、减少多药联用时药物-药物相互作用带来的损害, 提高安全用药水平, 并为临床医护人员对2型糖尿病合并慢性肾脏病患者多重用药风险防范的规范化需要提供参考。

童荣生. 《2型糖尿病合并慢性肾脏病患者多重用药安全中国专家共识》专家笔谈[J]. 中国全科医学, 2022, 25(23): 目次页.

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