



# 台灣基層透析協會

## 本會宗旨:

關懷透析病患，提升透析品質，維護透析診所與病患的權益，協助政府制定相關醫療政策及推行健康保險制度。

**透析週報** 週四出刊 第三十四期 103.1.2

發行人 鄭集鴻 理事長

學術編輯 張智鴻

聯絡人:靳國慧

電話:0933118495

傳真:03-5351719

e-mail:dialysis98@gmail.com

法律顧問：黃清濱律師

電話：04-23205577

## 最新消息：

☆新的一年，祝大家平安健康、事事順利、診所業務長紅！



☆12月26日鄭理事長出席醫師公會全聯會召開的「初級健康照護研議小組」第一次會議，由邱泰源教授擔任召集委員，蘇清泉理事長列席，討論基層未來的發展方向。會中論及目前病患多偏好到大醫院就診，要扭轉這一現象，第一是要提升基層院所診斷和治療的能力，第二是要限制大醫院的業務範圍，應該以急重症為主力，穩定的慢性病照護應釋放到基層。因事關總額分配的問題，狀況複雜，需再從長計議。

☆腎臟醫學會「腎臟與透析」雜誌徵求基層醫師擔任編輯，鄒居霖醫師和楊樹昌醫師挺身而出，感謝兩位醫師，實乃基層之光。

☆阮明昆理事提醒大家，洗腎病患看一般門診請 key 慢性病疾病代碼，申報案件請 key 04，申報科別請 key 02，以免被核刪。

學術專欄：

HEART DECEMBER 18, 2013, 12:35 PM 28 Comments 3 Things to Know About the New Blood Pressure Guidelines

By HARLAN M. KRUMHOLZ, M.D.

Toby Talbot/Associated Press

New guidelines suggest that people over age 60 can have a higher blood pressure than previously recommended before starting treatment to lower it.

3 Things to Know About the New Blood Pressure Guidelines

<http://nyti.ms/1jioz7j>

2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults

Report From the Panel Members Appointed to the Eighth Joint National

## Committee (JNC 8)

最近新的 JNC 8 血壓值 guideline 出來了，把血壓治療的目標由 140/90 mmHg 上調至 150/90 mmHg，讓我鬆了一口氣，因為要把洗腎患者的血壓控制在 140/90 mmHg 以下這個完美的目標，實在不容易，因為在某些患者這樣的血壓，洗腎日時實在無法順利脫水，常常會有血壓下降的危險。

First, the guidelines raise the systolic blood pressure (the top number of the blood pressure reading) threshold for drug treatment from 140 to 150 for people 60 and older.

Second, there is insufficient medical evidence to support a systolic blood pressure threshold for the drug treatment of people younger than 60.

The authors of the guidelines similarly also stated that we lack evidence for the right target for patients with kidney disease and diabetes. Given the lack of evidence, the authors settled on a recommendation of a goal of less than 140/90 for patients for people with kidney disease and also those with diabetes. This is a change for many people because many doctors have been seeking a systolic blood pressure goal of less than 130, but the authors noted that such a recommendation is not supported by any clinical trial.

和我們密切相關的是腎臟病，和糖尿病患者，之前目標是 SBP < 130 mmhg，然而，JNC 8 告訴我們，這 SBP < 130 是缺乏證據的，所以，JNC 8 建議在腎臟或是糖尿病患者，目標是 SBP < 140 mmHg 即可。

然而，DBP < 90 mmHg 是必要的，甚至在 30 歲以上患者，也是建議 DBP < 90 mmHg (可見 DBP 控制的重要性)。

Third, the guidelines recognize that the modification of a risk factor – in this case hypertension, which is a risk factor for heart attacks and strokes and premature death – by drug therapy does not necessarily mean that you have reduced someone's risk for these adverse health events.

對於一些輕微的高血壓患者，用藥物讓血壓再下降一些，也是看不到益處的，但是不可否認的，對於嚴重高血壓，還是要藥物治療。(Several studies sought to reduce risk by lowering blood pressure from mildly elevated to lower levels – and the surprising finding was that there was no benefit.)作者提出，降血壓藥物治療也是會有副作用的，若是用藥物來治療輕微的高血壓，那我們應該要注意治療的副作用是否會大於益處？

Additionally, there are other important aspects of these guidelines. 除了藥物治療外，別忘了健康飲食、體重控制和規律運動重要性。另外，在白人和黑人的藥物建議是不一樣的，若是黑人，不建議用 ACEI 或是 ARB。對於 beta-blocker，也是不建議用於治療高血壓。對於一般化的高血壓建議，是用 thiazide-type diuretics and calcium channel blockers (CCB)來治療。

In summary, this is a large paradigm change.

..., particularly if they started drug treatment for mildly elevated blood pressure.

沒錯，這些輕微的高血壓患者，是否要開始治療高血壓，請和醫師們再討論。

Harlan Krumholz is a cardiologist and the Harold H. Hines Jr. Professor of Medicine, director of the Yale-New Haven Hospital Center for Outcomes Research and Evaluation and director of the Robert Wood Johnson Clinical

Scholars Program at Yale University School of Medicine.

