

主題：全民健康保險已經收載品項中含有植物萃取物之藥品的療效及用量分析 — silymarin 及銀杏的臨床療效與用量分析

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目的：雖然多數含植物萃取物之藥品已使用於治療疾病多年，但其臨床療效及安全性仍然相當具爭議，應予以重新評估以作為是否繼續收載之依據。

方法：首先為「含植物萃取物之藥品」進行定義，並查詢用藥品項。接著分析健保研究資料庫中 2001 年至 2007 年的系統抽樣檔，以辨明用量最多的前兩種藥品。為此兩種藥品 (silymarin 及銀杏) 進行療效評估。彙整了「The Cochrane Collaboration」、AHRQ (Agency for Healthcare Research and Quality) 以及「National Center for Complementary and Alternative Medicine, NCCAM」針對 silymarin 及銀杏相關的研究報告。

結果：

一、Silymarin 於肝臟疾病之治療實證結果

本報告根據 The Cochrane Collaboration 及 AHRQ (Agency for Healthcare Research and Quality) 針對 silymarin 對酒精性肝臟疾病及 B 型或 C 型病毒性肝炎所作系統性文獻回顧報告進行重點摘述。在 The Cochrane Collaboration 報告方面，共十三個隨機分派臨床研究討論 silymarin 對酒精性和/或病毒性 B 或 C 肝炎的影響，當合併分析所有的臨床試驗時，結果發現 silymarin 可以顯著降低肝臟相關死亡率 (RR 0.50, 95% CI 0.29 - 0.88)，但若只分析高品質的臨床試驗，就無法觀察到相同的統計顯著性 (RR 0.57, 95% CI 0.28 - 1.19)。同樣報告中也發現 silymarin 可以降低酒精性肝炎患者死亡率 (RR 0.58, 95% CI 0.34-0.98)，但同樣地並無法在高品質的試驗中觀察到相同的結果 (RR 0.34, 95% CI 0.06-2.11)。在 AHRQ 報告發現，silymarin 在肝臟疾病的療效 (effectiveness) 尚未確定，在部分研究顯示 silymarin 可能改善 aminotransferases 數值，但在高品質的研究中，無法顯示此療效。

在藥品申請給付總金額分析部分，silymarin 之藥品申請給付金額由 2001 年至 2007 年藥品申請給付總金額增加 59.83%。從實證的觀點而言，其對於肝臟疾病之治療效益仍舊未有明確答案，因此，未

來有關 silymarin 相關藥理機轉的研究及設計良好的臨床研究是必須的。

二、銀杏的臨床療效與用量分析

目前關於銀杏萃取物在臨床療效方面的證據，仍無法獲得一致肯定的評價。造成此一情形的可能原因有試驗品質不良、藥物安全性、病人合併使用其他藥物的種類繁多等因素。在用量分析方面，銀杏此一部份的分析結果顯示，2007 年的門診處方頻率較 2003 年成長一倍，使用的病患族群主要為 70 歲以上的民眾，無性別差異，然而，這些處方箋的疾病主診斷碼資料卻十分分散，被開立的比例最高者為眩暈，僅占總處方數的 8.67%。綜合療效與用量分析兩方面的結果，再次突顯了分析植物藥品的複雜性，如果未來能夠持續追蹤品質較佳的試驗結果，或者，制訂屬於我國的相關植物藥品指引，相信對於進一步評估銀杏的臨床療效定有助益。

ABSTRACT

- Title** The clinical effectiveness and resource utilization of drugs which contain herbal extracts – the examples on silymarin and Ginkgo
- Agency** Division of Health Technology Assessment, Center for Drug Evaluation, Taiwan
- Aim** Although most of the medications containing herbal extracts have been used in the treatment of diseases for many years, the evidence on the clinical efficacy and safety are still in controversy. It is necessary to conduct an evaluation on these products.
- Method** First, we defined the "medications containing herbal extracts" in this study, as well as identified the items reimbursed in National Health Insurance. In the next step, we analyzed the 2001-2007 National Health Insurance Research Database (NHIRD) to find the 2 most frequently used items in the category. Silymarin and Ginkgo were identified as the 2 most used during 2001-2007. We conducted the literature search and review on the clinical effectiveness of these two ingredients. In this review we summarized the reports from "The Cochrane Collaboration"、AHRQ (Agency for Healthcare Research and Quality) and "National Center for Complementary and Alternative Medicine."

Results

1. The evidence on the use of silymarin in the treatment of liver diseases

In this review, we summarized the reports published by The Cochrane Collaboration and AHRQ. These reports had systematically reviewed on the topic of the effectiveness of silymarin in patients with alcoholic and /or hepatitis B or C liver diseases. In the report by The Cochrane Collaboration - a total of thirteen randomized trials assessed silymarin in patients with

alcoholic and /or hepatitis B or C liver diseases were included in the meta-analysis. Results from these trials showed a significant effect of silymarin on liver-related mortality (RR 0.50, 95% CI 0.29 - 0.88), but no significant effects could be demonstrated if the analysis were restricted on only high quality trials (RR 0.57, 95% CI 0.28 - 1.19). From the report published by AHRQ - the effectiveness of silymarin in liver diseases has not been established. Although in some studies, the aminotransferase levels appear to be improved in silymarin group; the same trend could not be found in analysis restricted on high-quality studies only.

For the resource utilization of silymarin, we found that the the total claims on silymarin increased 59.83% from year 2001 to 2007. As mentioned above, the effectiveness of silymarin in patients with liver disease has not been established. Further studies on mechanisms of action, as well as related well-designed clinical trials are needed.

2 、 The medical effectiveness and quantity analysis of Ginkgo

Currently there is still no consistent pattern observed on the effectiveness of the clinical trials of Ginkgo. The possible reasons are: quality problems of clinical trials, drug safety issue, concomitant medicine used and many others. In the analysis on resource utilization, we found that the total number of prescriptions in outpatients increased doubly from year 2003 to 2007. Most of the patients prescribed with Ginkgo aged 70 or older, both men and women. We also found that the main diagnosis of those prescriptions varied widely. The most reported main diagnosis was vertigo (8.67%). Based on our research results, it is obvious that there remains difficulty on the evaluation on herbal medicine. However, if efforts can be made to keep on following the results of good quality studies; or furthermore, to set up a guideline for our country regarding herbal medicine; it should be able to have some more in-depth evaluations.