

The Correlation Between BNHI Data and Outcome of Clinical Trial

慈濟大學藥理暨毒理學研究所

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為何使用資料庫分析進行藥物經濟學相關研究

- 資料庫分析具有大量性、統一性的特點（包括藥物、劑量、住院等等）
- 資料量大，樣本數多。
- 資料來源一定，資料格式統一，適合長期追蹤。
- 本國健保資料庫涵蓋範圍幾達所有國民，具全面性。
- 可供運用之健保資料庫長達十二年，可以時間追蹤病患疾病發展之進程

健保局
總局

健保局
倉儲系統

國衛院

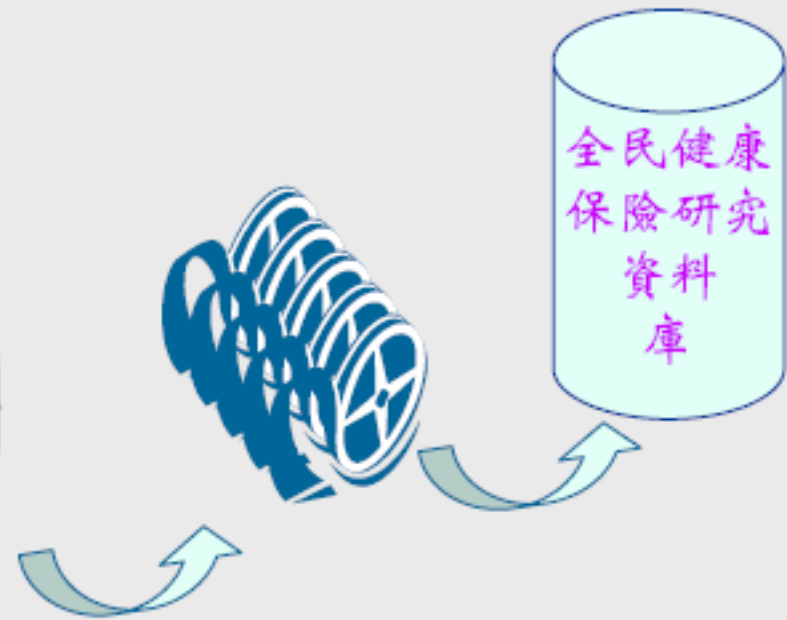
健保局
各分局

彙總檔

全民健康
保險研究
資料庫

醫療院所
申報費用
相關資料

明細檔



健保資料庫所包含之檔案

- 門診費用申請總表主檔 (CT)
- 住院費用申請總表主檔 (DT)
- 住院醫療費用清單明細檔 (DD) (內含疾病代碼)
- 住院醫療費用醫令明細檔 (DO) (內含藥品代碼)
- 門診處方及治療明細檔 (CD) (內含疾病代碼)
- 門診處方醫令明細檔 (OO) (內含藥品代碼)
- 特約藥局處方調劑明細檔 (GD)
- 特約藥局處方調劑醫令檔 (GO)

Treatment and prognosis of ankylosing spondylitis in adults

Author : [David T Yu, MD](#)

Section Editor : [Joachim Sieper, MD](#)

Deputy Editor : [Paul L Romain, MD](#)

Last literature review version 17.3: 九月 2009 | **This topic last updated:**
九月 16, 2009

Prevalence in the general population — The prevalence of AS varies from 0 to 1.4 percent, depending upon the ethnic group

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Sulfasalazine — Prior to the discovery of the usefulness of anti-TNF therapies in AS, the only disease-modifying agent that had been demonstrated to be useful was [sulfasalazine](#).

From uptodate

The Epidemiology Survey of Ankylosing spondylitis by using NHI database

資料 : 以2006年及2007年之百萬歸人檔進行研究

篩選條件 : 720.0: Ankylosing spondylitis
720.81: inflammatory spondylopathy
720.2: sacroilitis
720.89: other inflammatory spondylopath

藥物 : sulfasalazine

Prevalence

以2007年度資料，門診疾病代碼（主、次診斷）為720.0、720.81、720.2、720.89之病患歸戶

$$2266 \text{ 人} / 960000 = 2.36 / 1000$$

$$23000000 / 960000 \times 2266 = 54290$$

(全台灣患者)

Incidence

以2007年度Ankylosing spondylitis 患者扣除
2006年度門診疾病代碼（主、次診斷）為
720.0、720.81、720.2、720.89之病患

$$1331 \text{ 人} / 960000 = 1.38 / 1000$$

$$23000000 / 960000 \times 1331 = 31889$$

（2007年度台灣新增之患者）

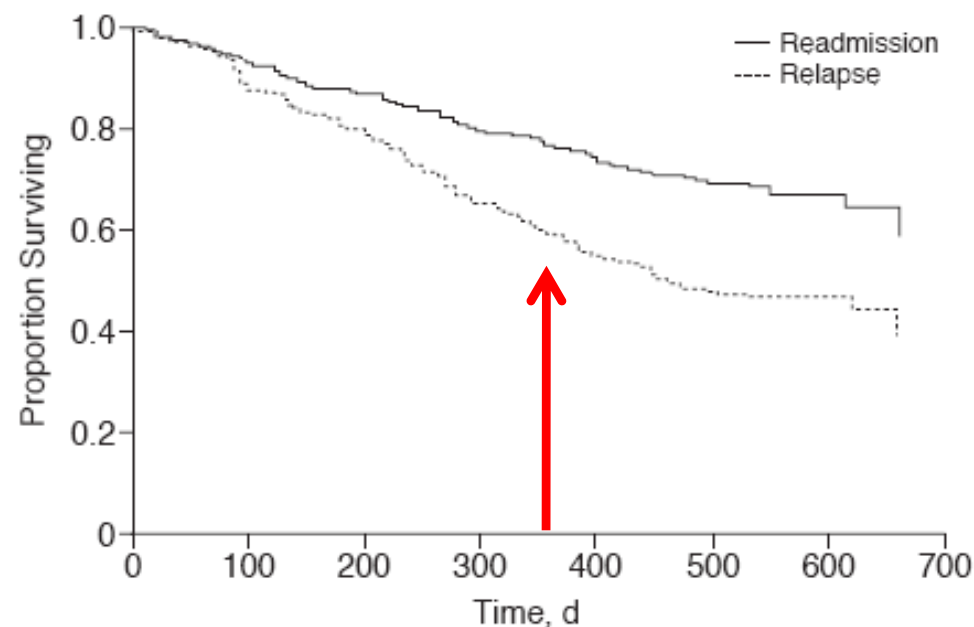
Prevalence $2.36\% \times 74.5\% = 1.75\%$

Total patients	Sulfasalazine usage	74.5%
New patients	Sulfasalazine usage	93.8%

Insight as a Predictor of the Outcome of First-Episode Nonaffective Psychosis in a Prospective Cohort Study in England

Richard J. Drake, M.R.C.Psych., Ph.D.; Graham Dunn, Ph.D.;
Nick Tarrrier, Ph.D.; Richard P. Bentall, Ph.D.; Gillian Haddock, Ph.D.;
and Shôn W. Lewis, F.R.C.Psych.

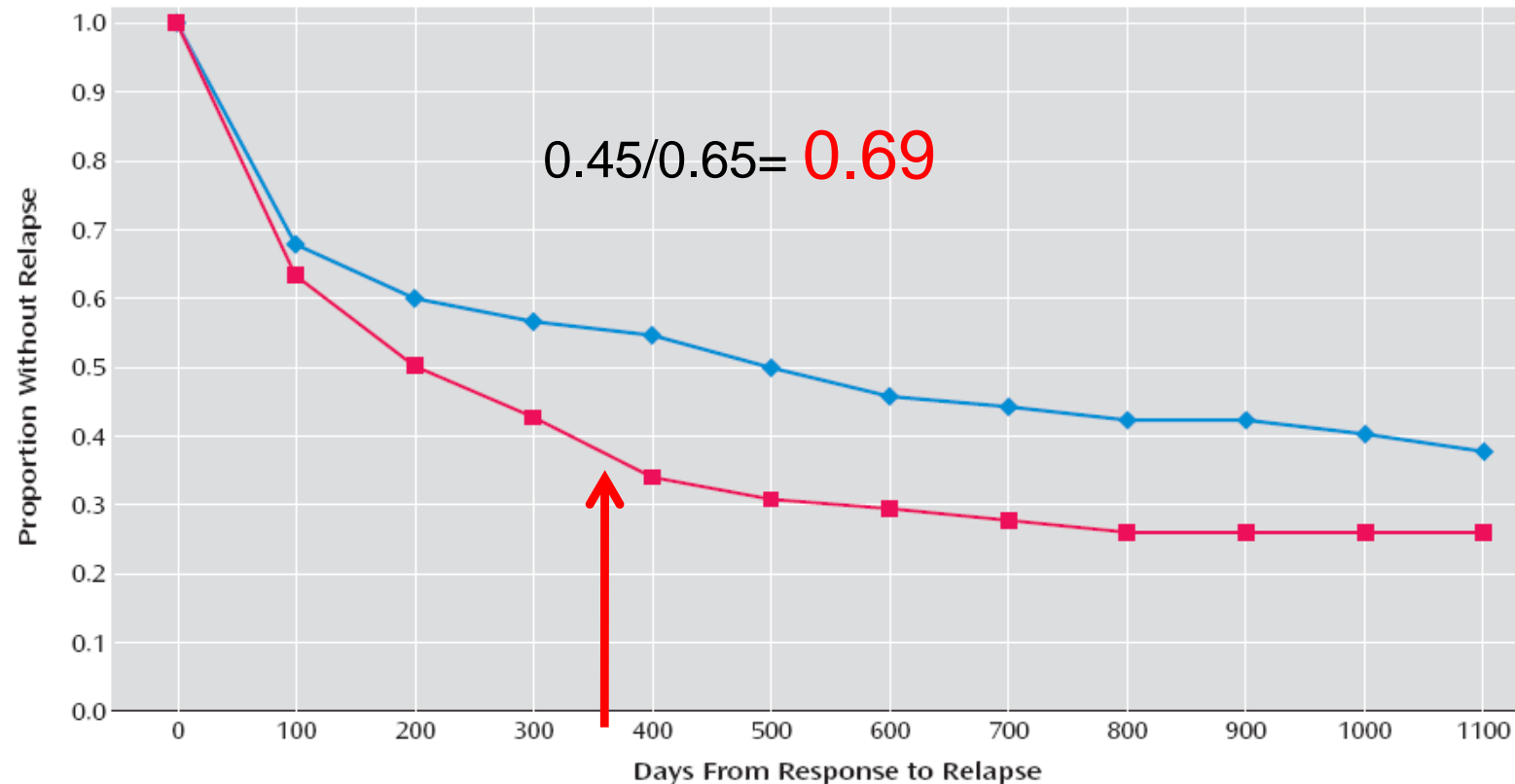
Figure 1. Proportion of the Sample Surviving Without Readmission or Relapse During Follow-Up (N = 236)



Risperidone and Haloperidol in First-Episode Psychosis: A Long-Term Randomized Trial

FIGURE 1. Time to Relapse Among Patients With First-Episode Psychosis Who Had Responded to Their Randomly Assigned Double-Blind Treatment With Risperidone or Haloperidol

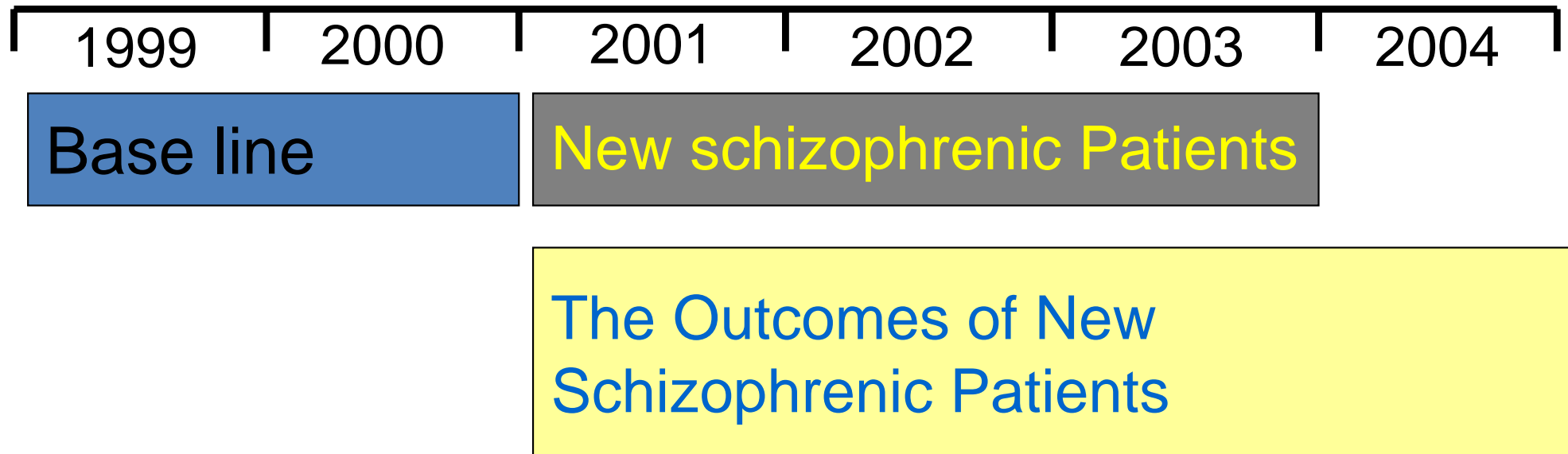
	0	100	200	300	400	500	600	700	800	900	1000	1100
◆ Risperidone												
At risk, N= 197	197	101	75	60	50	39	33	25	25	25	20	16
With relapse, N= 0	0	55	66	70	72	76	78	80	80	80	82	82
■ Haloperidol												
At risk, N= 203	203	100	66	49	33	26	23	16	14	12	10	7
With relapse, N= 0	0	68	87	96	105	108	108	110	111	111	111	111



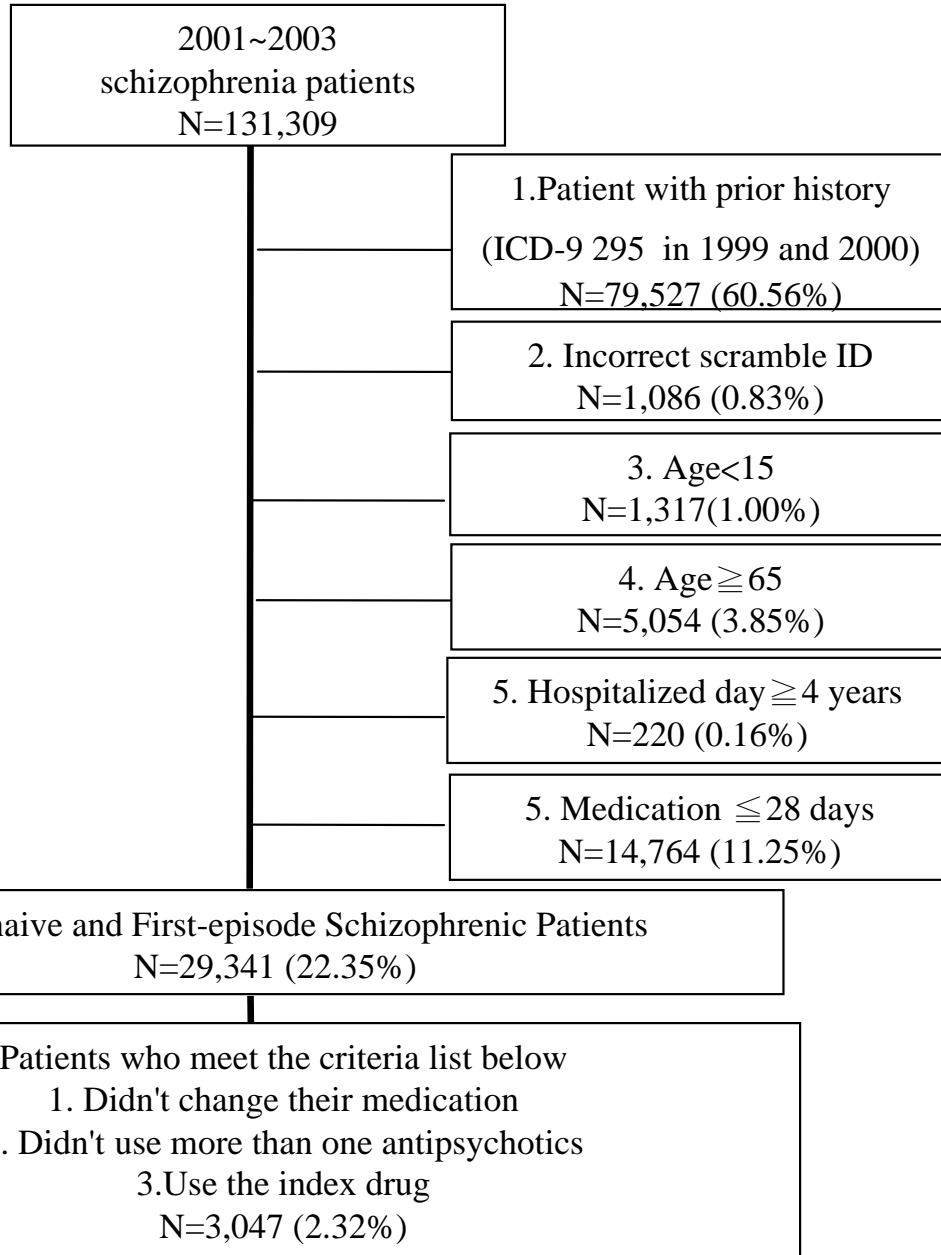
A Pharmacoeconomic Analysis of Atypical Antipsychotics and Haloperidol in First-Episode Schizophrenic Patients in Taiwan

Susan Shur-Fen Gau, MD, PhD,† Ching-Hu Chung, PhD,‡ and Churn-Shiouh Gau, PhD§*

Journal of Clinical Psychopharmacology • Volume 28, Number 3, June 2008



Inclusion Criteria



Atypical 1 →

Typical 1 → Atypical 1

Typical 1 → Typical 2 → Atypical 1

Typical 1 → → → → Typical N → Atypical 1



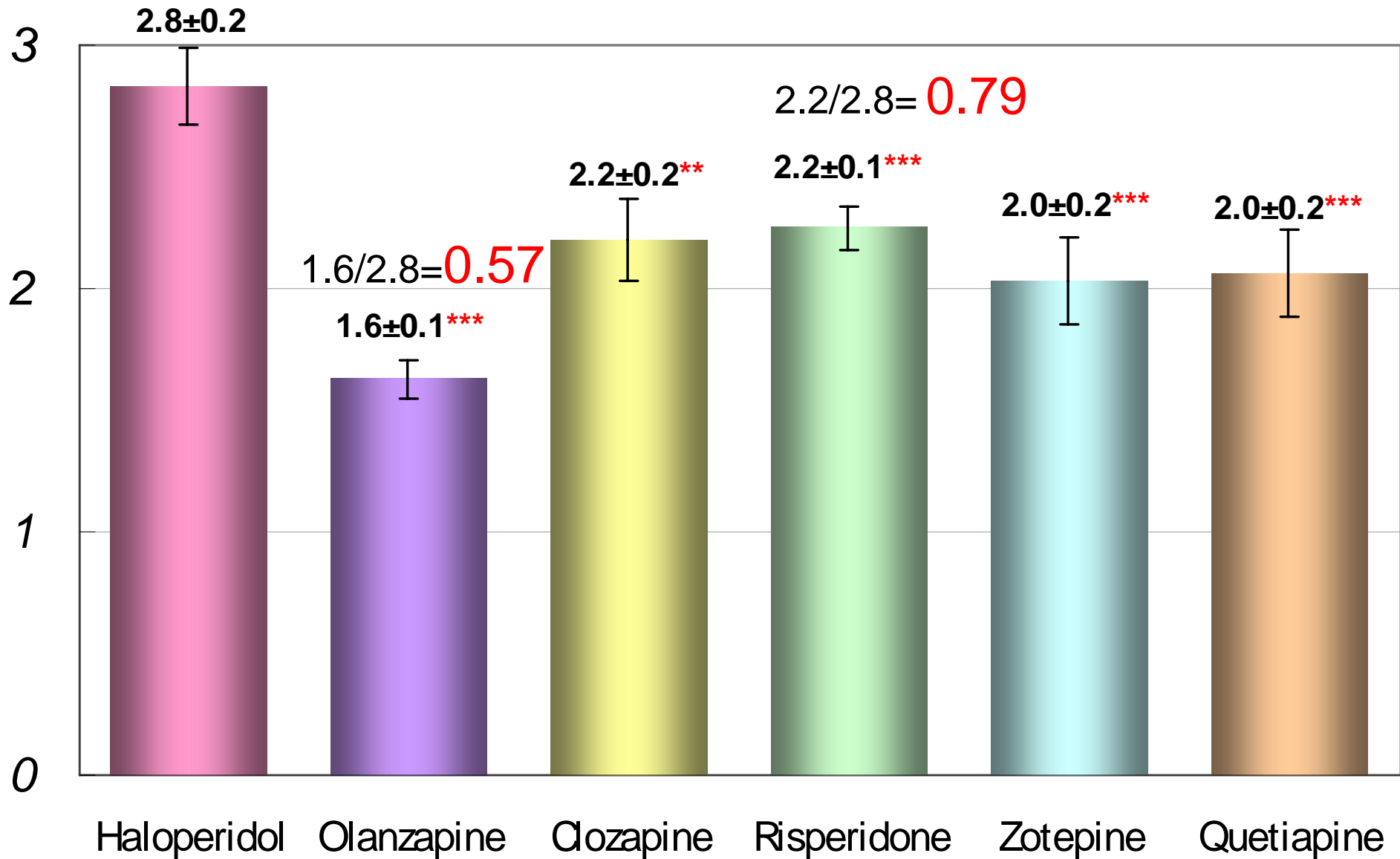
Atypical 1 → Atypical 2

Typical 1 → Atypical 1 → Atypical 2

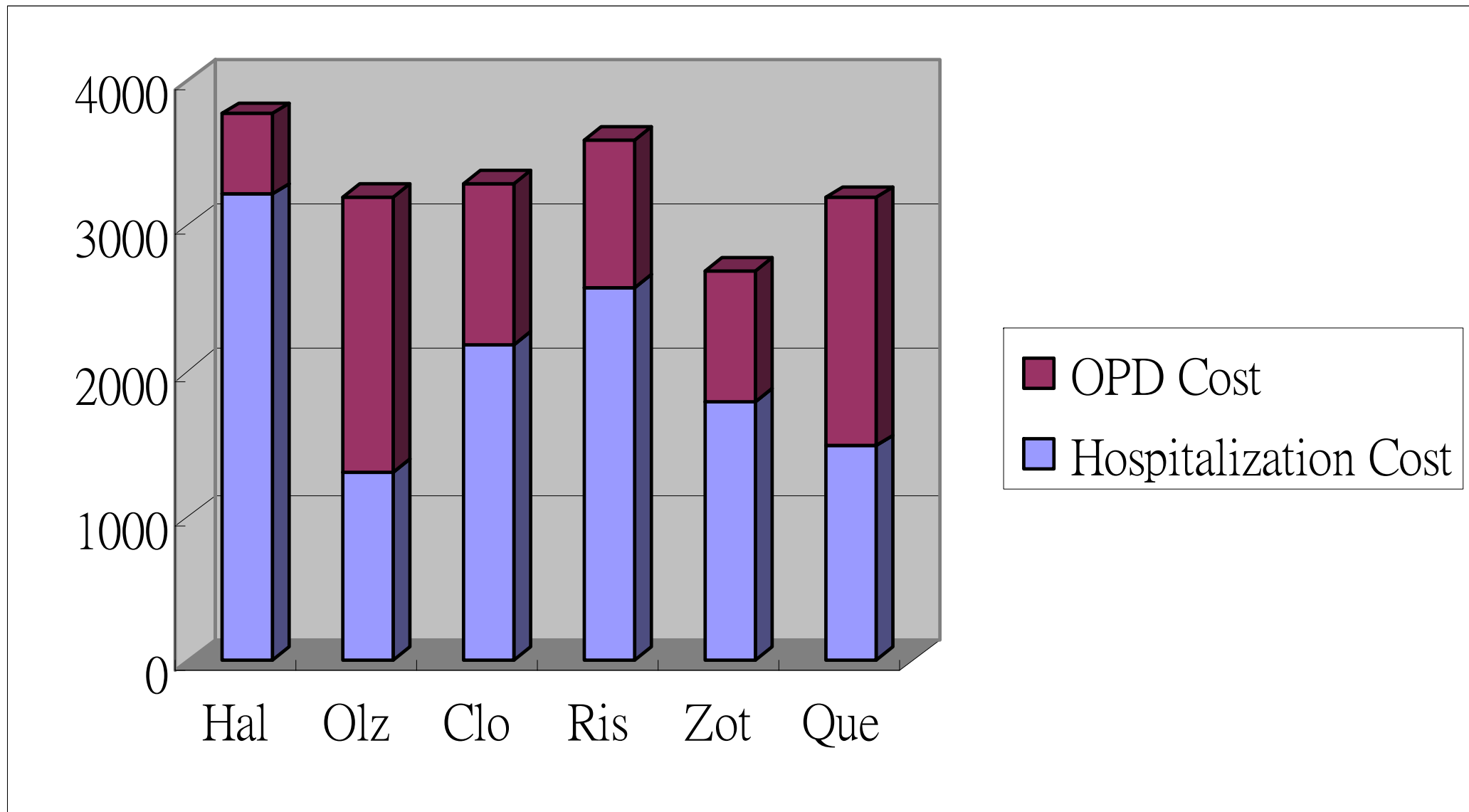
Typical 1 → Atypical 1 → Typical 2 → Atypical 2



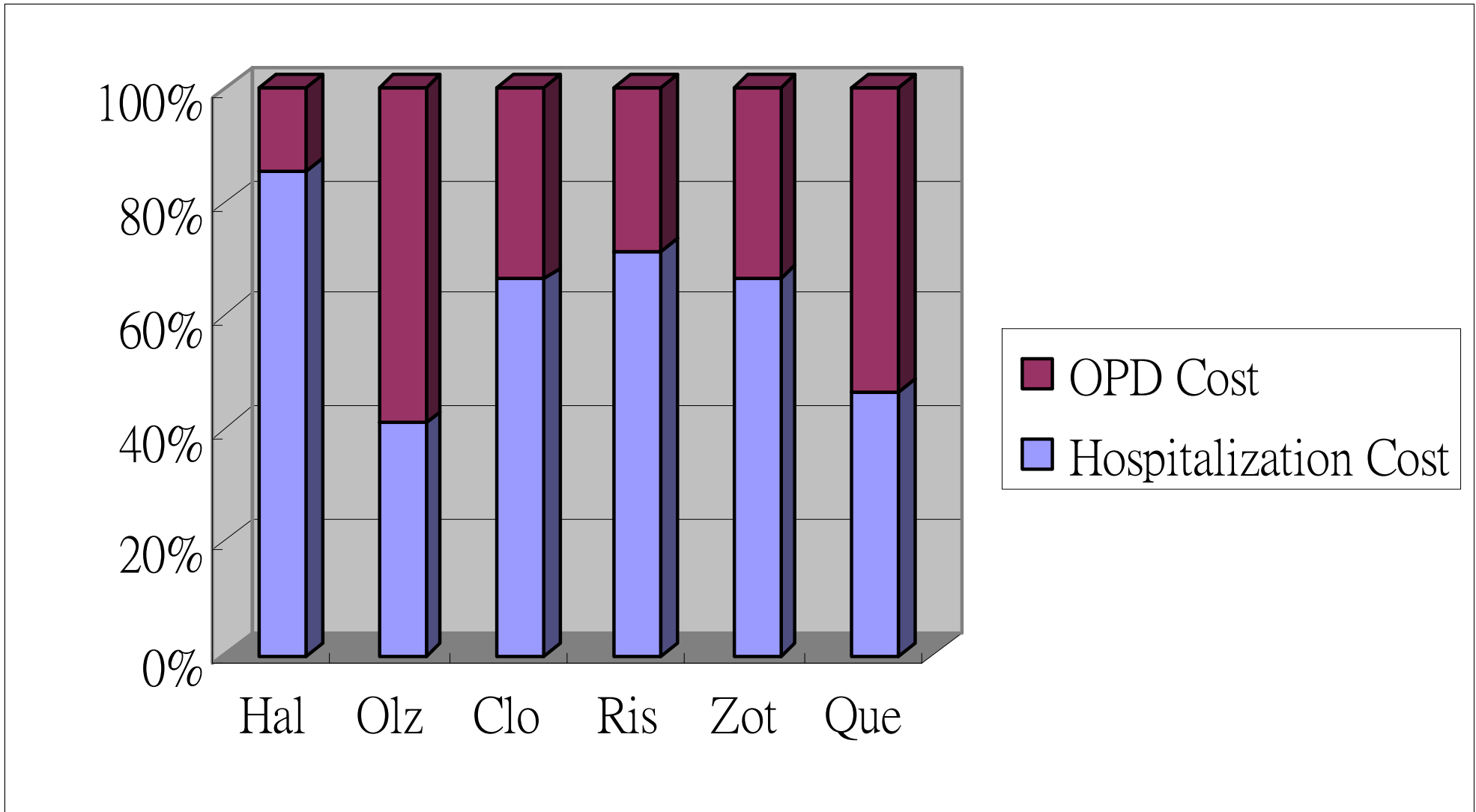
Hospitalization rate (times/year)



C > O* , **R > O***** , **Z > O*** , **Q > O***

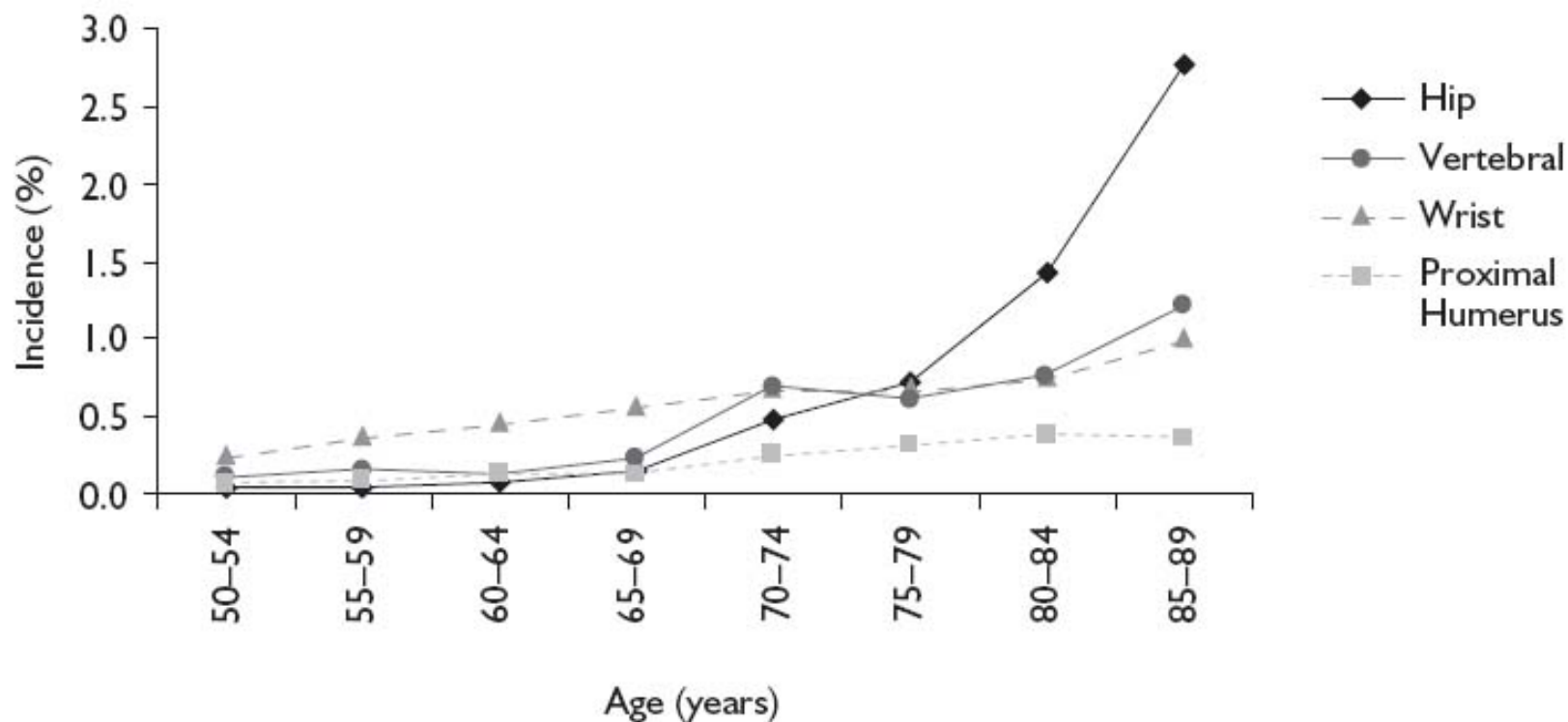


Abbreviations: Clo=clozapine, Hal= haloperidol, Olz=olanzapine, Que= questiapine, Ris= risperidone, Zot = zotepine



Abbreviations: Clo=clozapine, Hal= haloperidol, Olz=olanzapine, Que= quetiapine, Ris= risperidone, Zot = zotepine

Annual Incidence of Osteoporotic Fracture by Site



Annual incidence of osteoporotic fracture in females by site

EFFECT OF PARATHYROID HORMONE (1-34) ON FRACTURES AND BONE MINERAL DENSITY IN POSTMENOPAUSAL WOMEN WITH OSTEOPOROSIS

ROBERT M. NEER, CLAUDE D. ARNAUD, JOSE R. ZANCHETTA, RICHARD PRINCE, GREGORY A. GAICH, JEAN-YVES REGINSTER, ANTHONY B. HODSMAN, ERIK F. ERIKSEN, SOPHIA ISH-SHALOM, HARRY K. GENANT, OUHONG WANG, AND BRUCE H. MITLAK

TABLE 2. RADIOGRAPHIC EVIDENCE OF NEW VERTEBRAL FRACTURES.*

VARIABLE	PLACEBO (N= 448)	PTH, 20 μ g (N= 444)	PTH, 40 μ g (N= 434)
No. of months at risk (randomization to final radiograph)	21 \pm 3	21 \pm 3	20 \pm 4
\geq 1 Fracture			
No. of women (%)	64 (14)	22 (5) \dagger	19 (4) \dagger
Relative risk (95% CI) vs. placebo	—	0.35 (0.22–0.55)	0.31 (0.19–0.50)
Percent reduction in absolute risk	—	9	10
>1 Fracture			
No. of women (%)	22 (5)	5 (1) \dagger	3 (<1) \dagger
Relative risk (95% CI) vs. placebo	—	0.23 (0.09–0.60)	0.14 (0.04–0.47)
Percent reduction in absolute risk	—	4	4
\geq 1 Moderate or severe fracture			
No. of women (%)	42 (9)	4 (<1) \dagger	9 (2) \dagger
Relative risk (95% CI) vs. placebo	—	0.10 (0.04–0.27)	0.22 (0.11–0.45)
Percent reduction in absolute risk	—	9	7

*Plus-minus values are means \pm SD. PTH denotes parathyroid hormone (1-34), and CI confidence interval.

\dagger P \leq 0.001 for the comparison with placebo.

研究限制

- 為回溯性分析，無法確認處方的正確性
- 無法確定因果關係
- 無法控制、調整變因（年齡、體重、性別等等）
- 只能針對資料庫所有之項目進行分析（血壓、血脂、生化指數等無法取得）
- 整合資料庫需時間，釋出約晚一年左右（2008年度資料於2009/10/16釋出）