

# Aspirin與sulfonylurea 的交互作用

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衛生署藥品交互作用資料庫查詢系統 - Windows Internet Explorer  
http://dit.doh.gov.tw/show\_page.php?PHFSESSID=ep1jmn9he1d340ua58vttkvgh7&Ppage=P0666&Pdrug1=Aspirin&Pdrug2=Glimepride&Psc

**Aspirin 與 Glimepride 之詳細交互作用說明 (出處: Drug Interaction Facts)**

Sulfonylureas	Salicylates
Acetohexamide Chlorpropamide* (eg, Diabinese) Glimepride (Amaryl) Glipizide (eg, Glucovlon) Glyburide* (eg, DiaBeta) Tolazamide (eg, Tolinase) Tolbutamide* (eg, Orinase)	Aspirin* (eg, Bayer) Chromic Salicylate (Arthropan) Magnesium Salicylate (eg, Doan's) Salsalate (eg, Amigesic) Sodium Salicylate* Sodium Thiosalicylate (eg, Rexolate)

Significance	Onset	Severity	Documentation
2	☆ Rapid ★ Delayed	☆ Major ★ Moderate ☆ Minor	☆ Established ★ Probable ☆ Suspected ☆ Possible ☆ Unlikely

Effects:  
Increased hypoglycemic effect of SULFONYLUREAS.

Mechanism:  
SALICYLATES reduce basal plasma glucose levels and enhance insulin secretion. Inhibition of prostaglandin synthesis may inhibit acute insulin responses to glucose. Displaced SULFONYLUREA protein binding has been suggested.

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## 衛生署藥品交互作用資料庫

- Effects:
  - Increased hypoglycemic effect of SULFONYLUREAS
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- Management:
  - Monitor the patient's blood glucose. If hypoglycemia develops, consider decreasing the SULFONYLUREA dose. Consider alternative therapy with acetaminophen(eg,Tylenol) or an NSAID (eg, sulindac [eg,Clinoril]).



# Standards of Medical Care in Diabetes—2010

AMERICAN DIABETES ASSOCIATION

## VI. PREVENTION AND MANAGEMENT OF DIABETES COMPLICATIONS

### 3. Antiplatelet agents

#### Recommendations

DIABETES CARE, VOLUME 33, SUPPLEMENT 1, JANUARY 2010



## ADA Recommendations-2010

- Use aspirin therapy (75–162 mg/day) as a secondary prevention strategy in those with diabetes with a history of CVD. (A)
- For patients with CVD and documented aspirin allergy, clopidogrel (75 mg/day) should be used. (B)
- Combination therapy with ASA (75–162 mg/day) and clopidogrel (75 mg/day) is reasonable for up to a year after an acute coronary syndrome. (B)

CVD: Cardiovascular disease



## ADA Recommendations-2010

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- Consider aspirin therapy (75–162 mg/day) as a primary prevention strategy in those with type 1 or type 2 diabetes at increased cardiovascular risk (10-year risk 10%). This includes most men 50 years of age or women 60 years of age who have at least one additional major risk factor (family history of CVD, hypertension, smoking, dyslipidemia, or albuminuria). (C)



## ADA Recommendations-2010

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- There is not sufficient evidence to recommend aspirin for primary prevention in lower risk individuals, such as men 50 years of age or women 60 years of age without other major risk factors. For patients in these age-groups with multiple other risk factors, clinical judgment is required. (C)



## Evidence grading system

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- A
  - Clear evidence from well-conducted, generalizable, randomized controlled trials that are adequately powered
  - Compelling nonexperimental evidence
  - Supportive evidence from well-conducted randomized controlled trials that are adequately powered



## Evidence grading system

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- B
  - Supportive evidence from well-conducted cohort studies
  - Supportive evidence from a well-conducted case-control study



## Evidence grading system

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- C
  - Supportive evidence from poorly controlled or uncontrolled studies
  - Conflicting evidence with the weight of evidence supporting the recommendation
- E
  - Expert consensus or clinical experience