

急性腹瀉病童合併 藥物及腹部按摩治療更有效嗎？

報告日期：2018/10/30

引言人：謝佳紋

單位：6B兒科病房

指導者：陳可欣副主任、蘇慧娟護理長

迷思！？

腹瀉纏上怎麼辦？教你6招按摩輕鬆擺脫不適

2016/01/07 來源：家庭醫生在線

調理腸胃3種按摩，便秘、腹脹、腹瀉都有解

2018-05-13 今周刊

讚 522 分享

標籤：改善便秘運動 | 腸胃不適 | 腸胃保健 | 便秘 | 睡眠 19.0 K 收藏1

早安健康



緊急止瀉的穴位，腹瀉只需按一按 | 腹瀉調理

健康 2018-02-28 11:48 常樂推拿之家

廣告



很多人認為腹瀉就是拉肚子，不用過多理會等髒東西排乾淨了就沒事了。但是好漢經不住三泡稀，腹瀉其實沒有我們想的那麼簡單。當我們腹瀉體內的水分和鹽分不斷丟失，造成脫水和身體電解質紊亂甚至危及生命！

性狀發生改
每日排便量
[周不適、便
腸疾病的「良
腹瀉。下面一

ACUTE DIARRHOEA

- 定義：**24小時之內稀便、水瀉次數超過3次**，症狀常持續2-3天，不超過2週，而且可能因為體液流失的關係而產生脫水現象。
- 根據聯合國世界衛生組織 (WHO) 及聯合國兒童基金會 (UNICEF) 資料顯示，全世界5歲以下的兒童，每年有180萬人(20%)因為腹瀉造成脫水與營養不良而導致死亡。



TREATMENT



- 補充水分，如電解水。
- 保持足夠營養攝取、清淡飲食。
- 頻繁腹瀉超過三日，建議就醫服藥，給予靜脈輸液治療，避免脫水情形持續加劇。
- 院內常用兒科藥物：

◆ (1) 止瀉藥物 (Smecta/Montmorillonite)

◆ (2) 益生菌 (Miyarisan、Infloran)

◆ (3) 腸道黏膜保護劑

✓ 主要成分為矽酸鹽與氧化鋁，
高黏塑性使糞便較成形。



ABDOMINAL MASSAGE THERAPY (1)

✓ 中醫基礎理論-穴道運行。

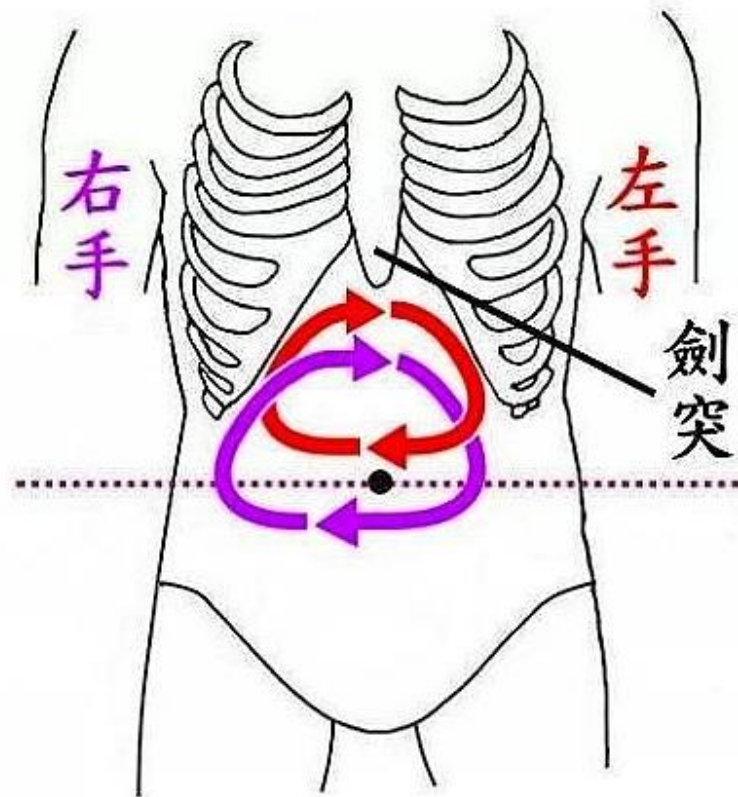
- 按『臍』→ 腹脹、**腹瀉**
- 『中脘』→ 嘔吐、**腹瀉**
- 『天樞』→ **腹瀉**
- 『肚角』→ 腹痛
- 『丹田』→ 腹脹

✓ 合併按摩、針灸或拔罐進行治療，有助於治療小兒腹瀉療效的提高 (韓&熊, 2016).



ABDOMINAL MASSAGE THERAPY (2)

- ✓ 一天2-3次，一次50圈。
- ✓ 時間約5-10分鐘。
- ✓ 空腹或飯後一小時後為宜。
- ✓ 腹部以「肚臍」為界區分為「上腹」與「下腹」。
- ✓ 按摩可改善上腹症狀如：打嗝，腹脹，腹痛，**腹瀉**，噁心，嘔吐；改善下腹症狀如：**腹瀉**，痢疾，腹脹，腹痛，便秘。





腹瀉

按摩

Paediatric massage for treatment of acute diarrhoea in children: a meta-analysis

Gao, Jia, Huang.(2018)



Year	Bioxbio Journal Impact*	Impact Factor	Total Articles
2017/2018	-	9.088	190
2016	-	7.901	175
2015	-	8.005	243
2014	-	7.249	178

*This factor is calculated based on the citation information of journals in our database.

步驟 1:系統性文獻回顧探討的問題為何?

Population	Acute diarrhea in children (age 2 months to 5 years) Course of the disease lasts less than 14 days
Intervention	Using massage therapy alone or combined with other non-pharmacological approaches 1. BMT: Basic massage treatment (基礎按摩) 2. PSAP: Pressing some acupuncture points (穴位按摩) 3. IMT: Individual massage treatment (個別治療) 4. Acupuncture: Individual massage treatment (針灸)
Comparison	Pharmacotherapy 1. Montmorillonite alone (止瀉藥物) 2. Combined therapy (止瀉藥物、益生菌、黏膜保護劑)
Outcomes	1.Clinical effective rate. Significant improvement in stool traits after 72 h of treatment, and the frequency of stools reduced by 50%. 2.Clinical cure rate The stool traits and frequency returned to normal within 72 h of treatment. 3.Cure time

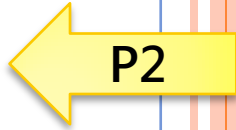
步驟 2:系統性文獻回顧的品質如何?(FAITH)

F-研究是否找到 (Find) 所有的相關證據?

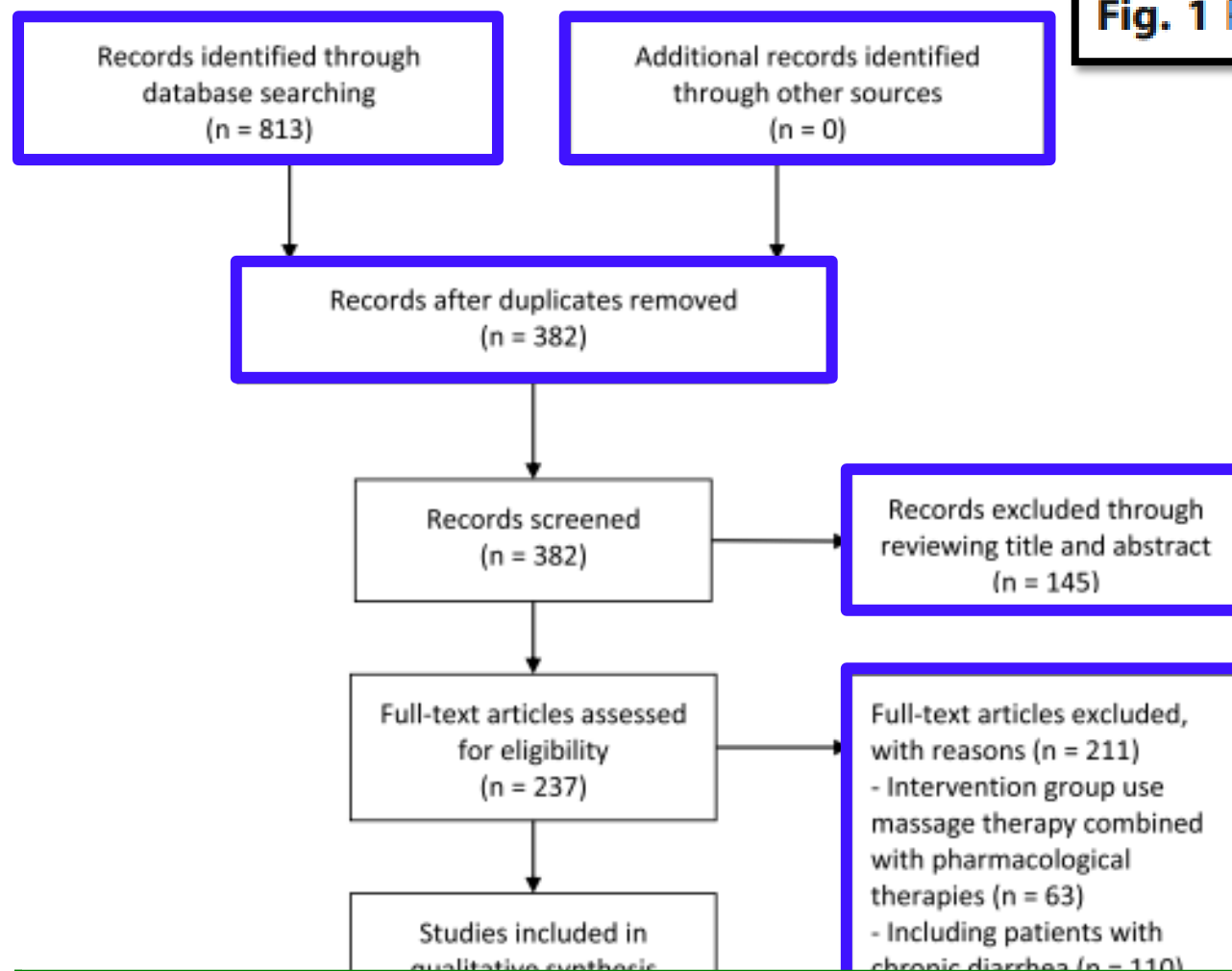
良好的文獻搜尋至少應包括二個主要的資料庫(如:Medline, Cochrane 考科藍實證醫學資料庫,EMBASE 等),並且加上文獻引用檢索(參考文獻中相關研究、Web of Science, Scopus 或 Google Scholar)、試驗登錄資料等。文獻搜尋應不只限於英文,並且應同時使用 MeSH 字串及一般檢索詞彙(text words)。

Database and search strategies

Relevant studies were searched in the following electronic databases: **Cochrane Library, Web of Science, PubMed, Chinese Biomedical Literature Database, Chinese National Knowledge Infrastructure, Chinese Scientific Journal Database, and Wan-fang Database** up to **April 30, 2018**. The following search terms were used: **(massage OR tui na OR manipulation OR acupressure) AND (infant OR child OR baby OR paediatrics) AND (diarrhea OR diarrhoea) AND (randomized controlled trial)**. There were no language limitations.



P2

Fig. 1 PRISMA flow diagram

P3

評讀結果: ☒ 是 ☐ 否 ☐ 不清楚

步驟 2:系統性文獻回顧的品質如何?(FAITH)

A-文獻是否經過嚴格評讀 (Appraisal)?

應根據不同臨床問題的文章類型,選擇適合的評讀工具,並說明每篇研究的品質(如針對治療型的臨床問題,選用隨機分配、盲法、及完整追蹤的研究類型)。

P2

Inclusion criteria

Included studies must all be randomized controlled trials (RCTs).

Data extraction and quality assessment

Three reviewers (Gao, Jia, and Huang) independently extracted the data and conducted quality assessments. Statistical analysis was

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評讀結果: ☒ 是 ☐ 否 ☐ 不清楚

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步驟 2:系統性文獻回顧的品質如何?(FAITH)

I-是否只納入 (included) 具良好效度的文章?

僅進行文獻判讀是不足夠,系統性文獻回顧需納入至少要有一項研究結果是極小偏誤的試驗。

P6

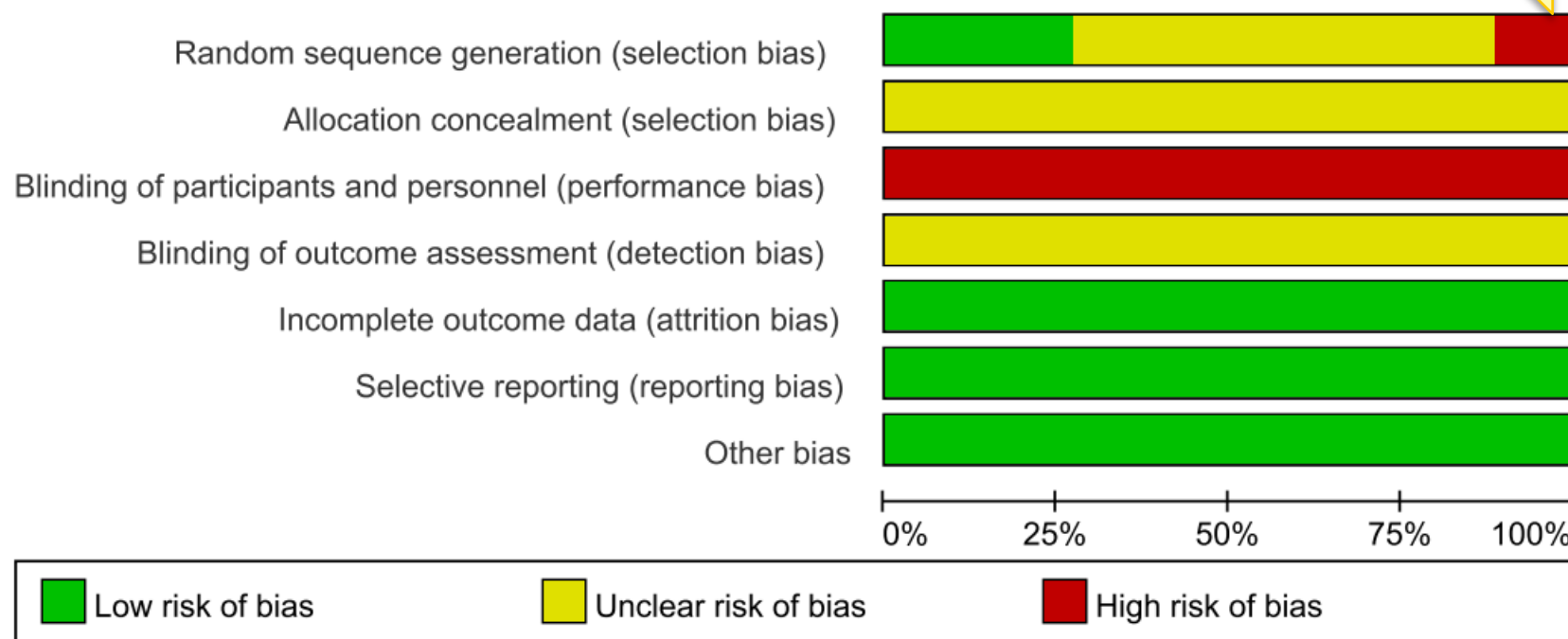


Fig. 2 Risk of bias graph: (a) risk of bias of all included studies; (b) Risk of bias summary

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P6

	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of participants and personnel (performance bias)	Blinding of outcome assessment (detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias
Cheng(2014)	?	?	+	+	+	+	+
Du(2009)	?	?	+	+	+	+	+
Gao(2005)	+	+	+	+	+	+	+
Leng(2011)	?	?	+	+	+	+	+
Li G(2013)	?	?	+	+	+	+	+
Li K(2013)	?	?	+	+	+	+	+
Li X(2015)	+	?	+	+	+	+	+
Ma(2016)	?	?	+	+	+	+	+
Ni(2018)	?	?	+	+	+	+	+
Peng(2011)	?	?	+	+	+	+	+
Shao(2006)	?	?	+	+	+	+	+
Tang(2014)	+	?	+	+	+	+	+
Tao(2015)	+	?	+	+	+	+	+
Wang(2003)	+	?	+	+	+	+	+
Wang(2004)	?	?	+	+	+	+	+
Wang(2014)	?	?	+	+	+	+	+
Wei(2016)	+	?	+	+	+	+	+

• Generation of the allocation sequence

• Allocation concealment
• Blinding of the outcome assessment

Unclear

• Blinding of participants and researchers

評讀結果: ☐是 ☒否 ☐不清楚

步驟 2:系統性文獻回顧的品質如何?(FAITH)

T-作者是否以表格和圖表「總結」 (total up) 試驗結果?

應該用至少 1 個摘要表格呈現所納入的試驗結果。若結果相近,可針對結果進行統合分析(meta-analysis),並以「森林圖」(forest plot)呈現研究結果,最好再加上異質性分析。

Results

Details of the 26 studies are summarized in **Table 1**.

Fig. 3 Forest plot of clinical effective rate.

Fig. 5 Meta-analysis of clinical cure rate.

Fig. 6 Forest plot of cure time (days).

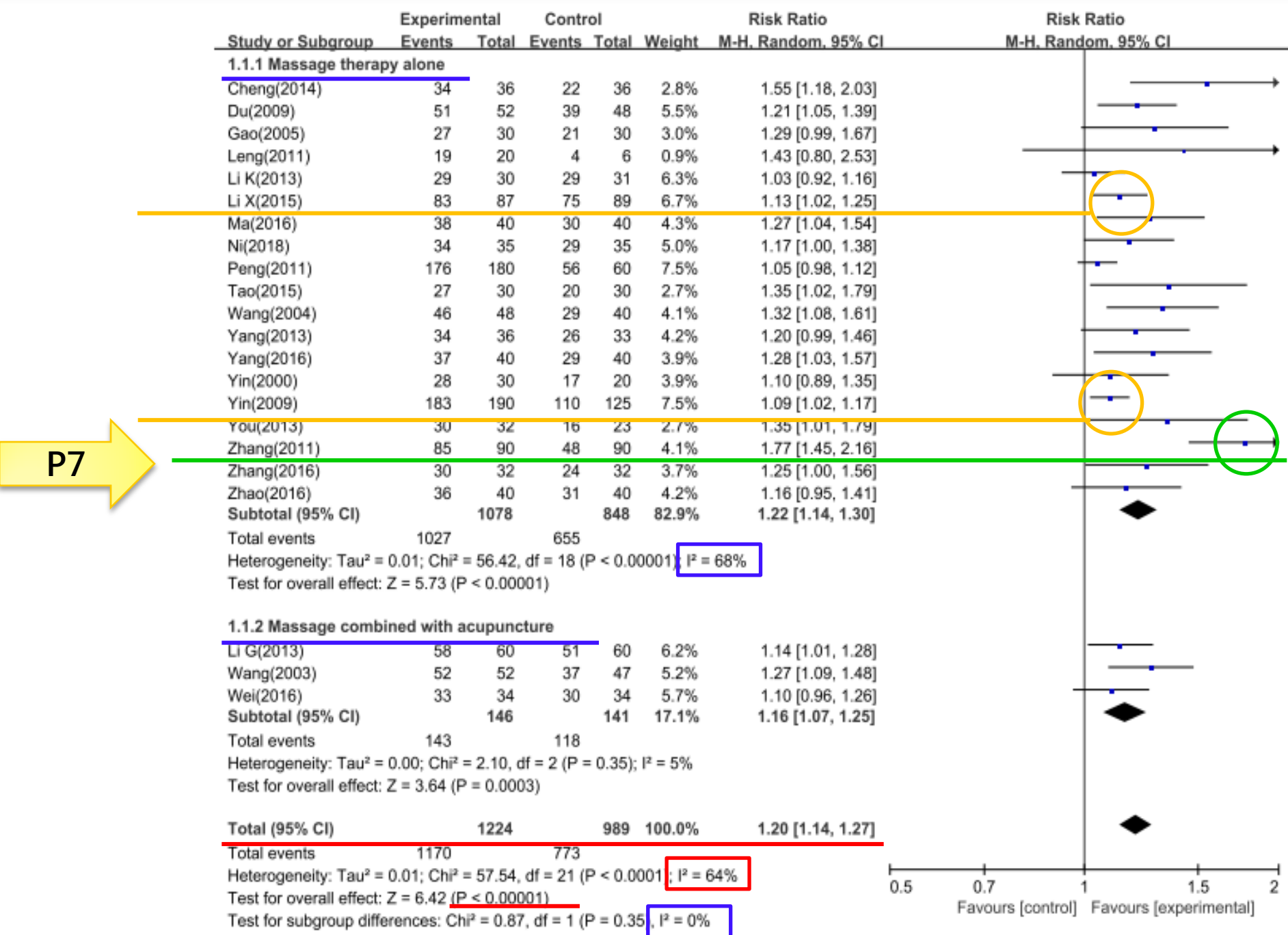
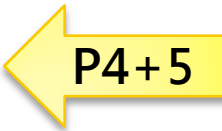


Fig. 3 Forest plot of clinical effective rate

Table 1 Details of the 26 included studies

Study	Sample size	Age	Course of disease	Intervention group	General classification of the massage therapy	Control group
Cheng (2014)	72 (36/36)	1.9 ± 0.5 y	3.6 ± 1.1 d	massage 3 d	BMT + PSAP	(1) montmorillonite (2) combined bacillus subtilis and enterococcus faecium 3 d
Du (2009)	100 (52/48)	19 ± 5 m	1.2 ± 0.5 d	massage 3 d	BMT + PSAP	montmorillonite 3 d
Gao (2005)	60 (30/30)	18 ± 6 m 17 ± 6.5 m	1.3 ± 0.5 d 1.2 ± 0.6 d	massage 3 d	BMT + PSAP	(1) montmorillonite (2) combined bacillus subtilis and enterococcus faecium 3 d
Leng (2011)	26 (20/6)	3 m to 5 y	≤1w	massage 3 d	BMT + PSAP	montmorillonite 3 d
Li K (2013)	61 (30/31)	< 3 y	< 2 w	massage 3 d	BMT + PSAP	(1) Cangling antidiarrhea oral solution (2) montmorillonite (3) bifidobacterium 3 d
Li X (2015)	176 (87/89)	2 m to 3 y 1.5 m to 2 y and 11 m	< 2 w	massage 5 d	IMT	montmorillonite 5 d
Ma (2016)	80 (40/40)	3 m to 4 y	< 1 w	massage 3 d	BMT + PSAP	montmorillonite 3 d
Ni (2018)	70 (35/35)	1.67 ± 1.41 y 1.64 ± 1.39 y	3.16 ± 0.82 d 3.19 ± 0.87 d	massage 7 d	BMT + PSAP	norfloxacin 7d
Peng (2011)	240 (180/60)	3 m to 5 y	2.81 ± 1.61 d 2.78 ± 1.39 d	massage 3 d	BMT + PSAP	montmorillonite 3 d
Shao (2006)	120 (68/52)	18 ± 6 m 17 ± 6 m	1.3 ± 0.5 d 1.2 ± 0.6 d	massage 3 d	BMT + PSAP	montmorillonite 3 d
Tang (2014)	135 (67/68)	1.84 ± 0.33 y 1.87 ± 0.37 y	6.84 ± 2.21 d 6.58 ± 2.13 d	massage	BMT + PSAP	montmorillonite
Tao (2015)	60 (30/30)	2.03 ± 1.21 y 2.30 ± 1.16 y	2.81 ± 1.31 d 2.70 ± 1.20 d	massage 3 d	BMT + PSAP	(1) montmorillonite (2) clostridium butyricum 3 d
Wang (2004)	88 (48/40)	6 m to 3 y	all were acute diarrhea	massage 3 d	BMT + PSAP	(1) intravenous drip ribavirin (2) montmorillonite (3) lactobacillus 3 d
Wang (2014)	86 (43/43)	1.75 ± 0.37 y 1.25 ± 0.14 y	3.47 ± 0.34 d 3.41 ± 0.24 d	massage 3 d	BMT + PSAP	(1) norfloxacin (2) ciprofloxacin 5 d
Yang (2016)	80 (40/40)	1.60 ± 0.72 y 1.81 ± 0.68 y	< 1 w	massage 3 d	BMT + PSAP	montmorillonite 3 d
Yang (2013)	69 (36/33)	6 m to 3 y 6 m to 3.5 y	1–5 d 1–6 d	massage 6 d	BMT + PSAP	(1) montmorillonite (2) combined bacillus subtilis and enterococcus faecium (3) bifidobacterium 6 d
Yin (2000)	50 (30/20)	< 3 y	< 3 d	massage 3 d	BMT + PSAP	montmorillonite 3 d
Yin (2009)	315 (190/125)	2 m to 5 y	< 48 h	massage 3 d	IMT	montmorillonite 3 d
You (2013)	55 (32/23)	11.55 ± 4.68 m 10.58 ± 5.05 m	3.25 ± 1.06 d 3.39 ± 1.15 d	massage 3 d	BMT + PSAP	montmorillonite 3 d
Zhang (2016)	180 (90/90)	2.41 ± 1.6 y 2.5 ± 1.2 y	2.8 ± 1.4 d 2.9 ± 1.2 d	massage 6 d	BMT + PSAP	(1) montmorillonite (2) bifidobacterium 6 d
Zhang	64 (32/32)	< 3 y	1 to 3 d	massage 3 d	BMT + PSAP	(1) probiotics (2) mucosal protection 3 d


P4+5

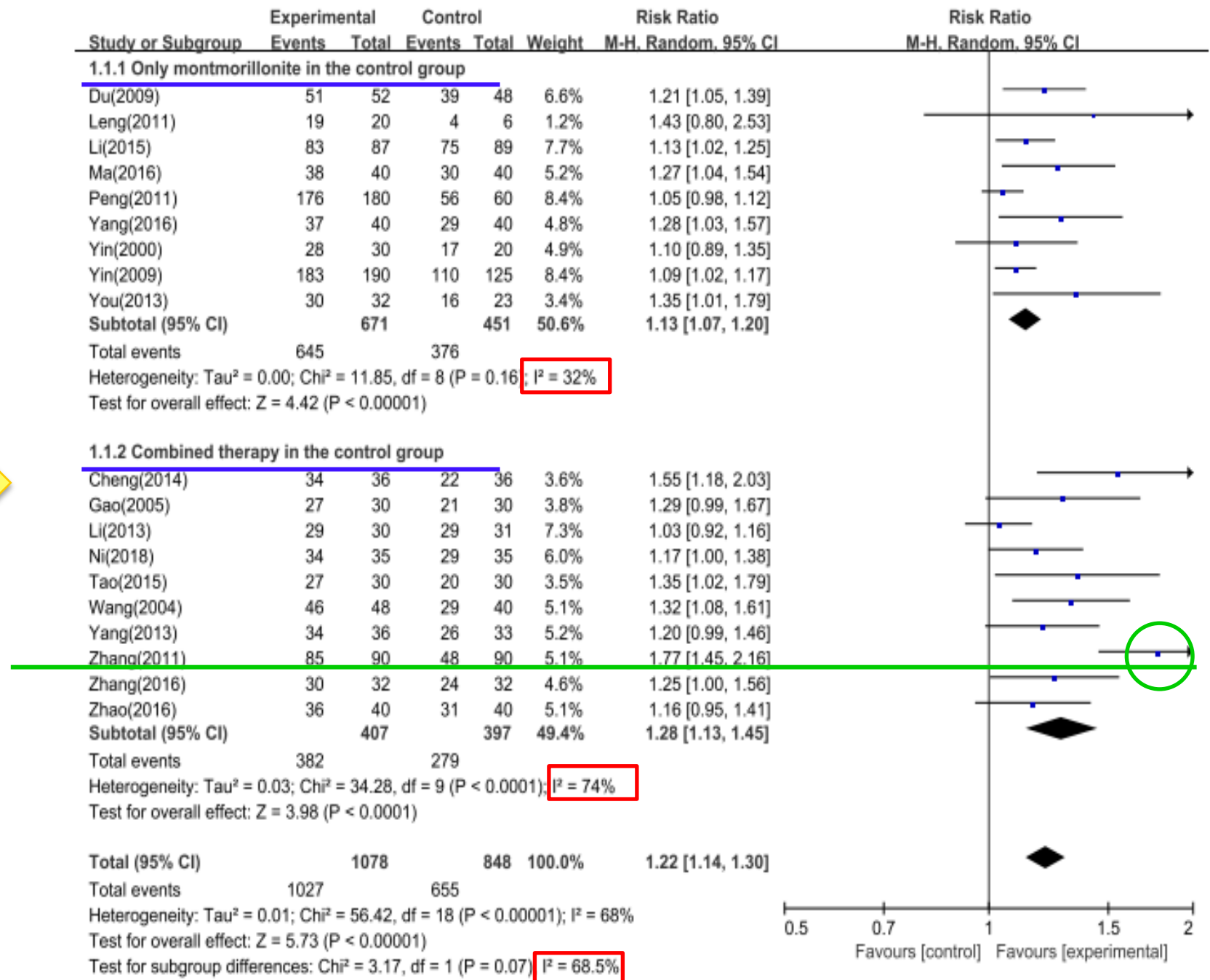


Fig. 4 Subgroup analysis for montmorillonite alone and combined therapy

P8

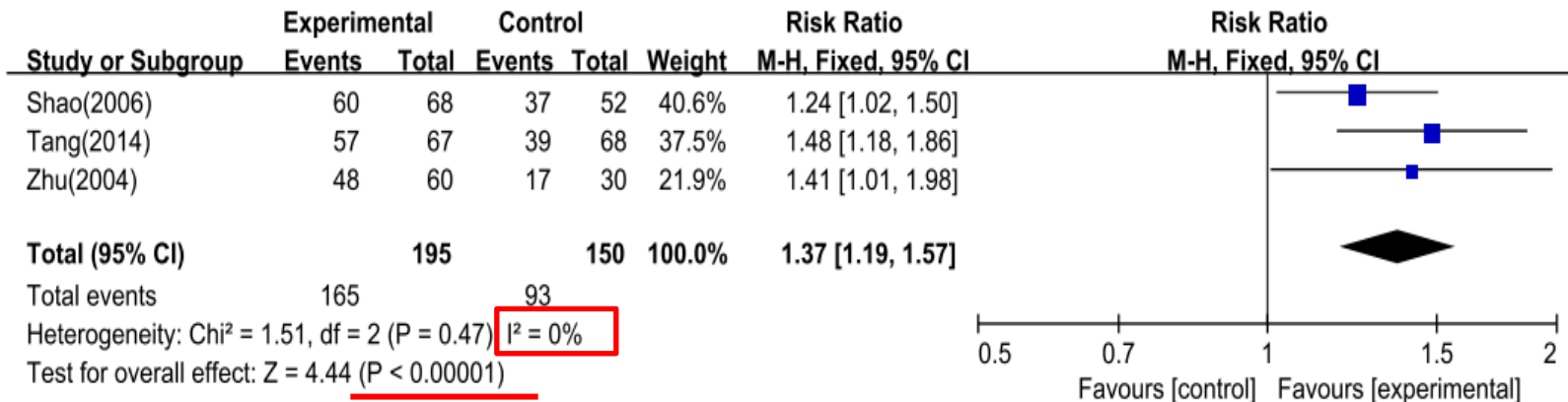
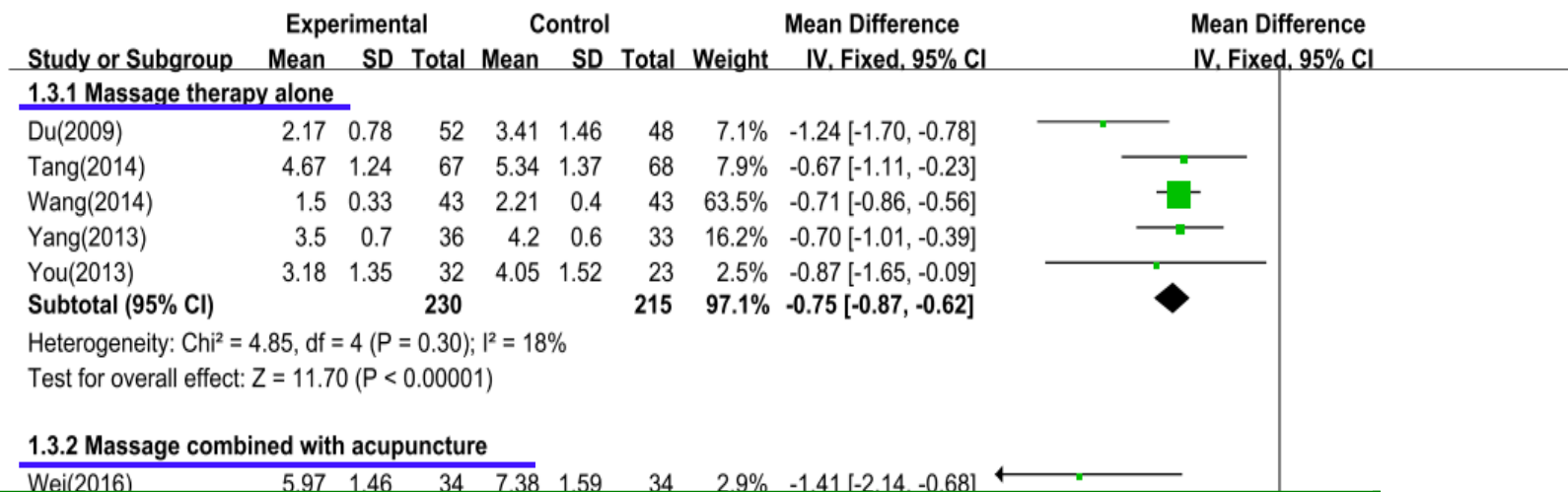


Fig. 5 Meta-analysis of clinical cure rate

P9



評讀結果: ☒ 是 ☐ 否 ☐ 不清楚

Fig. 6 Forest plot of cure time (days)

步驟 2:系統性文獻回顧的品質如何?(FAITH)

H-試驗的結果是否相近-異質性 (Heterogeneity)?

在理想情況下,各個試驗的結果應相近或具同質性,若具有異質性,作者應評估差異是否顯著(卡方檢定)。根據每篇個別研究中不同的 PICO 及研究方法,探討造成異質性的原因。

Clinical effective rate of meta-analysis ($I^2 = 64\%$, $> 50\%$).

P6

Intervention : Subgroup analysis for **massage therapy alone** ($I^2 = 68\%$) and **massage combined with acupuncture**.

Difference of Subgroup ($I^2 = 0\%$)

Cor
32%

評讀結果: ☒ 是 ☐ 否 ☐ 不清楚

CONCLUSIONS

- A total of **26 studies** encompassing **2644 patients** were included in this meta-analysis that compared paediatric massage and pharmacotherapy for treating acute diarrhoea in children.
- The results of the meta-analysis suggest that **massage therapy was superior to pharmacotherapy.**

LIMITATIONS

- Making blinding methods difficult.
- Small sample sizes.
- Bias from the physicians.
- limited information about adverse effects was reported.
- All the studies were conducted in China.

DISCUSSION



急性腹瀉病童合併

藥物及腹部按摩治療更有效嗎？

- * 同意 請舉 綠色 
- * 不同意 請舉 紅色 
- * 不確定 請舉 黃色 

- ✓ 順時針環狀按摩腹部
- ✓ 一天2-3次，一次50圈
- ✓ 時間約5-10分鐘



綠(同意):15人

黃(需討論):24人

紅(不同意):4人



Thank

感謝聆聽 ~

you

