《实用临床药物治疗学》丛书

主任委员 吴永佩 金有豫

总 主 译 金有豫 韩 英

国家卫生健康委医院管理研究所药事管理研究部 组织翻译

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第11版

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译者的话

《实用临床药物治疗学》为 *APPLIED THERAPEUTICS: the Clinical Use of Drugs* 第 11 版的中译本。其第 8 版中译本曾以《临床药物治疗学》之名于 2007 年出版。

《实用临床药物治疗学》一书为临床药学的经典教材和参考书。其第 1 版由美国被誉为“药师对患者监护开拓者”(Pioneering the Pharmacists' Role in Patients Care)且 2010 年美国 Remington 荣誉奖获得者的著名药学家 Marry Anne Koda-Kimble 主编,于 1975 年作为教材面世,至今出版已 44 载,虽经多版修订,但始终未离其编写初衷:采用基于“案例”和“问题”进行教育的特点和方法,帮助学生掌握药物治疗学的基本知识;学生可从中学习到常见疾病的基本知识;培养学生解决问题的能力,以制定和实施合理的药物治疗方案;每个案例均融入各章的治疗关键概念和原则等。

为了表彰作者的贡献,其第 10 版书名首次被冠名为“*Koda-Kimble & Young's Applied Therapeutics*”,以资纪念。

本版与第 8 版相比,其参加编写和每篇负责人的著名药学院校专家分别增为 214 人和 26 人。

本书第 11 版的章节数经调整后共 18 篇 110 章。与第 8 版的 101 章相比,增改了 9 章。各章内容均有所更新,特别是具有本书特点的“案例”和“问题”的数量,分别增至约 900 例和 2 800 多题,个别案例竟多达 12 题,甚至 18 题,从病情到治疗,由繁到简,环环丝扣,最终解释得清清楚楚。原版全书正文总面数达 2 288 面,堪称与时俱进的经典巨著。

当前,我国正处于深化医疗改革的阶段,医疗、医保和医药联动的改革工作任务甚重。特别是在开展“以患者为中心”的药学监护(Pharmaceutical Care)工作方面,我国药师无论是在数量或质量方面,都有相当大的差距,任重而道远。因此本书的翻译出版,定将为药师学习提高专业实践技能,促进药师在医改进展中的服务能力起到重要作用。

为此,简略地回顾一下药师的发展历史,可能有助于读者更深刻地体会本书的特点、意义和价值。

二次世界大战后,欧美各国家制药工业迅速发展,新药大量开发应用于临床。随着药品品种和使用的增加,药物不良反应也频繁发生,不合理用药加重,药物的不合理使用导致药源性疾病的增加,患者用药风险增大。同时,人类面临的疾病负担严峻,慢性病及其他疾病的药物应用问题也愈加复杂,医疗费用迅速增加,促进合理用药成为共同关注的问题,因而要求医院药学部门工作的转型、药师观念与职责的转变,要求药师能参与临床药物治疗管理;要求高等医药院校培养应用型临床药学专业人才,这就导致药学教育的改革。美国于 1957 年首先提出高等医药院校设置 6 年制临床药学专业 Pharm D. 培养计划,培养临床型药学专业技术人才。至今美国 135 所高等医药院校的药学教育总规模 90%以上为 Pharm D. 专业教育;规定 Pharm D. 专业学位是在医院和社会药店上岗药师的唯一资格。并在医院建立学员毕业后以提高临床用药实践能力为主的住院药师规范化培训制度。

在此背景下,美国加州旧金山大学药学院临床药学系主任、著名的药学家 Marry Anne Koda-Kimble 主编了本书的第 1 版,作为培养新型药师的教材于 1975 年问世。本书第一版前言中指出“正是药师——受过高级培训、成为药物治疗专家,掌握药物的最新知识及了解发展动态、为患者和医师提供咨询,在合理使用药物、防止药物不良反应等方面——将起到关键作用”。美国的一些药学院校在课程设置方面增加了相应的内容,使药师能够胜任

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“以患者为中心”参与临床药物治疗管理的工作职责。其后40年来，药师的教育和实践任务随着医疗保健工作的发展，在“以患者为中心”的基础上，不断地向临床药学、实践规范化和系统管理方面进行改革和提高。其中比较突出的有3位美国学者Robert J. Cipolle（药师和教育学家）、Linda M. Strand（药师和教育学家）和Peter C. Morley（医学人类学家和教育学家），作为一个团队，通过调查、研究、试点、总结而提出“药学监护”（Pharmaceutical Care）的理念（philosophy）、实践和规范（practice），指南（guide）以至“药物治疗管理”（Medication Therapy Management，MTM）系统。4位专家的“革命”性变革，提高了药师在医疗保健中的地位及其重要性的认识，促进了药师专业作用的发挥。因此Robert J. Cipolle、Linda M. Strand两人和Koda-Kimble分别于1997年和2010年获得美国药师协会颁发的、代表药学专业领域最高荣誉的Remington奖章，对他们在药学专业领域所作的巨大贡献予以肯定和鼓励。

迄今，世界各国的药学教育和药师的工作重点和作用，也都先后向这方面转变。在我国也正在加速药学教育改革和医院药师职责的转变。本版第1章“药物治疗管理和治疗评估”（Medication Therapy Management and Assessment of Therapy）的内容，很适合我国药师的现状和需要。

有鉴于此，我们组织了本书的翻译，以飨读者。

本书的翻译工作由金有豫教授和吴永佩教授牵头，韩英、缪丽燕、吕迁洲、樊德厚、蒋学华等教授出任总译校审阅工作。由23家三级医院和药学院校有丰富理论和实际经验的药学、医学专家教授及部分临床药师近200人分别承担了18篇共110章的翻译、校译和审译工作，我们对各篇章译校专家所付出的辛勤劳动深表感谢。由于专业知识、翻译水平与经验的不足，难免有疏漏或不当之处，恳请专家和读者提出宝贵意见。

译委会

2019年10月

原著前言

距第 1 版《实用临床药物治疗学》出版已经 40 多年了，这期间健康卫生的蓝图发生了巨大的变革。虽然科技的巨大进步改变了个体化医疗，但我们也意识到在日益复杂的医疗保健服务系统中所面临的重大挑战。我们比以往任何时候都更需要具有批判性思维和可以运用问题解决技能来改善患者预后的卫生专业技术人员。

大约 40 年后，这本教科书的基本原则——以患者为中心，以案例为基础的学习方法——仍然是卫生专业教育的基石。我们的编者们列出了约 900 个案例来帮助读者在特定的临床环境中综合应用治疗学原则。我们也给卫生专业学生和实践者提供了简要的有关临床医师批判性的思考、解决问题的技能评估和解决治疗问题的思维方式。卫生专业的学生和实践者通过初步了解临床医师评估和解决治疗问题的思维来提升自身批判性思维和解决问题的能力。

熟悉本书过去版本的读者会注意到本书的整体设计与第 10 版一致，每章开头都包含了核心原则部分，提供了本章最重要的概括性信息。每个核心原则都定位于每章将被详细讨论的特定案例，关键性的参考文献和网站在每章结尾列出，每章所有的参考文献都可在网上看到。

基于过去版本中提供的基于案例学习的良好基础，第 11 版做了一些改变，以满足全球卫生专业教育工作者和学生不断变化的教育需求。主编们和编者们将美国医学研究所（Institute of Medicine，IOM）的 5 个核心能力，即以患者为中心的监护能力、跨学科团队的协作能力、基于循证证据的实践能力、质量改进技术的应用能力和信息技术的应用能力作为在书中提出案例研究和问题的主要框架。此外，2016 年药学教育认证委员会（the Accreditation Council for Pharmacy Education，ACPE）认证标准，药学教育促进中心（the Center for the Advancement of Pharmacy Education，CAPE）教育成果和北美药剂师执照考试（the North American Pharmacist Licensure Examination，NAPLEX）修订版的能力声明作为编写团队和编者们设计编撰第 11 版的指导方针。

本版的特点在于 200 多位经验丰富的临床医师做出了积极的贡献，对每一章都经过修订和更新，以反映我们不断变化的药物知识以及这些知识在患者个体化治疗中的应用。几部分内容已经过广泛的重组，引入了新的章节来扩展重要主题，其中包括总论、免疫失调、类风湿性疾病、骨关节疾病、神经系统疾病、精神疾病和药物滥用及肿瘤部分。特别值得注意的是总论部分关于药物相互作用、药物基因组学和个体化用药及职业教育与实践的新章节。此外，还重新设计了 1 章，重点关注重症患者的监护，现在还补充了关于儿童危重症监护的章节。

鉴于将跨专业教育（interprofessional education，IPE）纳入教学、实践和临床环境的重要性，我们添加了一系列由本书各个部分编者们的代表编写的 IPE 案例研究。

由于我们正在计划下一个版本，因此我们欢迎您的反馈。作者从文献、现行标准、临床经验中提取信息，从而分享合理的、深思熟虑的治疗策略。然而，每个实践者都有责任去评估书中实际临床环境中某些观点的适用性，我们支持任何在此领域的发展。我们强烈要求学生和实践者在需要使用新的和不熟悉的药物时参考适当的信息来源。

原著致谢

我们十分感激那些致力于完成第 11 版《实用临床药物治疗学》的所有编者。我们感谢所有编者在平衡承担教育工作者、临床医师和研究人员众多责任的同时，不懈地提供最高质量的编写工作。我们感谢 26 位分册（篇）主编的出色工作，他们在本书的组织结构和章节的个性化编写中提供了必要的关键性的反馈意见，没有他们的奉献和支持，这个版本也是不可能出版的。另外，我们特别感谢那些已退休的主编们——Jean M. Nappi、Timothy J. Ives、Marcia L. Buck、Judith L. Beizer 和 Myrna Y. Munar，因为他们是第 11 版的指导力量。我们衷心感谢本书之前版本的编写团队，特别感谢 Brian K. Alldredge 博士和 B. Joseph Guglielmo 博士对第 11 版的指导和支持。我们还要感谢“Facts and Comparisons”允许我们使用他们的数据来构建本书的一些表格。

来自 Wolters Kluwer、Matt Hauber、Andrea Vosburgh 和 Annette Ferran 的团队应该得到特别的认可。他们非凡的耐心、对细节的关注和指导对于这个项目的成功至关重要。我们衷心感谢 Tara Slagle（项目管理）和 Samson Premkumar（制作）协助我们完成这个版本。最重要的是，我们要感谢我们的配偶和家人对我们的爱、理解和坚定的支持。他们无私地给予我们编写本书时所需要的一个个清晨、深夜、周末和假期。

与过去的版本一致，我们继续将我们的工作奉献给激励我们的学生以及教会了我们宝贵经验的患者。我们还将第 11 版献给那些临床医师和教育工作者，他们在应用基于团队的方法提供以患者为中心的监护服务方面发挥了先锋领袖和行为榜样作用。

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