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• 中文關鍵字	吸菸; 結核病; 抗結核藥物治療; 療效; 安全性; 失落率		
• 英文關鍵字	Tobacco; Smoking; Tuberculosis; Antituberculosis therapy; Efficacy; Safety; Default rate		
• 中文摘要	吸菸與結核病兩者皆為世界關注的問題。吸菸會影響呼吸道功能，導致呼吸道免疫力降低，容易感染呼吸道傳染病。近年來，在結核病與吸菸高盛行率的國家，吸菸與結核病的相關性被廣泛討論。研究證明吸菸為結核病的發生率、死亡率、以及抗結核藥物治療的依順性不良之危險因子。本研究目的為探討吸菸對抗結核病藥物治療之影響，包括治療結果與藥物不良反應之產生等。本研究收集 2001 年 7 月 1 日至 2003 年 6 月 30 日間，確診為結核病並且使用抗結核藥物治療之病患，配對分為吸菸組與非吸菸組。收集包括性別、年齡、身高、體重、診斷、臨床症狀、過去病史、現在疾病史、菸酒習慣、抗結核藥物及其他藥物劑量、生化檢查值(肝腎功能檢查值、尿酸值、白蛋白值等)、細菌學檢查值(痰液抹片檢查、耐酸性細菌培養)、血液檢查值(血小板數、紅血球、血紅素等)、藥物不良反應、治療結果等變項。進行單一變項及多變項分析。本研究收樣 401 人，配對後吸菸組共 57 人，非吸菸組共 114 人，合計 171 位個案。結果顯示每日吸菸量、發生藥物引起的皮膚反應為失落率之相關危險因子，Odds ratio 分別為 1.867(95%CI1.053-3.311)、3.474(95%CI1.219-9.902)，另外病患有高血壓病史是失落的預防因子(OR0.405,95%CI0.173-0.948)。本研究結果發現病患之每日吸煙量為抗結核藥物治療失落率之危險因子，但需要更大型的研究樣本來證實吸菸與抗結核藥物治療結果之相關性。另外，吸菸與飲酒互為混淆因子，吸菸組中有飲酒習慣者之比例明顯較非吸菸者高(56.1%vs.13.2%,p<0.001)。在未來進行相關研究時，此問題值得研究者重視。		
• 英文摘要	Tobacco and tuberculosis (TB) are both serious problems in the world. The influence of smoking on TB was studies in the countries with high prevalence of both smoking and TB. Studies indicated that smoking was a risk factor for TB morbidity, mortality and		

nonadherence. The objective of current study was to elucidate the impact of smoking on the outcomes of antituberculosis pharmacotherapy. A retrospective matched comparative study was carried out in Taipei Municipality Wan-Fang Medical Center. Patients diagnosed to have tuberculosis and treated with antituberculosis drugs from July 1, 2001 to June 30, 2003 were recruited. The cohort was then matched by age and gender and separated into two groups, smoker and nonsmoker. Patient demographics data, disease status, lab data, bacteriological reading, adverse drug reactions, and therapeutic outcomes were collected. Univariate analysis and multiple logistic regression were performed. A total of 171 TB patients were matched, including 57 smokers and 114 nonsmokers. Treatment default was found to be correlated with tobacco consumption. Daily tobacco consumption and drug induced skin reaction were the risk factors of 3 treatment default with odds ratio of 1.867 (95% CI 1.053-3.311) and 3.474 (95% CI 1.219-9.902). Concurrent disease of hypertension was a preventing factor of treatment default (OR 0.405, 95% CI 0.173-0.948). Current study showed that daily tobacco consumption was a risk factor for treatment default. Since a higher drinker proportion was found in smoker than nonsmoker (56.1% vs. 13.2%, $p < 0.001$), the confounding effect of alcoholism needs further clarification. Studies with larger sample size are needed in the future.