

高雄市立凱旋醫院員工自行研究發展獎勵

99年度論文寫作發表金案件一覽表（國外雜誌）-98年發表

編號	研究題目	著者或報告者	發表或出版
98-1	台灣高風險家庭暴力累犯暴力治療計劃 Domestic violence recidivism in high-risk Taiwanese offenders after the completion of violence treatment programs. (SSCI)	<u>Lin SC</u> (林世棋)、 Su CY(蘇昭月)、 <u>Chou FH*</u> (周煌智) Chen SP(陳筱萍)、 Huang JJ(黃志中)、 Wu GT(吳慈恩)、 Chen WJ(陳偉任)、 Chao SS(趙欣欣)、 Chen CC(陳正宗)	Journal of Forensic Psychiatry & Psychology, 2009, 20(3) : P458-472, 美國
98-2	The suitability of the BSRS-5 for assessing the elderly who have attempted suicide and need to be referred for professional mental health consultation in a metropolitan city, Taiwan. (SCI)	<u>Chen WJ</u> (陳偉任)、 Chen CC(陳正宗) Ho CK(何啟功)、 Lee MB(李明濱)、 Chung YT(鍾易廷)、 Wang YC(王澄涓)、 Lin GG(林桂菁)、 Lu RY(劉仁儀)、 Sun FC(孫鳳卿)、 <u>Chou FH*</u> (周煌智)	Int J Geriatr Psychiatry, 2009, 24(10) : P1151-1157, 美國
98-3	預測精神科急診老人轉送綜合醫院之因子 Factors predicting transferal after psychiatric emergency management in the elderly. (SCI)	<u>林潔欣</u> 、 <u>許詔文</u> 、 <u>鄧景云</u> 、 <u>孫柏鈞</u> 、 <u>許恆嘉</u> 、 <u>翁于婷</u> 、 <u>林清華*</u>	Psychiatry and Clinical Neurosciences, 2009, 63 : P741-746, 日本
98-4	Correlation of attention deficit, rapid eye movement latency and slow wave sleep in schizophrenia patients (SCI)	<u>張鈺姍</u> 、 <u>徐崇堯</u> 、 <u>湯淑慧</u> 、 <u>林靜妤</u> 、 <u>陳明招</u>	Psychiatry and Clinical Neurosciences, 2009, 63 : P176-179, 日本
98-5	Mental health and quality of life among doctors, nurses and other hospital staff (SSCI、SCI)	Jian-An Su、 Hsu-Huei Weng、 <u>Hin-Yeung Tsang</u> (<u>曾憲洋</u>) Jhen-Long Wu	Stress and Health, 2009, 25 : P423-430, 美國

編號	研究題目	著者或報告者	發表或出版
89-6	Factors affecting time to rehospitalization for Chinese Patients with bipolar I disorder in Taiwan. (SCI)	Ching-Hua Lin(林清華)、 Chao-Chan Kuo(郭兆展)、 Ren-Yi Liu(劉仁儀)、 Ching-Wen Huang(黃靖雯)	Aust N Z J Psychiatry, 2009, 43 : P927-933
98-7	預測憂鬱症患者自我污名化，病識感和可預期副作用藥物的臨床療效 Predictive value of self-stigma, insight, and perceived adverse effects of medication for the clinical outcomes in patients with depressive disorders. (SCI)	Cheng-Fang Yen(顏正芳)、 Yu Lee(李昱)、 Tze-Chun Tang(唐子俊)、 Ju-Yu Yen(顏如佑)、 Chih-Hung Ko(柯志鴻)、 <u>Chen-Chung Chen*</u> (陳正宗)	The Journal of Nervous and Mental Disease, 2009, 197(3) : P172-177, 美國
98-8	台灣已婚移民女性和當地婦女的生活品質和憂鬱症之間的比較 A comparison of quality of life and depression between female married immigrants and native married women in Taiwan. (SCI)	<u>Frank Huang-Chih Chou</u> (周煌智)、 Pei Chin Chen(陳佩君)、 Ren-Yi Liu(劉仁儀)、 Chi-Kung Ho(何啟功)、 Kuan-Yi Tsai(蔡冠逸)、 Wen-Wei Ho(何文偉)、 Shin-Shin Chao(趙欣欣)、 Kung-Shih Lin(林耕新)、 Shih-Pei Shen(沈詩佩)、 <u>Chen-Chung Chen*</u> (陳正宗)	Social Psychiatry and Psychiatric Epidemiology, 2009 : P130-135, 德國
98-9	憂鬱症患者之生活質量和自我恥辱，洞察力，以及藥物副作用之間的關聯 Association between quality of life and self-stigma, insight, and adverse effects of medication in patients with depressive disorders. (SCI)	Cheng-Fang Yen(顏正芳)、 <u>Chen-Chung Chen*</u> (陳正宗) Yu Lee(李昱)、 Tze-Chun Tang(唐子俊)、 Chih-Hung Ko(柯志鴻)、 Ju-Yu Yen(顏如佑)	Depression and Anxiety, 2009, 26 : P1033-1039, 美國
98-10	有害酒精使用與網路成癮間的關聯：性格比較 The association between harmful alcohol use and Internet addiction among college students: comparison of personality (SCI)	Ju-Yu Yen(顏如佑)、 Chih-Hung Ko(柯志鴻)、 Cheng-Fang Yen(顏正芳)、 Cheng-Sheng Chen(陳正生)、 <u>Chen-Chung Chen*</u> (陳正宗)	Psychiatry and Clinical Neurosciences, 2009, 63 : P218-224, 日本

高雄市立凱旋醫院員工自行研究發展獎勵

99年度論文寫作發表金案件一覽表（國內雜誌）-98年發表

編號	研究題目	著者或報告者	發表或出版
98-11	性侵害受害者對正式服務體系的求助經驗-以二位婦女為例	陳筱萍、 <u>周焯智*</u> 、劉仁儀	亞洲家庭暴力與性侵害期刊, 第5卷第2期, 第1-24頁, 98, 嘉義
98-12	Amisulpride導至一位之前服用sulpiride的男性產生遲發性運動不能 Amisulpride implicated in the onset of tardive dyskinesia in a man who previously took sulpiride.	林裕翔、蔡冠逸、 <u>周焯智*</u>	T.S.M H Medical Nursing Journal, 第15卷第2期, 第135-140頁, 98.04, 屏東
98-13	診斷及治療妥瑞氏合併雙極性情緒疾病的十歲男孩-病例報告) (SCI)	<u>王鵬為</u> 、 <u>黃美鳳*</u> 顏正芳、黃蓉蓉	高雄醫誌, 第25卷, 第608-612頁, 98.05, 高雄
98-14	美沙冬(methadone)替代療法-理論與實作經驗	陳彥宏、莊宜興、陳淑筠、吳泓機	藥學雜誌, 第25卷第4期, 第126-131頁, 98.12, 台北
98-15	某老人院精神疾病盛行率的先導研究 (TSSCI)	<u>曾靈洋</u>	台灣精神醫學雜誌, 第22卷第4期, 第287-295頁, 97.12, 台灣

高雄市立凱旋醫院員工自行研究發展獎勵 99年度論文寫作發表金案件一覽表（國外學會）-98年發表

編號	研究題目	著者或報告者	發表或出版
98-16	Comparison of quality of life and associated factors between schizophrenic patients receiving community rehabilitation and those living in long-term care institutes in Taiwan.	周煌智、郭明慧	The Second World Congress of Asian Psychiatry in Taipei, Taiwan, 第43頁, 2009（壁報展示）, 台北
98-17	The Establishment of a Standard Operation Procedure (SOP) for Psychiatric Service after an Earthquake.	周煌智	The Second World Congress of Asian Psychiatry in Taipei, Taiwan, 第11頁, 2009（口頭報告）, 台北
98-18	The relationship schizophrenia caregivers' burden, quality of life and schizophrenia symptoms severity in Taiwan.	周煌智、蘇昭月、郭明慧、沈詩佩、張莉馨、趙欣欣	APA 162nd annual meeting, 第39頁, 2009（壁報展示）, 舊金山
98-19	The effectiveness of suicide prevention program in a Taiwan metropolitan city.	周煌智、陳偉任、陳正宗、何啟功、郭明慧、蘇昭月、李明濱	APA 162nd annual meeting, 第39頁, 2009（壁報展示）, 舊金山
98-20	肌氨激酸酶在抗精神病藥物症候群和橫紋肌溶解症的臨床觀點 Clinical aspect of creatinine phosphokinase in neuroleptic malignant syndrome and rhabdomyolysis.	黃美鳳、王鵬為、劉仁儀、曾憲洋、陳明招、陳正宗	The Second World Congress of Asian Psychiatry, 2009（壁報展示）
98-21	Schizophrenic patients discharged against medical advice at a mental hospital.	翁于婷、林清華、周立修、陳明招、周煌智、陳正宗	The Second World Congress of Asian Psychiatry, 第144頁, 98.11（壁報展示）, 台北
98-22	Methyphenidate Induced Psychotic Symptoms in Attention-Deficit and Hyperactivity Disorder (ADHA) and Conduct Disorder (CD)	李幸蓉、黃蓉蓉	The Second World Congress of Asian Psychiatry, 第159-160頁, 98.11（壁報展示）, 台北
98-23	ECT-induced Manic Episode in Bipolar Depression: A Case Report.	李幸蓉、林清華、陳明招、陳正宗	The Second World Congress of Asian Psychiatry, 第273-274頁, 98.11（壁報展示）, 台北

編號	研究題目	著者或報告者	發表或出版
98-24	A Case Report of Hepatotoxicity and Thrombocytopenia under Valproate Treatment in Adolescent Bipolar Affective Disorder	吳俞萱、黃蓉蓉	The Second World Congress of Asian Psychiatry, 第152頁, 98.11 (壁報展示), 台北
98-25	Factors Related to Quality of Life among Chronic Mental Illness Patients in Kaohsiung City, Taiwan.	黃蓉蓉、邱文彬、周煌智、張莉馨、陳正宗	The Second World Congress of Asian Psychiatry, 第113-114頁, 98.11 (口頭報告), 台北
98-26	以精神運動速度缺損程度為依據探討Fluoxetine對重鬱症的療效 Efficacy of Fluoxetine in MDD: Group by Psychomotor Deficit Level	湯淑慧、邱嘉凡、林清華 Sigmund Hsiao、鍾素英	美國心理學會年刊, 第2009卷, 98.07 (壁報展示), 加拿大多倫多
98-27	情緒障礙青年沙遊治療過程	林耿樟、邱敏麗	日本沙庭療法學會第23回大會, 第106-107頁, 2009 (口頭報告), 日本
98-28	精神科急診高利用率者之性別差異 Gender difference of frequent visitors in the psychiatric emergency room.	林潔欣、許詔文、孫柏鈞、鄧景云、許恆嘉、翁于婷、林清華	APA annual meeting, 2009 (口頭報告), 舊金山
98-29	Schizophrenia, Metabolic syndrome, and Obstrucitive sleep apnea	張鈺姍、林靜妤、陳怡文、陳美月	第二屆亞洲精神醫學世界聯合會, 第278頁, 98.11 (壁報展示), 台北
98-30	From pupa to butterfly: learning process of psychiatric residents	曾憲洋、Li-Yu Chuang	The Second World Congress of Asian Psychiatry, 98.11 (壁報展示), 台北
98-31	嚴重精神病人有無合併酒癮之處方 Benzodiazepine prescription among severe mental illness patients in Taiwan, with or without co-occurring alcohol abuse/dependence.	林清華、林世棋、陳正宗	The Second World Congress of Asian Psychiatry, 第227頁, 98.11 (壁報展示), 台北
98-32	“Eight-hints” discharge group-A goal-oriented group in psychotherapy patient.	周立修、徐志堯、吳泓機	17th congress international association for group psychotherapy and group processes, 第181頁, 98.08 (壁報展示), 義大利

編號	研究題目	著者或報告者	發表或出版
98-33	National association of self-help group for neurotics in Taiwan and its impact on dropout phenomenon of group psychotherapy.	周立修、陳正宗	The Second World Congress of Asian Psychiatry, 第120-121頁, 98.11 (口頭報告), 台北
98-34	Factor Associated with Dropout from Methadone Maintenance Therapy in Heroin Dependents.	吳泓機、徐志堯、鍾冠生、陳正宗	The Second World Congress of Asian Psychiatry, 98.11 (口頭報告), 台北
98-35	The health belief and self-efficacy for smoking cessation in psychiatric inpatients	吳泓機、徐志堯、蘇淑芳、陳明招、周煌智、陳正宗	The Second World Congress of Asian Psychiatry, 98.11 (壁報展示), 台北
98-36	A Brief report of smoking cessation program in a psychiatric hospital.	徐志堯、吳泓機、蘇淑芳、陳明招、陳正宗	17th international Conference on Health Promoting Hospitals and Health Services, 98.05 (壁報展示), 希臘
98-37	在沒有心臟病發作的高CPK期間持續使用Zotepine：個案報告 Continuing Zotepine therapy during the periods of elevated CPK without heart attack: A case report	許琬芝、陳正宗、曾憲洋、王鵬為、陳明招、周煌智、周立修、林清華、劉仁儀	The Second World Congress of Asian Psychiatry, 第221-222頁, 98.11 (壁報展示), 台北
98-38	Addiction severity, Social support and alcohol abstinence self-efficacy among Inpatients with alcoholism	蔡靜琪、洪信嘉	ICN第24屆南非研討會, 98.06 (壁報展示), 瑞士

高雄市立凱旋醫院員工自行研究發展獎勵

99年度論文寫作發表金案件一覽表（國內學會）-98年發表

編號	研究題目	著者或報告者	發表或出版
98-39	辯論討論：強制社區治療在 台灣-國內強制社區治療說 明	周煌智、陳正宗	台灣精神醫學會48週年年會 暨學術研討會論文摘要集, 第 61頁 (口頭書報告), 98, 台 北
98-40	高雄市慢性精神病患照顧者的 負荷、需求及生活品質	黃蓉蓉、邱文彬、陳正宗、 張莉馨、周煌智	2009年台灣健康照護聯合學 術研討會論文集, 第198-199 頁, 98.04 (壁報展示), 台北
98-41	語意流暢度測驗在老人失智評 估中所涉及的認知能力	鍾素英、花茂琴、薛惠琪、 湯淑慧、邱嘉凡	2009年台灣臨床心理學會年 會, 第363頁, 98 (壁報展示), 台灣
98-42	伴隨家庭問題之重鬱症個案之 短期心理治療報告	蘇淑文	台灣心理學年會, 98 (壁報展 示), 台灣
98-43	估計水腦兒童之期望智商 Estimation of expected IQ in a child with hydrocephalus	Lin, S.T.林希陶 Chung, S.J. Hsu, C.D.	2009年台灣臨床心理學會年 會, 第323頁, 98 (壁報展示), 台北
98-44	個案報告：重鬱症患者接受失 眠認知行為治療之療效	鄭智鳴、鍾素英	2009年台灣臨床心理學會年 會, 第341頁, 98 (壁報展示), 台北
98-45	重鬱症患者接受Fluoxetine治 療前後執行功能的變化 Executive function changes in MDD after treat by Fluoxietine	湯淑慧、鍾素英、邱嘉凡、 林清華	2009年台灣臨床心理學會年 會, 98 (壁報展示), 台灣
98-46	戒毒團體療效探索性研究	林耿樟、邱英翔、蘇淑文	2009年台灣臨床心理學會年 會, 第402頁, 98 (壁報展示), 台灣
98-47	精神科急診高使用者之特徵及 預測因子 Characteristics and predictive factors of frequent visitors in the psychiatric emergency room.	林潔欣、許詔文、孫柏鈞、 鄧景云、許恆嘉、翁于婷、 林清華	98年台灣精神醫學會年會學 術研討會, 98 (壁報展示), 台灣
98-48	羅氏適應模式照顧糖尿病足截 肢後機構老年住民調適經驗	盧美柔、陳桂敏	第七屆長期照護學術研討會, 第15頁, 98.03 (壁報展示), 台灣

編號	研究題目	著者或報告者	發表或出版
98-49	降低某精神專科醫院員工處理暴力受傷率之專案 Lowering Injury Rate of Staff Who Handle Violence in Psychiatric Teaching Hospital.	宋嫻璇、張馨妃、 蘇淑芳、王鳳珠、劉麗貞、 張簡好臻	中華民國精神衛生護理學會第五次護理研究論文發表會論文集, 第26頁, 98.02 (壁報展示), 台灣
98-50	精神護理之家訪查作業指標之初探 Preliminary survey of the investigation in psychiatric nursing home.	張馨妃、蘇淑芳、 黃英如、黃美意、 湯穗伶	中華民國精神衛生護理學會第五次護理研究論文發表會論文集, 第27頁, 98.02 (壁報展示), 台灣
98-51	兒童期發病之雙向情感障礙症：個案分析 Childhood-Onset Bipolar Affective Disorder: Case Analysis.	何志培	台灣兒童青少年精神醫學會11週年年會暨學術研討會論文摘要集, 第77頁, 98.06 (壁報展示), 台北
98-52	性侵害受害少女罹患創傷後壓力症候群：案例分析 Victims of Sexually abused Adolescent Girls with PTSD: Cases Analysis.	呂俊雄	台灣兒童青少年精神醫學會11週年年會暨學術研討會論文摘要集, 第70頁, 98.06 (壁報展示), 台北
98-53	性教育方案對慢性精神病患性知識、態度、行為之影響	黃英如、蘇淑芳、 黃麗玲、李素芳	中華民國精神衛生護理學會第五次護理研究論文發表會論文集, 第28頁, 98.02 (壁報展示), 台灣
98-54	居家治療、門診治療、新住院精神病患其主要照顧者所採用自殺防範措施之探討	蘇淑芳、黃英如、 張馨妃、楊麗鈴、李素芳	中華民國精神衛生護理學會第五次護理研究論文發表會論文集, 第31頁, 98.02 (壁報展示), 台灣
98-55	使用結構方程式探討老榮民生活品質、精神疾病及自殺意念之關係	陳偉任、周煌智、 林桂菁、陳正宗、 何啟功、李明濱、 孫柏鈞、鍾易廷、 王澄瑁、孫鳳卿	2009台灣自殺防治學會年會暨學術研討會, 98 (壁報展示), 台北
98-56	運動介入對精神養護中心住民體適能之成效探討 The Effects of Exercise for Psychiatric Patients Living in The Long Term Care Institution.	白秋鳳、陳素、 劉玉萍、湯穗伶、 吳秋香	台灣護理學會第25次論文發表會暨兩岸護理學術交流, 98.09 (壁報展示), 高雄

編號	研究題目	著者或報告者	發表或出版
98-57	降低精神科急性病房護理人員暴力受傷件數 The program for reducing the injured events in nursing staffs due to the violent behaviors in the acute wards.	傅春梅	中華民國精神衛生護理學會第五次護理研究論文發表會論文集, 第9頁, 98.02 (壁報展示), 台灣
98-58	災難心理衛生護理的建構與發展 Constructing and Developing The Disaster Mental Health Nursing.	蘇淑芳、王鳳珠、 陳惠敏、戎璟如	第七屆台灣心理治療與心理衛生聯合會暨心靈書展, 第36頁, 98.12 (壁報展示), 台灣
98-59	羅夏克墨漬測驗在臨床診斷與療效評估的適用性	鍾素英、劉瑞華、賴怡君	2009年台灣臨床心理學會年會, 第364頁, 98 (壁報展示), 台灣
98-60	利用自動固相萃取與氣相層析質譜儀偵測人類尿液中美沙冬及其代謝物之分析研究 Development and validation of an automated solid-phase extraction and GC/MS method for determination of methadone and its metabolites in human urine.	王上彰、吳泓機、黃友利	中國化學會98年度年會暨學發表會, 第172頁, 98.12 (壁報展示), 台北
98-61	藥癮團體心理治療-司法體系下藥癮者團體治療之經驗-凱旋模式 Group psychotherapy for drug use disorders under the justice system Kai-Suan model.	周立修、吳泓機、陳正宗	第七屆台灣心理治療與心理衛生聯合會暨心靈書展, 第22頁, 98.12 (口頭報告), 台灣
98-62	綜說：客觀臨床測驗在精神科臨床能力評估之應用 Overview : The objective assessment of clinical competence in psychiatry.	周立修、陳明招、曾憲洋、陳正宗	2009年台灣精神醫學會年會暨學術討論會, 第46-47頁, 98.11 (口頭報告), 台灣
98-63	精神科標準病人之訓練 Training psychiatric standardized patients.	周立修、鍾冠生、王鵬為、陳明招、曾憲洋、陳正宗	台灣精神醫學會48週年年會暨學術討論會, 第48頁, 98.11 (口頭報告), 台北
98-64	美沙冬替代療法個案的尿液監測 The drug monitor in patients treated by methadone maintenance therapy.	吳泓機、徐志堯、陳正宗	2009年台灣成癮科學學會年會暨學術研討會, 98.05 (壁報展示), 竹南

編號	研究題目	著者或報告者	發表或出版
98-65	Methadone Maintenance Therapy Reduced Rate of the Other Substances Use in Heroin Dependents.	吳泓機、徐志堯、 鍾冠生、陳正宗	台灣精神醫學會48週年年會暨學術研討會論文摘要集, 98.11 (壁報展示)
98-66	住院酒癮病人成癮嚴重度、社會支持與戒酒自我效能之相關性研究	蔡靜琪、洪信嘉、蘇淑芳	中華民國精神衛生護理學會第五次護理研究論文發表會論文集第21頁, 98.02 (壁報展示), 台灣
98-67	酒癮共病症病人的社會支持與戒酒自我效能之研究 Social support and alcohol abstinence self-efficacy with alcoholism and psychiatric comorbidity.	蔡靜琪、蘇淑芳、王鳳珠、洪信嘉、吳泓機、徐志堯	台灣護理學會第25次論文發表會暨兩岸護理學術交流, 第221頁, 98.09 (壁報展示), 高雄
98-68	喪親後引起之躁症：一個健康中年男性的個案報告	翁于婷、林清華	台灣精神醫學會48週年年會暨學術研討會論文摘要集, 98.11 (壁報展示)
98-69	利用OSCE及MINI-CEX探討精神科實習醫學生臨床能力與知識的關係 The Association between Clinical Competence and Medical Knowledge in Psychiatric Clerkship using OSCE and MINI-CEX	王鵬為、曾憲洋、張鈺姍、陳明招、周煌智、陳正宗、楊品珍、顏正芳、李翠熔	台灣精神醫學會48週年年會暨學術研討會論文摘要集, 98.11 (口頭報告)
98-70	客觀結構式臨床測驗在精神科臨床教學之應用 Assessment of Clinical Competence Using an Objective Structured Clinical Examination (OSCE) in Psychiatry.	陳明招、林清華、周立修、曾憲洋、鍾冠生、王鵬為、陳正宗	台灣精神醫學會48週年年會暨學術研討會論文摘要集, 第49-50頁, 98.11 (口頭報告), 台北

【註】*表示通訊作者

98-1

Domestic violence recidivism in high-risk Taiwanese offenders after the completion of violence treatment programs

LIN Shih-Chi; SU Chao-Yuan; CHOU Frank Huang-Chih; CHEN Sheau-Ping;
HUANG Joh-Jong; WU Grace Tsyr-En; CHEN Wei-Jen; CHAO Shin-Shin; CHEN Cheng-Chung;

Resume/Abstract

A case-control trial enrolled 70 high-risk domestic violence (DV) offenders under protective orders and court-ordered batterer treatment (study group) and 231 low-medium risk DV offenders under protective orders only. Recidivism was defined as any recurrence of violence by the offenders. These acts of violence included both physical and verbal violence, which were measured by interviewing the victims by telephone at three, six and nine months after mandatory treatment for the study group or after adjudication of the protective order for the control group. There were no significant differences between the groups in terms of overall DV recidivism rate at the six-month and nine-month assessments, and no difference in physical violence at any assessment stage. However, the treated offenders showed greater reductions in the percentage of physical violence from the three-month to the six-month and the six-month to the nine-month follow-ups than non-treated offenders (43.0% vs. 35.1%, and 37.5% vs. 10%, respectively). Alcohol use was a significant variable in predicting recidivism. Thus the treated offenders demonstrated reductions in the rate of physical violence compared to the control group. As high-risk offenders are thought to be at risk of recidivism and more severe forms of DV, the authors suggest increasing resources and modifying treatment programs to suit the offenders' needs to prevent further violence, especially by those who abuse alcohol.

98-2

The suitability of the BSRS-5 for assessing elderly who have attempted suicide and need to be referred for professional mental health consultation in a metropolitan city, Taiwan

Wei-Jen Chen, Cheng-Chung Chen, Chi-Kung Ho, Ming-Been Lee, Yi-Ting Chung,
Ying-Chuan Wang, Guei-Ging Lin, Ren-yi Lu, Feng-Ching Sun and Frank Huang-Chih Chou

SUMMARY

Objectives The goals of this study are to (1) investigate the prevalence of necessary referral for professional mental health consultation for elderly people who attempted suicide ("suicide-attempted") in Kaohsiung city, Taiwan during 2006-2007, (2) assess whether the 5-item Brief Symptom Rating Scale (BSRS-5) can be used as efficient screening instrument for assessing the probability of a

second suicide attempt among the elderly, and (3) examine predictors of needing referral among the suicide-attempted.

Methods During the study period, 144 suicide-attempted elderly subjects were enrolled. Demographic data, BSRS-5, SAD PERSONS scale, and Medical Outcome Study Short Form-12 (MOS SF-12) data were collected by a trained semi-professional. The prevalence of necessary referrals for the suicide-attempted elderly was estimated, and the salient factors for their referral were evaluated with logistic regression analysis.

Results A total of 109 participants out of the 144 recruited completed the questionnaires, giving a response rate of 75.7%. The prevalence of necessary referrals for professional mental health consultation was 33.9% (37/109). The significant predictors of needing referrals were lower scores for MCS (OR=0.89; 95% CI=0.83-0.96), family discord (OR=3.86; 95% CI=1.17-12.75), and type of interviewee (OR=4.97; 95% CI=1.57-15.74).

Conclusion When the BSRS-5 is used to evaluate the referral of elderly patients who have attempted suicide for a professional mental health consultation, it is best to conduct in-person interviews to ask whether the elderly patient still has any suicidal ideation. In addition, evaluating quality of life and level of family discord may also be crucial for suicide prevention in the elderly. Copyright © 2009 John Wiley & Sons, Ltd.

KEY WORDS — elderly; suicide-attempted; 5-item brief symptom rating scale (BSRS-5); suicide prevention

98-3

Factors predicting transferal after psychiatric emergency management in the elderly

Chieh-Hsin Lin, MD, Chao-Wen Hsu, MD, Ching-Yun Teng, MD, Platinum Po-Chun Sun, MD, Heng-Chia Hsu, MD, Yu-Ting Wung, MD and Ching-Hua Lin, MD

Aims: The purpose of this study was to examine the demographic and clinical characteristics that differ-entiate between elderly and non-elderly visitors in the psychiatric emergency room (ER), and to identify factors predicting transferal after psychiatric emer-gency management in the elderly.

Methods: Data were collected over four years for patients who visited the psychiatric ER. The elderly were defined as patients older than 65 years old. Demographic and clinical characteristics were ana-lyzed using the χ^2 -test for categorical data and t-tests for continuous data. Multivariate logistic regressions were carried out to find predictive factors associated with being transferred to a general hospital for elderly visitors in the psychiatric ER

Results:Elderly patients made up 3.4% of all included visitors (n=243) during the four-year period. The mean number of visits for elderly visitors was 1.63 ± 1.18 , ranging from 1 to 7. The χ^2 -test and the t-test indicated that the elderly visitors were dif-ferent from controls in many demographic and clini-cal variables. Multivariate logistic regression analysis showed that being transferred to a general hospital for elderly visitors in the psychiatric ER was associ-ated with age (odds ratio=1.32) and a greater

number of previous psychiatric hospitalizations (odds ratio=1.42). Patients without a thought-form problem also required transferal to a general hospital more often in our study.

Conclusions: The study suggested that elderly visitors in the psychiatric ER were a unique group, and specific considerations should be included in the intervention for these patients.

Key words: elderly visitors, multivariate logistic regressions, psychiatric emergency service.

98-4

Correlation of attention deficit, rapid eye movement latency and slow wave sleep in schizophrenia patients

Yu-San Chang, MD, MS, Chung-Yao Hsu, MD, PhD, Shu-Hui Tang, CP, MS,

Aim: Schizophrenia patients present both reduced slow wave sleep (SWS) and shortened rapid eye movement latency (REML) in polysomnographic (PSG) profiles, which have been linked to dopaminergic and muscarinic impairment, respectively. Two main selective attentional systems involve different anatomical structures. The first system is the parietal cortical areas and thalamic areas, which are linked to cholinergic neurotransmission. This is responsible for automatic attention response. The second system is the frontal regions, which are linked to dopa-minergic neurotransmission. This is responsible for voluntary control of attentional resources. It was hypothesized that low attentional performance in schizophrenia patients is associated with shortened REML and reduced SWS.

Methods: The PSG profile was correlated with the continuous performance test (CPT) in 15 schizophrenic inpatients under treatment with risperidone. Schizophrenia was diagnosed according to DSM-IV criteria, and clinical symptoms were evaluated on the Brief Psychiatric Rating Scale.

Results: REML was negatively correlated with errors of omission ($P<0.05$), reaction time (RT; $P<0.05$) and positively correlated with hit rate (HR; $P<0.05$). No association was found between SWS and CPT performance.

Conclusions: The significant indicators of CPT represent different attention processes. Errors of omission, which are linked to the problems with automatic attention processing, RT, which represent the speed of automatic processing, and HR, are involved in the integration of autonomic and voluntary attention control. The present results suggest that REML is associated with thalamus-related automatic attention response. Due to study limitations, however, confirmation of these findings in a large-scale controlled study of drug-naïve patients is needed.

Key words: attention, REM latency, schizophrenia, slow wave sleep.

98-5

Mental health and quality of life among doctors, nurses and other hospital staff

Jian-An Su, Hsu-Huei eng, Hin-Yeung Tsang, and Jhen-Long u

Summary

Numerous studies have shown that doctors, nurses or other hospital staff may suffer from tremendous stress at work. A high level of work-related stress might increase vulnerability to mental illness and result in a poor quality of clinical care. This study was conducted in a Taiwanese regional general hospital. Minor psychiatric disorder, depressive disorder and quality of life were assessed for all staff, using self-rating questionnaires including the Chinese Health Questionnaire 12-item version, the Center for Epidemiologic Studies Depression Scale and World Health Organization Quality of Life Scale brief version. Nearly half of the staff had either a minor psychiatric disorder or depressive disorder. Nurses and pharmacists had the highest prevalence. The risk factors included single/divorced and being a nurse or pharmacist. Quality of life for hospital staff was poor, as compared with the Taiwanese norms, and was even worse for the nurses and pharmacists. In conclusion, the management teams of hospitals should pay more attention to the mental condition of all hospital staff, especially nurses and pharmacists. Adequate staffing, support, counseling or psychological intervention are required for further management, and may logically result in better mental health on the part of the staff and a better quality of care. Copyright © 2009 John Wiley & Sons, Ltd.

Key words

Depressive disorder; hospital staff; mental health; minor psychiatric disorder; quality of life

98-6

Factors affecting time to rehospitalization for Chinese patients with bipolar I disorder in Taiwan

Ching-Hua Lin, Chao-Chan Kuo, Ren-Ti Liu, Ching-Wen Huang, Cheng-Chung Chen

Objective: Bipolar disorder is a recurrent disorder for the vast majority of patients, and hospitalization is normally used to control severe symptoms. The goals of treating bipolar disorder include symptomatic remission, full return of psychosocial functioning, and prevention of relapses/recurrences. Rehospitalization, however, becomes necessary with the relapse/recurrence of severe symptoms. The purpose of the present study was therefore to investigate the risk factors affecting the time to rehospitalization.

Method: Rehospitalization status was monitored for all patients with bipolar I disorder discharged from Kai-Suan Psychiatric Hospital between 1 January 2002 and 31 December 2004. Patients were followed up with respect to rehospitalization until 31 December 2005. The Kaplan-Meier method

was used to calculate the mean time to rehospitalization within 1 year after discharge. Risk factors associated with rehospitalization were examined using Cox proportional hazards regression model.

Results: Four hundred and twenty patients were recruited for the study. Two hundred and eleven patients (50.2%) were readmitted, and the mean time to rehospitalization was 231 days (SD=7). Bipolar depression at index hospitalization, age at onset, and the number of previous hospitalizations were found to be predictors for time to rehospitalization.

Conclusion: Bipolar depression at index hospitalization, the earlier the onset of an affective episode, and a higher number of previous hospitalizations were associated with a shorter time to rehospitalization. Further studies in this field should test risk factors in a prospective study and be conducted in various mental health systems.

Key words: bipolar I disorder, mood-stabilizing agent, number of previous hospitalizations, rehospitalization.

98-7

Predictive Value of Self-Stigma, Insight, and perceived Adverse Effects of Medication for the Clinical Outcomes in Patients With Depressive Disorders

Cheng-Fang Yen, MD, PhD; Yu Lee, MD; Tze-Chun Tang, MD; Ju-Yu Yen, MD; Chih-Hung Ko, MD; and Cheng-Chung Chen, MD, PhD

Abstract: The aims of this prospective were to examine the predictive values of self-stigma, insight, and perceived adverse effects of medication for remission of depressive symptoms, suicidal risk, and medication adherence in patients with depressive disorders over a 1-year follow-up period. One hundred seventy-four participants who were in a state of obvious depression underwent an index interview to determine their degree of self-stigma, insight, and perceived adverse effects of medication. One year later, they were reassessed to determine the severity of their depressive symptoms, suicidal risk, and the level of the medication adherence, and their associations with the 3 possible predictors at the index interview were examined. The results of this index interview increased the risks of the nonremission of depressive symptoms, occurrence of suicidal ideation or attempt, and medication nonadherence in patients with depressive disorders in the 1-year period. However, the depressive symptoms, suicidal risk, or the level of the medication adherence. Based on the results of this study, we suggest that it is important for clinicians to prevent the occurrence of and to help patients manage the adverse effects of medication. We also suggest that further prospective studies are needed to examine the predictive values of self-stigma and insight for clinical outcomes and medication adherence.

Key Words: Adherence, adverse effects of medication, depression, insight.

98-8

A comparison of quality of life and depression between female married immigrants and native married women in Taiwan

Frank Huang-Chih Chou · Pei-Chun Chen · Renyi Liu · Chi-Kung Ho · Kuan-Yi Tsai · Wen-Wei Ho · Shin-Shin Chao · Kung-Shih Lin · Shih-Pei Shen · Cheng-Chung Chen

Abstract

Backgrounds Immigration to Taiwan is often connected with marriage, resulting in the presence of so-called married immigrants or foreign brides.

Aims

To compare the quality of life (QOL) and prevalence of depression between female married immigrants and native married women.

Methods

Trained assistants used the Medical Outcomes Study Short Form-36(MOS SF-36) and the disaster-related psychological screening test(DRPST) to interview 1,602 married women who were 16-50 years of age. Half(801) of the participants were female immigrants, whilst the remainder comprised the age-matched control group that consisted of 801 native married women. Participants who scored 2 (probable major depressive episode) on the DRPST were assessed according to DSM-IV criteria by a senior psychiatrist. The MOS SF-36 measures QOL and has two dimensions: the physical component summary (PCS) and the mental component summary (MCS).

Results

Married immigrants had a lower prevalence (3.5%) of major depressive episodes than native women (8.9%) in Taiwan. Variables such as an increased severity of psychosocial impact were the best predictors of a lower PCS and MCS.

Conclusion

Compared to Taiwanese native married women, fewer married immigrants had stressful life events or depression, and they reported higher QOL. After controlling for putative confounding factors, the married immigrants still had better mental QOL and a lower prevalence rate of depression.

Keywords Quality of life (QOL) Female married immigrants Major depressive episode Short Form-36 (Sf-36) Disaster-related psychological screening test (DRPST) Decision tree analysis

98-9

ASSOCIATION BETWEEN QUALITY OF LIFE AND SELF-STIGMA,INSIGHT,AND ADVERSE EFFECTS OF MEDICATION IN PATIENTS WITH DEPRESSIVE DISORDERS

Cheng-Fang Yen, M.D.Ph.D., Cheng-Chung Chen, M.D.Ph.D., Yu Lee, M.D., Tze-Chun Tang,M.D., Chih-Hung Ko,M.D., and Ju-Yu Yen, M.D.

Background: The aims of this study were to examine whether different domains of quality of life (QOL) are differently affected by depressive disorders by comparing QOL of subjects with and without depressive disorders, and to examine the association of QOL with self-stigma, insight and adverse effects of medication among subjects with depressive disorders.

Method: The QOL on the four domains of the WHOQOL-BREF Taiwan version were compared between the 229 subjects with depressive disorders and 106 control subjects. Among the depressive subjects, the association between the four QOL domains and subjects' self-stigma, insight, and adverse effects of medication were examined using multiple regression analyses by controlling for the influence of depression, socio-demographic and clinical characteristics and family function.

Results: Depressive subjects had poorer QOL on the physical, psychological and social relationship domains than the non-depressive control group. The depressive subjects who had more severe self-stigma had poorer QOL on all four domains. The depressive subjects who perceived more severe adverse effects from medication had poorer QOL on the physical, physical, psychological and social relationship domains than the non-depressive control group. The depressive subjects who had more severe self-stigma had poorer QOL on all four domains. The depressive subjects who perceived more severe adverse effects from medication had poorer QOL on the physical, psychological and environmental domains. However, insight was not associated with any domain of QOL in patients with depressive disorders.

Conclusions: The results of this study demonstrate that different domains of QOL are differently affected by depressive disorders, and that clinicians must consider the negative influences of self-stigma and adverse effects from medication on QOL of subjects with depressive disorders. Depression and Anxiety 26:1033-1039,2009.© 2009 Wiley-Liss,Inc.

Key words: quality of life; depression; stigma; stigma; insight; adverse effects of medication

98-10

The association between harmful alcohol use and Internet addiction among college students: Comparison of personality

Ju-Yu Yen, MD, Cheng-Fang Yen, MD, PhD, Cheng-Sheng Chen, MD
and Cheng-Chung Chen, MD, PhD,

Aims: This study aimed to (i) evaluate the association between Internet addiction and harmful alcohol use, and (ii) evaluate the associated personality characteristics of Internet addiction as well as harmful alcohol use.

Methods: A total of 2453 college students were invited to complete the Chen Internet Addiction Scale, Behavior Inhibition System and Behavior Approach System Scale (BIS/BAS scale), and the Alcohol Use Disorders Identification Test from May 2005 to May 2006.

Results: The results demonstrated Internet addiction was associated with harmful alcohol use among college students. College students with Internet addiction had higher scores on the BIS and BAS fun-seeking subscales. However, college students with harmful alcohol use had higher scores on the BAS drive and fun-seeking subscales, and lower scores on the BIS subscale.

Conclusions: Internet addiction is associated with harmful alcohol use. Furthermore, fun seeking was the shared characteristic of these two problem behaviors and might contribute to the association. However, further studies are necessary to evaluate the underlying mechanisms accounting for the association between Internet addiction and harmful alcohol use.

Key words: addiction psychiatry, college students, harmful alcohol use, Internet addiction.

98-11

性侵害受害者對正式服務體系的求助經驗 以二位婦女為例

陳筱萍、周煌智、劉仁儀

摘要

本研究主要目的在於探討受害者在遭受性侵害之後，與警政、社政、司法與醫療四大服務體系接觸過程的經驗。採用質性研究的方法，針對二名研究參與者，以深度訪談的方式收集研究資料。

研究結果顯示，

1. 警政的求助經驗和建議：可分為警察不受理案件、不能姑息加害人在傷害他人而報警、警察至家中做筆錄、難以啟口的案情和女警做筆錄的態度前後不一致五個層面來分析。提出受害者的筆錄最好由女警來擔任及警察在做筆錄應具有高度的敏感度和問話的技巧兩個建議。

2. 社政的求助經驗和建議：可分為由類似加害人的身份協助填寫紀錄引發不適的情緒、社工未陪同出庭而感到驚慌失措、網路諮詢系統無法立即做回應、社工失職以致驗傷費用無法補助及安排心理諮商五個層面來分析。而建議提供受害者相關的資訊和應建議受害者接受醫療。
 3. 司法的求助經驗和建議：可分為無法向檢察官和法官說出內心的實話、律師在司法上給予很多協助及證人的態度因承受壓力而有所轉變。並提出檢察官多給受害者說話的機會，以瞭解案情的真相及儘早抓到加害人繩之以法，以減除內心的害怕二個建議。
 4. 醫療的求助經驗和建議：可分為驗傷和精神醫療兩部份，在驗傷部份可分為無法對女護士吐露實話、驗傷時依然未向醫師說出實情和充滿害怕不安的情緒及男友協助處理性侵害後的性病後遺症。在精神醫療部份可分為從醫院網站資訊先瞭解自己的病情、精神醫療求診的過程充滿不安、敏感精神醫師性別的議題及在心理治療歷程中呈現起伏不定的情緒。提出製作一些勾選的表單或圖案和醫師要具有高度的敏感度及增加心理治療服務的頻率和聯繫的方式三個建議。
- 最後，針對以上之研究結果進行討論，並對從事性侵害服務體系警政、社政、司法與醫療提出具體的建議。

關鍵詞：性侵害受害者、求助經驗

98-12

Amisulpride導至一位之前服用sulpride的男性產生遲發性運動不能

林裕翔、蔡冠逸、周煌智

Amisulpride及sulpride是比較不會引起急性錐體外症狀的藥物，然而我們報告一個52歲的男性妄想型精神分裂病人，他因為反覆的急性精神症狀發作而接受amisulpride,雖然活性症狀的改善，但遲發性運動不能在接受該藥後不久就發生。不自主運動在改成risperdone後有些微改善，因此，雖然amisulpride是比較不會產生錐體外症狀，它依然有可能產生遲發性運動不能的危險性存在。

關鍵詞：Amisulpride、遲發性運動不能、精神分裂病

98-13

診斷及治療妥瑞氏合併雙極性情緒疾病的十歲男孩-病例報告

王鵬為、黃美鳳、顏正芳、黃蓉蓉

情緒症狀是妥瑞氏個案常伴隨的問題之一，因此，在這些個案中評估是否有躁症發作，深具挑戰性，而治療同時以躁症及妥瑞氏症的兒童也尚未被詳細研究。以下報告一個年紀10歲而同時有妥瑞氏症及躁症、經lithium及risperidone治療成功的個案。個案7歲時被診斷為妥瑞氏症，在10歲時遭遇第一次躁症發作且合併有妥瑞氏症。個案曾接受過haloperidol, risperidone及aripiprazole等單一藥物治療，但效果不佳，在合併lithium及risperidone治療下，期臨床症狀有明顯改善。評估妥瑞氏症患者中是否有合併躁鬱症具有重要性，而如何處理同時有躁鬱症及妥瑞氏症的兒童，是臨床上的重要議題，我們提出的報告可

做為未來持續研究的基礎。

關鍵詞：雙極性情緒疾病，兒童，妥瑞氏症

98-14

美沙冬替代療法-理論與實作經驗

陳彥宏、莊宜興、陳淑筠、吳泓機

摘要

美沙冬針對海洛因戒斷症狀藥效強，但造成的欣快感遠不如海洛英或嗎啡本身，用於戒毒治療(detoxication)及維持治療(maintenance)，政府規劃實施「毒品減害計劃」，希望藉由替代療法漸漸降低海洛英成癮者對於注射海洛英的需求，降低愛滋病、病毒性肝炎等血液傳染病流行的機率，進而減少社會的犯罪率。

本文探討美沙冬藥物之臨床症狀與藥理機轉，並簡述發作以及藥物治療，並以南區某精神專科教學醫院實施美沙冬替代療法之二年以來之實際臨床經驗，並陳述執行面所遇到之困難及解決方案，提供相關措施及細節，期望能提供執行替代療法醫院參考。

關鍵字：美沙冬、methadone、替代療法

98-15

Prevalence of Mental Disorders in a Home for Senior Citizens: a Pilot Study in Taiwan

Hin-Yeung Tsang, M.D., Ph.D.

Objective: Epidemiologic studies have shown a high prevalence of mental disorders among institutionalized elders in Western countries. Mental problems among elderly people living in homes for senior citizens in Taiwan have only been scarcely reported about. The aim of the present study was to investigate the prevalence of mental disorders among the elderly people living in a home for senior citizens in southern Taiwan using a standardized diagnostic instrument.

Methods: Two hundred residents aged 65 years and over living in a government-run home for senior citizen in southern Taiwan were randomly chosen for the study. We used the Chinese version of the Geriatric Mental State Schedule associated with the Automated Geriatric Examination for Computer Assisted Taxonomy (CGMS-AGE-CAT) for case identification.

Results: The one-month prevalence of any mental disorder was 37.6%, and prevalences for organic mental disorder, schizophrenia, depressive psychosis, depressive neurosis, hypochondriasis and anxiety

disorder were 19.7%,1.2%,2.3%,12.7%,1.2% and0.6%, respectively. Logistic regression did not show significant risk factors, in sociodemographic variables, for the existence of mental disorders among our participants.

Conclusions: This pilot study revealed a high prevalence of mental disorders in a home for senior citizens in Tai-wan. Although such rates were relatively low compared to those reported from Western countries, our health authorities and policy makers should be aware of the potential hazard of mental disorders among the residents living in homes for elderly citizens. Further independent study with represented sample is necessary to replicate these results of the prevalence of mental disorders among residents of home for elderly citizens in Taiwan.

Key words:CGMS-AGECAT,home for senior citizens, epidemiology

(Taiwanese J Psychiatry 2008;22:287-95)

98-16

Comparison of Quality of Life and Associated Factors between Schizophrenic Patients Receiving Community Rehabilitation and Those Living in Long-term Care Institutes in Taiwan

Frank Chou, Ming-Hui Kuo, Frank Huang-Chih Chou,

Objective: The amended mental health act in Taiwan incorporated the principle of the minimum possible limitation to psychotic patients and let them return to their original community. However, despite advances in the modern treatment of schizophrenia, there is a significant number of schizophrenic patients experiencing chronic or fluctuating illness with ongoing difficulty in managing everyday activities. This study was to evaluate and compare the differences in quality of life and associated factors between schizophrenia receiving different psychosocial treatments in Taiwan.

Methods: We used the validated self-report questionnaires incorporating socio-demographic background, the severity of psychiatric symptoms, risk factors, and short form-36(SF-36) to evaluate 295 schizophrenic patients (184 male,111 female) receiving community rehabilitation (community group) and 422 schizophrenia (266 male, 156 female) living in long-term care institutes (institute group).

Results: Most participants were single (76.57%) and the more severe symptoms they had, the worse their quality of life in terms of the physical and mental component summary aspects. Current work training and financial support in community groups are better than those in the institute group.

However, the quality of life, especially the mental component summary, in the community group is worse than those in the institute group. The results may have been induced by a ceiling effect.

Conclusion: Quality of life would be affected by the patients' characteristics, the severity of the illness, and the nature of the psychosocial treatment.

98-17

The Establishment of a Standard Operation Procedure (SOP) for Psychiatric Service after an Earthquake

Frank Huang-Chih Chou, Wen-Kuo Lin, Chao-Yueh Su

This study was intended to present the design and creation of a standard operation procedure (SOP) for psychiatric service after an earthquake. Our strategies were focused on detecting survivors who had developed persistent psychiatric illness, particularly posttraumatic stress and major depressive disorders. We also attempted to detect the risk factors for psychiatric illness. We designed a Disaster-related Psychological Screening Test (DRPST) to interview the 4,223 respondents within six months after the impact of the earthquake. We established an SOP with a systemic literature review, action research, and a two-year data collection. Despite the limited time and resources inherent to a disaster situation, we suggest that to establish an SOP for psychiatric service is needed after an earthquake to assist the high number of survivors who are suffering from subsequent psychiatric impairments.

Key Words: standard operation procedure (SOP), earthquake, Disaster-Related Psychological Screening Test (DRPST), posttraumatic stress disorder (PTSD)

98-18

The Relationship among Schizophrenia Caregivers' Burden, Quality of Life and Schizophrenia Symptom Severity in Taiwan

Frank Huang-Chih, Chao-Yueh Su, Ming-Hui Kuo, Li-Hsing Chang, Shih-Shih Chao, Becky Shen

Background: Most schizophrenics in Taiwan live with their families. The family themselves may suffer due to the disability of schizophrenia.

Aims: To evaluate the relationship among schizophrenia caregivers' burden, quality of life, mental health and schizophrenia symptom severity and their associated factors.

Method: We used the Taiwan caregivers' burden scale, Short Form-12 (SF-12), and Brief Symptoms Rating Scale (BSRS -5) to evaluate 359 schizophrenia caregivers in Kaohsiung, Taiwan.

Results: When schizophrenic patients' symptoms are severe, their Physical Component Summary scores are lower than schizophrenic patients with mild or moderate symptoms. When the schizophrenic patients' symptoms are mild or more, their caregivers' Mental Component Summary scores are lower than schizophrenic patients with none or almost no symptoms. The greater the scores of caregivers' burden, the lower the scores of caregivers' Physical Component Summary and Mental Component Summary scores. In addition, there is a positive relationship between the scores of caregivers' burden and BSRS -5.

Conclusion: There is a negative relationship between schizophrenic patients' symptoms and the caregivers' quality of life. There is a positive relationship between schizophrenic caregivers' burden and psychiatric impairment.

Key words: caregivers, burden, quality of life, and schizophrenia

98-19

The Effectiveness of a Suicide Prevention Program in a Taiwan Metropolitan City

Frank Huang-Chih Chou, MD, MS, PhD, Wei-Jen Chen, MD, MS, Chi-Kung Ho, MD,
Cheng-Chung Chen, MD, PhD,

Background: According to the 1995-2005 annual report of the Department of Health, Taiwan, the overall suicide rate has been gradually increasing. Suicide has become an important social issue in Taiwan. However, the suicide rate in Kaohsiung, a Taiwan metropolitan city, was higher than the average suicide rate in Taiwan.

Aims: The purpose of this study is to evaluate the effectiveness of a suicide prevention program from June 2005 to 2008, in Kaohsiung.

METHODS: We used the context-input-procedure-product (CIPP) to evaluate the suicide prevention program in Kaohsiung which was modified from one in Australia. The strategies of suicide prevention in Kaohsiung include a universal, selected, and indicated strategy. At the beginning of the suicide prevention program, we organized and trained the suicide prevention team and designed the suicide prevention program including standard operation of procedure, and multi-disciplinary involvement. The index uses of measures are 'reported person-times, telephone counseling intervention response and one-session call-in telephone counseling person-times, and suicide rate'.

RESULTS: From 2005 to 2007, the reported number of suicide attempts was 1217, 2625, and 2795. The numbers of telephone counseling intervention responses to suicide attempters were 1432, 2010, and 7051. The numbers of one-session call-in telephone counseling were 0, 4320 and 10456 person-times. The suicide rates (number of those committing suicide) were 21.6 per 100,000 (324) in 2005, 20.3 per 100,000 (304) in 2006, 19.4 per 100,000 (276) in 2007 and an estimated 16.9 per 100,000 (130) until 2008, June.

CONCLUSION: According to the above results, the suicide prevention program in Kaohsiung is effective. However, a longer follow up of this program for evaluating its effectiveness is necessary.

Key words: suicide prevention, suicide rate, context-input-procedure-product (CIPP).

98-20

Clinical Aspect of Creatinine Phosphokinase in Neuroleptic Malignant Syndrome and Rhabdomyolysis

Meifeng Huang, Mei-Feng Huang, Peng-Wei Wang, Ren-Yi Liu,
Hin-Yeung Tsang, Ming-Chao Chen, Cheng-Chung Chen

Objective: Tradition psychiatric education as well as clinical practice shows that first generation antipsychotics (FGAs) should monitor carefully the possible movement disorders include drug induced extrapyramidal symptoms (EPS), tardive dyskinesia and neuroleptic malignant syndrome (NMS). Previous studies showed that extreme external heat, rapidly in increasing doses of neuroleptics, and dehydration could put patients in high risk of NMS. Second generation antipsychotics (SGAs) also showed side effects of metabolic syndrome as well as developing rhabdomyolysis but not NMS.

Methods: Retrospectively reviewed serum creatinine phosphokinase (CPK) checked among inpatients of a psychiatric hospital during a 16 month period. The serum CPK level was measured according to standard procedure and the normal ranges were set as <170 U/L for male and <133 U/L for female. We collected the demographic data, types of antipsychotic drugs used, the factors associated with elevated CPK, including restrain, drug titration, intramuscular injection, fever, rigidity and falling down in previous three days.

Results: Elevated serum CPK was found in 183 samples and normal serum CPK was found in 151 samples. One hundred and forty two (77.6%) samples. One hundred and forty two (77.6%) samples showed serum CPK level below 1,000 U/L, and 37 samples (20.2%) had the range of 1,000 to 9,999 U/L and four samples (2.2%) exceeded 10,000 U/L. When CPK elevated, 38% clinicians stopped the antipsychotics. FGAs/DGAs and the rigidity were not related to elevated CPK Gender, drug titration, intramuscular injection, restrain and fever were possible risk factors of elevated CPK.

Conclusion: CPK seems to be a non-specific finding for NMS but it is most reliable test in the diagnosis of mabdomyolysis. More than half of the CPK checked in this study showed abnormal when clinical clues leading them to take further step for speculation. Since the MMS and the possible complication of rhabdomyolysis have high mortality rate, discontinuation of drug immediately is highly recommended when the CPK level shows abnormal. Further prospective study is needed to explore when to discontinue antipsychotics and the proper management.

98-21

Schizophrenic Patients Discharged against Medical Advice at a Mental Hospital

Yu Ting Wung, Ching-Hua Lin, Li-Shiu Chou, Ming-Chao Chen,
Frank Huang- Chih Chou, Cheng-Chung Chen

Objective: The purpose of this study was to evaluate the risk factors related the discharge against

medical advice (AMA) and to compare the time to rehospitalization between the schizophrenic inpatients discharge AMA and those with regular discharge.

Methods: This study monitored all schizophrenic inpatients discharged from a psychiatric hospital in south Taiwan from January 1,2006 to December 31,2006. We compared the clinical variables between the patients discharged AMA and those with regular discharge. Logistic regression model was performed to determine the best predictor for discharge AMA. Times to rehospitalization within the 15 days and 60 days after discharge were measured by the Kaplan-Meier method.

Results: Compared to patients with regular discharge, patients discharged AMA were significantly more likely to be male gender ($p=0.007$), to have comorbid alcohol abuse/dependence ($p=0.007$), to take typical antipsychotic agents ($p=0.005$) and shorter lengths of stay ($p<0.001$). Logistic regression model demonstrated that male gender (odds ratio=1.631 95% CI 1.067-2.493) and typical antipsychotics use (1.729 1.098-2.723) to be the most influential predictors for discharge AMA. There were significant differences in time to re-hospitalization between two groups during the 15 days ($p=0.009$) and 60 days ($p=0.038$) follow-up period.

Conclusion: The male gender and the use of typical antipsychotic agents increased the likelihood of discharge AMA. The consequence of patients with AMA was rehospitalized sooner. Future studies are needed to be conducted in many different mental health systems to generalize the findings.

98-22

Methylphenidate Induced Psychotic Symptoms in Attention-Deficit and Hyperactivity Disorder (ADHD) and Conduct Disorder (CD)

Hsing-Jung Li, Rong-Rong Huang

Background: Methylphenidate (MPH) is highly effective in up to three quarters of hyperactive children with relatively few adverse effects. We report a boy diagnosed as Attention-Deficit and Hyperactivity Disorder (ADHD) and Conduct Disorder (CD) with psychotic symptoms after Methylphenidate treatment.

Case Reports: This case concerns an 11-year-old boy, a victim of domestic violence prosecuted by his father's girlfriend. He witnessed the tragedy of his younger brother who was abused to death at the age of 3. There was no psychiatric familial history. He had behaviors such as hyperactivity, impulsivity, poor attention, restlessness, self-mutilation, low learning motivation and was often involved in gang fights. Since the age of six he would frequently beat others with clubs, steal and quarrel. He was diagnosed as ADHD, CD and mild mental retardation. During hospitalization, MPH 10mg/day was prescribed and increased to 20mg/day during the first two weeks. On the 14th day, he was restrained due to violent behavior. He had experienced flashbacks from the previous abuse and vivid AH and VH of his dead younger brother. Behaviors such as hyper arousal, hypervigilance, and avoidance developed. MPH was suspected to Valproic acid 600mg/day, Fluoxetine 1# QD with Risperidone 2mg/day for symptoms control. After a month, psychotic symptoms were controlled except ADHD related

symptoms were controlled except ADHD related symptoms. Therefore, we reverted back to treatment with MPH 5mg/day and escalated up to 36mg/day with psychosocial interventions. After 21 days of treatment, transient AH of trauma-incongruent content was noticed but the intenseness and frequency were obviously less than before. We discontinued usage of MPH again, psychotic symptoms were not discovered and poor impulse control alleviated as well.

Discussion: There were reports rarely on MPH associated with post-traumatic symptoms. We postulated 3 hypotheses for the psychotic symptoms and post-traumatic symptoms after the usage of MPH. Firstly, psychotic symptoms were induced from MPH directly. Secondly, psychotic symptoms were resulted from the re-experience of the traumatic events. Thirdly, MPH may exacerbate the post-traumatic symptoms resulted from the traumatic symptoms resulted from the traumatic circumstances inducing psychotic symptoms. Some research reported that MPH could induce auditory, visual, tactile, gustatory and olfactory hallucination. The strange experience often ceased after discontinuing the use of Ritalin. The other studies showed that re-experience of the traumatic events were not proved to be significantly associated with psychotic symptoms. Some articles said that the severity of trauma was associated with the severity of PTSD and psychotic experiences. In conclusion, in addition to traumas is associated with psychosis, MPH may be the “trigger” to exacerbating the occurrence of psychotic symptoms in PTSD. Besides, trauma-related hallucinations are resistant to standard neuroleptic treatment, but psychosis in this patient is relieved after halt of MPH usage and prescription of Risperidone. The boy should have a series of psychotherapy or psychosocial interventions hereafter. What on him we should pay attention to includes possible occurrence of underlying affective disease, psychotic disorder, substance use and even anti-social behavior in the future.

98-23

ECT-induced Manic Episode in Bipolar Depression: A Case Report

Hsing-Jung Li, Ching-Hua Lin, Ming-Chao Chen, Cheng-Chung Chen

Background: Mania that develops in depressed patients who are undergoing electroconvulsive therapy (ECT) is relatively uncommon and may occur more frequently in bipolar patients.

Case Reports: A 40-year-old woman has experienced many manic and major depressive episodes since she was 18y/o. Index admission was due to severe depressive symptoms and hanging-up suicide behavior. She initially received psychotropic agents first week. But persistent strong suicidal ideation, low mood and severe psychomotor retardation were noted (HAM-D-17=31). She started to receive ECT with discontinuation of psychotropic agents. After 2 sections of ECT, rapid depressive symptoms decrease (HAM-D-17=14) and episode of euphoria were noted. However, full blown manic episode developed after the 3rd section of ECT (HAM-D-17=6, YMRS=23). The successive 2 ECT sections were routinely performed, but the manic symptoms exacerbated unexpectedly (HAM-D-17=1;YMRS=31). We withheld ECT and began to prescribe mood stabilizing agents. She had full remission of mood episode 3 weeks later (HAM-D-17=6;TMRS=1).

Discussion: Though the mechanism is still unknown, this case report supports the hypothesis of an ECT-induced switch from depression to mania.

98-24

A Case Report of Hepatotoxicity and Thrombocytopenia under Valproate Treatment in Adolescent Bipolar Affective Disorder

Yu-Hsuan Wu, Rong-Rong Huang

Background: Valproate, lithium and antipsychotics have been widely used in the treatment of acute mania in bipolar disorder. The combination of antipsychotics with either lithium or valproate may be more effective and becomes the first-line pharmacological treatment for severe mania. We report a patient who developed hepatotoxicity and thrombocytopenia shortly after initiation of combination with valproate and chlorpromazine.

Case Reports: A 18-year-old man with bipolar I disorder, manic episode was admitted due to elated mood and violent behavior. All laboratory data was normal in admission routine. Manic symptoms were poorly controlled with valproate 800mg/day, then we added chlorpromazine 150mg/day and gradually titrated up valproate to 1000mg/day. Six days later, he had fever (38 °C), lethargy and general weakness. Either symptoms of upper respiratory infection or urinary tract infection was not noted. Laboratory investigation showed AST of 173U/L (normal 15-46 U/L), ALT of 107 U/L (normal 11-66 U/L), platelet of 112.3x 10³/uL (normal 150-400x10³/uL) and serum valproate of 118.48ug/ml (normal 50-100ug/ml). The white blood cell count, renal function and electrolytes were normal. Due to hepatotoxicity and thrombocytopenia, we discontinued valproate and chlorpromazine. Fever subsided next day and weakness improved two days later. Laboratory data was AST of 23 U/L, ALT of 65 U/L, serum valproate of 22.71 ug/ml and platelet of 122.9x 10³/uL three days later. All data was back to normal after discontinuation of valproate and chlorpromazine for one week.

Discussion: The incidence of valproic acid induced hepatotoxicity is approximately 1/49000 in adult, 1/500 in the multiple drug therapy. It is idiosyncratic event. Clinical manifestations are induced by liver insufficiency, including lethargy, weakness, and hypotonia. The first intervention after valproate induced hepatotoxicity is to discontinue the drug and provide supportive treatment. Our case was compatible with acute liver injury and thrombocytopenia induced by valproate based on the causality relationship. Early detection the clinical manifestation is important. Regularly follow up liver function after valproate treatment is recommended.

98-25

Factors Related to Quality of Life among Chronic Mental Illness Patients in Kaohsiung City, Taiwan

Rong-Rong Huang, Wen-Bin Chiou, Frank Huang-Chih Chou, Li-Hsing Chang, Cheng-Chung Chin

Objectives: The purposes of this study were 1) to explore the associations between individual factors, disease factors, family factors, social factors and quality of life (QoL), 2) to predict QoL in

patients with chronic mental illness (CMI).

Methods: We used a cross-sectional and cluster sampling, and recruited CMI patients who ever visited Kai-Suan Psychiatric Hospital. Structured questionnaires, including a living conditions questionnaire and a psychotic symptom assessment scale, Caregiver Burden Scale, 5-item Brief Symptom Rating Scale (BSRS-5) and the Medical Outcomes Study Short Form-12 (MOS SF-12) were used to collect data.

Results: We recruited 2,023 patients, males 52.9%, females 47.1%, with a mean age of 44.99 ± 12.09 years. Most of these cases were high school educated, unemployed, and had school educated, unemployed, and had been hospitalized. 12.6% had a history of violence, 8.4% had a history of attempted suicide, 10% had substance abuse, and 5.4% had legal related issues. The most common diagnoses were schizophrenia (70.5%) and mood disorder (19.7%). Single-factor analysis showed those who were unmarried, employed, younger, having less psychological problems, and low levels of psychological distress had better QOL. Besides, sex and education were not related to QOL in personal factors. Current psychotic symptoms and positive symptoms were negatively correlated with QOL. Schizophrenic patients and hospitalized patients reported higher QOL than bipolar patients and community patients in disease factors. Caregiver's attitude and caregiver's burden were negatively correlated with QOL in family factors. The unstable housing and community life dysfunction were negatively correlated with QOL in social factors. All significantly correlated variables were entered into hierarchical regression analysis followed the sequence of social factors, family factors, disease factors and individual factors. The results showed all four of these dimensions were significant predictors of MCS and PCS of QoL, explained variance 48.2% and 21.2%, respectively.

Conclusion: Individual factors and disease factors are the most important factors in predicting QoL in CMI patients. Second, family factors are more important than social factors in MCS, and social factors are more important than family factors in PCS. The above evidence indicates a wide range of factors must be considered to improve the QoL in CMI patients.

Comment by: Byron J. Good Department of Antropology Harvard University Boston USA (Abstract not requested)

98-26

Efficacy of Fluoxetine in MDD: Grouping by Psychomotor Deficit Level

Objective: SSRI-class antidepressant drugs are widely used in the treatment of major depression, the prototype SSRI drug, fluoxetine, is commonly used in clinic. This study explored the efficacy of fluoxetine in major depression with different neuropsychological traits, especially in psychomotor speed slowing level. Because psychomotor speed correlates with dopamine level, the purpose of our study is to explore which neuropsychological testing performance can prove the efficacy of SSRI. Our hypothesis is: the subjects with high level psychomotor speed deficit have poor response for SSRI.

Method: Subject. Forty patients, meeting DSM-IV criteria for major depression, were treated with fluoxetine for 8 weeks. They received neuropsychological testing before and after treatment. Thirty

patients have completed the trial and post-treatment neuropsychological testing. There are 8 male and 26 female, average age is 40.5 (SD=9.7) and average education level is 11.5 (2.9).

Instrument. We used Chinese version WAIS-III to assess intellectual function. Trail Making Test (TMT), Wisconsin Card Sort Test (WCST), Stroop Word-Color Test and Semantic Verbal Fluency Test were used to assess executive function. Finger Taping Test (FTT) and Purdue Pegboard Test were used to assess psychomotor speed and Vigil Continuous Performance Test (CPT) to assess attention. 17-item Hamilton Rating Scale for Depression (HAM-D-17) and Chinese version of Beck Depression Inventory-II (BDI-II) were employed to assess depression level.

Statistical Procedure. We used those who have completed drug trial to perform statistical analyses, using their psychomotor performance as the basis in dividing them into two groups of high deficit and low deficit. We compared the differences between both groups' pre-treatment and post-treatment neuropsychological test, and the relationship between each group' s pre-trial and post-trial performance on neuropsychological tests and level of being depressed; the differences of their clinical responses to drugs used. Clinical response is defined as the HAM-D-17 score has decreased over than 50%.

Results: Comparing the 15 patients who had high deficit in psychomotor speed against the 15 patients who had low deficit in psychomotor speed, they exhibited poorer improvement in executive function, psychomotor speed and attention. The high deficit in psychomotor group has more improvement than low deficit group in all tests of executive function. In the psychomotor speed, the high deficit group has significant improvement than low deficit group in FTT-right hand ($t(28)=2.65, p<0.01$) and performance of FTT-right hand have declined in low deficit group after SSRI treatment. In the depression level, the difference between pre and post treatment depression score in both groups have reached statistically difference.. Nonetheless, the high deficit group has more decrease in depression score after treatment than low deficit group.

Conclusion: The efficacy of fluoxetine was specific to severity of psychomotor deficit. Fluoxetine have more effect to major depression with higher deficit in psychomotor speed. The high deficit group may possess unique etiology related to the low deficit group.

98-28

Gender differences of frequent visitors in the psychiatric emergency room

Chieh-Hsin Lin, M.D., Chao-Wen Hsu, M.D., Platinum Po-Chun Sun, M.D., Ching-Yun Teng, M.D.,
Heng-Chia Hsu, M.D., Yu-Ting Wung, M.D., Ching-Hua Lin, M.D.

Objective: The purpose of this study was to examine the demographic and clinical characteristics of female and male frequent visitors in the psychiatric emergency room, and to identify risk factors for these patients.

Methods: Data were collected over four years for patients who visited psychiatric emergency room. Frequent visitors were defined as patients who visited psychiatric emergency room greater than 8 times

during the four-year study period. Univariate analysis of variance and logistic regression models were used to determine group differences.

Results: Independent risk factors for frequent visitors were previous psychiatric emergency visit and hospitalization history, having insight and thought form problems, without suicidality, substance-related problems and appearance and behavior problems, greater number of previous ER visit, younger age at onset and longer years of education. Female and male frequent visitors were different in female and male frequent visitors.

Conclusions: Female and male frequent visitors had different demographic and clinical characteristics; also predictors of the two groups were significantly different. Frequent visitors in the psychiatric emergency room were a unique group, and gender difference considerations should be included in the intervention for these patients.

Key words: frequent visitors; psychiatric emergency service; gender differences

98-29

Schizophrenia, Metabolic Syndrome, and Obstructive Sleep Apnea

Yu-San Chang, Ching-Yu Lin, Yi-Wen Chen, Mei-Yueh Chen

Objective: This study evaluated the risk factors of metabolic syndrome for obstructive sleep apnea (OSA) in schizophrenic inpatients.

Methods: The subjects were 35 male schizophrenic patients (based on DSM-IV criteria) in chronic ward receiving first generation antipsychotics or second generation antipsychotics or second generation antipsychotics (SGAs), referring to perform polysomnography for observing prominent snoring in the sleeping night. The risk factors of metabolic syndrome were checked as well. According to the Bureau of Health Promotion in Taiwan definition, the risk factors of metabolic syndrome included central obesity (defined as waist circumference ≥ 90 cm for men and ≥ 80 cm for women; or body mass index, BMI ≥ 27 kg/m²), raised TG level (≥ 150 mg/dl) or specific treatment for this lipid abnormality, reduced HDL cholesterol (< 40 mg/dl in males and < 50 mg/dl in females) or specific treatment for this lipid abnormality, raised blood pressure (BP, systolic BP ≥ 130 or diastolic BP ≥ 85 mmHg) or treatment of previously diagnosed hypertension and raised fasting plasma glucose (FPG ≥ 110 mg/dl) or previously diagnosed type 2 diabetes. We compared these factors between those who with and those who without presence of OSA (apnea hypopnea index ≥ 20 /hr).

Results: There were 28.6% of patients with OSA. The average age, waist circumference and BMI were 45.3 ± 10.2 years, 91.43 ± 11.84 cm and 25.60 ± 4.29 kg/m², respectively. No significance differences were found in the comparison of two groups in age ($p=0.731$), central obesity ($p=0.259$), raised TG level or specific treatment for this lipid abnormality ($p=0.711$), reduced HDL cholesterol or specific treatment for this lipid abnormality ($p=0.723$), raised FPG or previously diagnosed type 2 diabetes ($p=1.000$) and receiving SGAs ($p=0.134$). Only raised BP or treatment of previously diagnosed hypertension ($p=0.027$) was revealed in those with presence of OSA.

Conclusion: Since inpatients with schizophrenia are often on long-term antipsychotics treatment,

they may have higher rates of OSA, mediated via the weight gain produced by such medications and less exercise. Raised BP or treatment of previously diagnosed hypertension should be evaluated for sleep apnea if signs and symptoms of this disorder are present.

98-30

From pupa to butterfly: learning process of psychiatric residents

Chuang Li-Yu RN, MSN and Tsang Hin-Yueng MD, PhD

Background

The course of professional socialization is full of frustrations and stressful events. The hardest period in the professional socialization process of physicians is the residency training course, They have to take professional training programs, to learn the professional roles and norm, to face heavy clinical work-load, on-duty practices, and examinations before being a specialist. Study regarding the learning process of professional skills, knowledge, and adjustment to relevant culture of psychiatric residents during their training years has not been fully investigated. The aims of the present study were to study in depth about learning process of psychiatric residents, their interpretation and experiences in their course of professional socialization.

Method

Data collection

A descriptive phenomenological method was carried out in a psychiatric training hospital in southern Taiwan. Participants were all of the residents (N=9) being trained there. Inform consent was given to every participant before they were interviewed (with tape recording) by the researcher. This study has been approved by the hospital Institution Review Board.

Data analysis

Every interview was audio taped and was transcribed, analyzed by the author using the descriptive phenomenological method, which is a well established method for understanding information and constructing meanings (Colaizzi, 1976). The transcript of each interview was reviewed and confirmed by the corresponding resident.

Rigor of research

Standard qualitative research (Lincoln and Guba, 1985) was applied. Credibility, applicability, consistency, and confirm ability were used to evaluate the degree of seriousness on data collection and analysis.

Results

A total of 9 residents agreed to participate. Proportion of Male physician was slightly higher. Only one of them has married and one has achieved a master degree after medical school (table 1).

Results of the present study found that psychiatric residents showed fidgety and suffering in the

long process of training period. They struggled very hard in the discrepancy between realistic and ideal hoping that they could become a specialist. Like a pupa sitting in a cocoon waiting to become a butterfly someday. The present study was to investigate the learning process of psychiatric resident through the following main themes: “responsibility of care” , “unbalance between autonomy and responsibility” , “Subtle interpersonal relationship” , and “pin down in expectation” .

98-31

Benzodiazepine Prescription Among Severe Mental Illness Patients in Taiwan, with or without Co-occurring Alcohol Abuse/dependence

Ching-Hua Lin, Shih-Chi Lin, Cheng-Chung Chen

Objective: Although benzodiazepines are widely prescribed for patients with severe mental illness and alcohol abuse/dependence, they should be restricted to the short-term, with gradual dose reduction and withdrawal. This study investigated the prescription of benzodiazepines to explore benzodiazepine use at discharge and 4 months after discharge among severe mental illness patients, with or without co-occurring alcohol abuse/dependence.

Methods: From January 1,2006 to December 31,2006, prescribed dosages for benzodiazepines at discharge and at 4 months after discharge were recorded for all discharged inpatients with schizophrenia, bipolar I disorder, and major depressive disorder. Two-way analysis of variance (ANOVA) was used to analyze the effects of severe mental illness and co-occurring alcohol abuse/dependence on benzodiazepine doses at discharge and at 4 months after discharge.

Results: Patients with severe mental illness prescribed significantly higher rates and higher doses of benzodiazepines at discharge, and 4 months after discharge, are more likely to have major depressive disorder, and to have co-occurring alcohol abuse/dependence problems. No significant interactions were found between severe mental illness and co-occurring alcohol abuse/dependence.

Conclusion: These findings suggest that caution should be applied in prescribing benzodiazepines to severe mental illness patients, particularly those with major depressive disorder and co-occurring alcohol abuse/dependence. Future studies require a long-term course, randomly assigning patients to alternative pharmacological treatments, and being conducted in many different mental health care systems in Taiwan to generalize the findings.

98-32

“EIGHT-HINTS” DISCHARGE GROUP-A GOAL-ORIENTED GROUP IN PSYCHOTHERAPY PATIENT

Chou L., Hsu C., Wu Y.

Psychotic inpatients highly care about their discharge. However, poor insight, non-adherence and confliction with family members prevent their discharge. We used “eight-hint” discharge group model to help them return to community.

Most of Taiwanese have the same experience of Bu-shi-ban (cram school), so we utilized this experience to lead a semi-open, structured and goal-oriented group took place once a week in 30 minutes based on the customer requirement in a female acute psychiatric ward. About 6-10 patients will enter the group each session. The group leader led the group to discuss the following eight hints including

- (1) knowing who is his/her primary nurse
- (2) understand why he/she admitted
- (3) taking medication/receiving injection
- (4) personal care, no acting out, no destruction of objects, no fights, no self-harm
- (5) can tell least 3 other patient's names

98-33

National Association of Self-help Group for Neurotics in Taiwan and Its Impact on Dropout Phenomenon of Group Psychotherapy

Li-Shiu Chou, Cheng-Chung Chen

Objectives: This retrospective data analysis was attempts to introduce the national association of self-help group “Life Improving and Loving Association” for neurotic patients in Taiwan, and to explore its impact on out of group psychotherapy with neurotic outpatients in a psychiatric teaching hospital.

Methods: In view of the fact that the overload of psychiatric outpatient services in Taiwan which serve only as medication clinics in most clinical settings, Professor Ching-Piao Chien established a group psychotherapy clinic for panic disorder in the outpatient clinic at Taipei City Psychiatric Center since 1990. Three years later, some members graduated from the group clinic organized a national association entitled “Life Improving and Loving Association” . This national self-group organization serves hot lines, group training for volunteers, publishing, promoting group psychotherapy, providing psycho-education lectures, ebsite, regular froup meetings, and outpatient volunteers services and so on. The members are composed mainly of panic disorder, dysthymic disorder, major depressive disorder, generalized anxiety disorder, obsessive-compulsive disorder and post traumatic stress disorder. We had a co-operation with the volunteers in Kaohsiung branch to lead a two-year study, first year froup was non-structured and open; the secondary year group was semi-structured and semi-open one. Clinically depressed or anxious patients who completed a course of brief group psychotherapy (10-12 sessions) in outpatient settings were compared with those who failed to complete treatment. For the purpose of our research, outs were considered to be those individuals who attended less than two-thirds of the total therapy sessions.

Results: Comparison between 31 patients of out group and 41 patients of non-out group, no differences were found for gender, educational level, marital status, diagnostic category, medication condition and types of group between two groups. But the out group members were significant more likely to be on job on group psychotherapy ($p=0.016$) and lower frequency referred and support by volunteers of self-help organization. ($aOR=53.75, p=0.000$)

Conclusion: Life Improving and Loving Association plays an important role in community-based mental health promotion and in encouraging active involvement of volunteers of self-help organization in group psychotherapy would be an important factor to prevent or reduce early out.

98-34

Factors Associated with Dropout from Methadone Maintenance Therapy in Heroin Dependents

Hung-Chi Wu, Chih-Yao Hsu, Kuan-Sheng Chung, Cheng-Chung Chen

Background: Methadone maintenance therapy (MMT) was conducted in Taiwan for several years in order to prevent from the transmission of HIV in the intravenous drugs users groups. We found the several factors affecting the dropout from MMT. Some researchers revealed Multiple substances abusers were easy to retreat from MMT. In order to evaluate the factors associated with dropout from the methadone maintenance therapy, we performed this study.

Methods: We collected the basic data, the methadone dosage, the attendance rate of taking methadone and the history of substance use of the participants, and performed urine screening test by REMEDI HS to check the use of illicit drugs and the other substances in the beginning. All data were analyzed by SPSS statistical software.

Results: We recruited 278 patients who was diagnosed as heroin dependence and received methadone maintenance therapy. We found the prevalence of amphetamine use was 19.8% and the heroin use was 88.8% when they participated in the methadone maintenance therapy, respectively (Table 1). The positive result of the amphetamine screening test was positive related to the further dropout of the methadone maintenance therapy statistically by Chi-square test (Table 2). Besides, we found the higher daily dosage of methadone and the increasing ages of the patients were related to the lower dropout rate of the methadone maintenance therapy by multiple logistic regression (Table 3).

Conclusion: Comorbidity with other substances use was related to higher dropout rate from the methadone maintenance therapy in heroin dependents, which was similar with the findings of the other researchers in the other countries. In addition, in order to prevent the researchers in the other countries. In addition, in order to prevent the dropout from the methadone maintenance therapy, we should prescribe appropriate higher daily dosage of methadone to the heroin dependents.

98-35

The health belief and self-efficacy for smoking cessation in psychiatric inpatients

Hung-Chi Wu, Chih-Yao Hsu, Shu-Fang Su, Ming-Chao Chen,
Frank Huang-Chih Chou, Cheng-Chung Chen

Objectives: Tobacco hazard prevention act in Taiwan stipulates the places where tobacco use are restricted. Smoking is completely prohibited in the places where medical institutions, nursing homes, other medical care institutions, and other social welfare organizations are located. However, the smoking prevalence in psychiatric patients is higher than general population. Therefore, we have to conduct the smoking cessation program for the psychiatric inpatients. We investigated the inpatients about the severity of nicotine dependence, the smoking cessation health belief and the smoking cessation self-efficacy about two months ago before the beginning of the smoking cessation program.

Methods: We performed the cross-sectional study for our smoking inpatients. We studied the smoking patients admitted on November 2008 at our hospital, investigated by the personal basic data, the severity of nicotine dependence, the history of physical and mental illness, the questionnaires of the smoking cessation health belief and the questionnaires of the smoking cessation self-efficacy. The severity of nicotine dependence was measured by the Fagerstrom test for the nicotine dependence (FTND). The ranges of the scores of the smoking cessation health belief were from 18 to 90. The higher scores indicated the scores of the smoking cessation self-efficacy were from 13 to 65. The higher scores indicated the better self-efficacy for smoking cessation.

The chi-squared test and the student t test were used for comparison of respondent demographic data. A linear regression model with forward stepwise analysis was employed to study the significant main factors affecting the scores of the smoking cessation health belief and the smoking cessation self-efficacy. All data were analysed using SPSS 8.0 statistical software (Chinese version, SPSS, Chicago, IL, USA).

Results: We recruited 129 psychiatric inpatients, which were 73.6% male, with a mean age of 41.88 years (SD=10.27). There were no significant differences comparing age, education and current marital status (Table 1). Table 2 showed the scores of the smoking cessation health belief were positive related to younger age and physical uncomfortable feeling ($p<0.05$). Table 3 showed the scores of the smoking cessation self-efficacy were positive related to married, shorter smoking years, and lower FTND scores ($p<0.05$). Besides, we found the scores of the smoking cessation health belief were highly related to the scores of the smoking cessation self-efficacy (the Pearson correlation coefficient=0.38).

Discussion and Conclusions: Owing to the psychiatric diseases are highly related to gradually cognitive deterioration, the younger patients had better smoking cessation health belief, which might be related to better cognitive function. Shorter smoking years and lower FTND scores were positive related to scores of the smoking cessation self-efficacy, which might be due to the lower severity of nicotine dependence. Marriage affected the smoking cessation self-efficacy, which might be related to better social support. Therefore, the smoking cessation might be affecting other factors, such as social support, motivation or severity of nicotine dependence. Future studies should continue to examine the dynamic process of smoking cessation including the psychosocial and cognitive components.

98-36

A Brief report of smoking cessation program in a psychiatric hospital

Chih-Yao Hsu, Hung-Chi Wu, Shu-Fang Su, Ming-Chao Chen, Cheng-Chung Chen

Introduction: In a psychiatric hospital in which over 700 patients admitted, the medical team has started a total smoking ban project since January 2009. Before the beginning of the project, many objections from both the staff and the patients are revealed. We have conducted a series of survey to evaluate the effect of the project both in the staff and the patients.

Object: High smoking rate among the psychiatric inpatient is an important clinical issue. In past decades, we have conducted smoking ban in our hospital but ever led to riot in some ward especially the patients in the substance related disorder ward. In recent years, we have gradually decreased their smoking amount to about 8 cigarettes per day in the male special ward and 4 cigarettes in the acute ward. At January 2009, the law makers have modified the tobacco hazard control act which forces the public facility to maintain total smoking ban. In order to obey the law and also for the health of our patients, we conduct this smoking cessation program with total smoking ban in the hospital area.

Method: All the smoking inpatients were encouraged by their care giver to enter this survey. Questionnaire performed by the staff and a self-report form including attitude toward smoking ban, how to conduct smoking ban in the hospital and method of quit smoking were collected on November 5 2008. Along with the survey, promotion and education on smoking ban were provided to the patient, their family and the hospital staff.

After the beginning of the smoking ban, we had also provided nicotine replacement therapy and other smoking cessation medication for patient if they willing to enter other study project for the NRT or pay by themselves. The smoking cessation rate was evaluated with carbon monoxide for those who willing enter the other study.

Result: In all 763 patients, 280(36.7%) patients were currently smoking or admitting as a smoker. The highest smoking rate is found in the Substance related disorder ward (85.4%) then following Crisis Intervention Unit (68.8%) and Male Chronic Ward (54%). 103 patients are willing to enroll in the survey and finished the questionnaire. Among them, only 37 patient were willing to stop smoking and 75 patients refused to do so.

98-37

Continuing Zotepine Therapy During the Periods of Elevated CPK without Heart Attack:A Case Report

Wan-Chih Hsu, Wan-Chih Hsu, Cheng-Chung Chen, Hin-Yeng Tsang, Peng-Way Wang, Ming-Chao Chen, Huang-Chih Chou, Li-Shiu Chou, Ching-Hua Lin, Ren-Yi Liu

Background: Rhabdomyolysis is one of the presentations of neuroleptic malignant syndrome (NMS), which is a potentially fatal adverse event associated with the use of antipsychotics. Successful treatments of NMS usually require the withdrawal of antipsychotics. Little has been reported about continuing antipsychotics in the case of suspected NMS. We report a case of elevated creatinine phosphokinase (CPK) without discontinuing zotepine and with supportive treatment.

Case Reports: A 47-year-old male with a 24-year history of schizophrenia was staying in the chronic ward for 8 years. He received zotepine 150mg and estazolam 4mg at bed time for 2 years. The patient has no history of organic brain syndrome and NMS and no concomitant use of predisposing drugs. After vomiting twice, he fell down with seizure. Acute conscious disturbance with hyponatremia (Na:120 mEq/L), low grade fever (37.5 °C), leukocytosis (12,230/uL, normal range: 4500-10500/uL) and elevated CPK (1054U/L, Normal range: 30-135 U/L) were presented at once. After intravenous hydration of more than 1,000 ml and withdrawal of zotepine for one night, he recovered consciousness and no more seizure attacked. One day later he had sudden elevated CPK level up to 30441 U/L without fever or muscle rigidity and was transferred to a general hospital under the impression of suspected NMS. Accidentally the department of internal medicine did not discontinue zotepine and only supportive treatment with high volume alkaline diuresis(4000ml/day) for the prevention of acute renal failure was applied. He did not present acute renal dysfunction and CPK level declined gradually from 36,381 U/L to 66 U/L within 7 days. During the whole period, neither infections origins nor other complication was noted.

Discussion: There are several causes which may contribute to rhabdomyolysis in this case. First, although our patient didn't meet the full criteria for NMS according to the Diagnostic and Statistical Manual of Mental disorders, Fourth edition, impending NMS should be considered due to high mortality rate of NMS. Besides, although NMS typically develops within the first 2 weeks of treatment with neuroleptic drugs it may develop at any time during the therapy. To our knowledge, only 3 reports of zotepine as the sole cause of NMS. The mainstay of management of NMS must include withdrawing the offending agent immediately and supportive medical therapy. Accidentally, the suspected offending agent, zotepine, was not withdrawing. More case report and studies are necessary to determine the association of zotepine with rhabdomyolysis. Second, seizure is one of the most common disorders associated with rhabdomyolysis and may contribute to this episode of rhabdomyolysis. And, hyponatremia as well as rapid correction of hyponatremia are also a possible contributor to rhabdomyolysis in our case.

Key words: creatinine phosphokinase, zotepine, rhabdomyolysis .

98-38

Addiction Severity, Social Support and Alcohol Abstinence Self-Efficacy among Inpatients with Alcoholism

Ching-Chi Tsai Hsin-Chia Hung

The purpose of this study was to explore the association between severity of addiction, social support and alcohol abstinence self-efficacy of inpatients with alcoholism, and to evaluate potential factors related to alcohol abstinence self-efficacy. This study was a cross-sectional design. Ninety five inpatients suffering alcoholism were interviewed a cross-sectional design. Ninety five inpatients suffering alcoholism were interviewed with a structured questionnaire in a psychiatric hospital in

southern Taiwan.

Factors reflecting demographic characteristics, including having religious belief, a willingness to abstain, experience of abstinence and quitting alcohol drinking by themselves and with help from medical professional were associated with higher alcohol abstinence self-efficacy. Factors reflecting addiction severity, including lower objective employment counseling, higher subjective alcohol problems, less objective legal counseling, satisfaction of leisure time, less serious conflicts with their families, less subjective of family problems, no violent behavior in last thirty days, no strong suicidal thoughts in last thirty days, no suicide attempt in last thirty days, and no objective apparent hostility were related to higher alcohol abstinence self-efficacy.

In a multiple regression analysis after adjustment of other factors, we found that a willingness to abstain, religious beliefs, lower objective addiction severity level, greater social support, less alcohol use and less conflict with family predicted a higher alcohol abstinence self-efficacy. These six variables explain 39.4% of the variance of alcohol abstinence self-efficacy.

This research provided clinical medical professionals to understand the associated factors of alcohol abstinence self-efficacy of inpatients with alcoholism. The results suggested clinical medical professionals could facilitate inpatients with alcoholism to increase alcohol abstinence self-efficacy to achieve the goal of abstinence, through enhancing the motivation of abstinence, encouraging them to join their religious activities and improve social support.

98-39

Introduction to Mandatory Community Treatment in Taiwan

國內強制社區治療的說明

Frank Huang-Chih Chou, Chung Chen

周煌智、陳正宗

Background: The implement of amendment mental health act will be performed in 2008. One of the most important articles is mandatory community treatment to severe mental illness. So we introduce the related regulations, clinical guideline and procedures in this project.

Method: We have systemic literatures review to mandatory community treatment to severe mental illness. Furthermore, We offered specialists consensus meeting because this system is original in Taiwan.

Results: We established the standard operation procedure and published clinical guideline for officers in administration department and psychiatric professionals as references.

Conclusion: Because this mandatory treatment is a new system, we should obey the clinical guideline and SOP, and perform more careful to avoid violating patients' rights.

Keyword: mental health act, severe mental illness, compulsory community treatment

98-40

高雄市慢性精神病患照顧者的負荷、需求及生活品質

黃蓉蓉、邱文彬、陳正宗、張莉馨、周煌智

研究目的

依據內政部2008年12月統計，高雄市嶺有身心障礙手冊之慢性精神病患人數為7,381人，位居全國第三，僅次於台北縣市。長期照顧精神病患的家屬，常會出現明顯的壓力及負荷。本文即在探討照顧者的負荷、需求及生活品質，以為日後精神衛生醫療人員提供病人照護服務及精神衛生政策擬定之參考。

研究材料與方法

本研究採橫截面、立意取樣，曾於本院就醫之高雄市籍慢性精神病人，依據精神疾病診斷及統計手冊第四版(DSM-IV)之分類標準，經專科醫師診斷確定，年齡滿十八歲，意識清楚，且能表達願意接受訪談者及其家屬為對象。以結構式問卷收集病患背景資料、精神症狀、家屬的簡式症狀量表-5(5-item Brief Symptom Rating Scale, BSRS-5)及生活品質簡短量表(Medical Outcomes Study Short Form-12, MOS SF-12)。並以逐步回歸來預測照顧者的生活品質。

研究結果

計992位慢性精神病患的家屬完成照顧負荷量表(精簡版)評量，家屬關係以親子最多、其次是手足及配偶，整體照顧者負荷以輕中度最多，其次是中度、中重度。BSRS-5評量顯示有32.9%家屬的心理困擾程度已達切截點，其中急性組更高達56.3%。比較不同治療模式的照顧者，顯示照顧者負荷以及性病房組、慢性病房組明顯大於社區組；心理困擾則急性病房組明顯大於社區組、慢性病房組及養護組；生活品質則四組未見顯著差異。將病患相關變數及家屬負荷及心理困擾變數進入逐步回歸，家屬心理層面生活品質(MCS)顯著負向預測因子前三名為共病酒藥癮、情感性精神病、暴力史等，正向預測因子依序為醫療協助、照顧者為配偶等，總共可預測40.4%的變異量。生理層面生活品質(PCS)顯著負向預測因子依序為病患有共病症、物質濫用史等，總共可預測17.7%地變異量。慢性精神病患家屬的主要需求依序以病人生活補助費最高(34.6%)，其次是緊急時的相關處置(28.0-28.8%)，瞭解病人醫療的診斷治療、用藥(28.0%)，病人接受職能訓練27.7%，需要有人安慰、支持26.7%。

研究結論

慢性精神病患的照顧者有近三分之一的心理困擾程度已需尋求協助。急性病房組照顧者的心理困擾及照顧者負荷明顯大於其他治療模式。慢性精神病患照顧者生活品質最顯著的預測因子為病患有共病症。慢性精神病患家屬最主要的需求為病人生活補助費及緊急時的相關處置。

關鍵字：照顧者負荷(Caregiver's burden)、生活品質(quality of life)、慢性精神病患(Chronic mental illness)

98-41

語意流暢度測驗在老人失智評估中所涉及的認知能力

鐘素英、花茂琴、薛惠琪、湯淑慧、邱嘉凡

Background:目前研究已證實蔬菜語意流暢度測驗以及知能篩檢測驗之四腳動物流暢度測驗較不受教育程度的影響，故可成為老人失智症的主要評估測驗之一(鐘素英等，民96年)。由於語意流暢度測驗所包含的認知元素除了與執行功能有關之外，包含訊息處理的速度以及個人的語意知識程度等，故額葉與顳葉功能正常與否均會影響個人在語意流暢度測驗的表現(Hughes Bryan,2002)。另一方面，隨著施測秒數之進展，個人也會表現出不同的認知能力，包括自動化提取經常使用的資訊與後續的搜尋機制等(Crowe,1998)。因此，本研究希望進一步分析蔬菜流暢度測驗與四腳動物流暢度測驗在老人失智評估時所反應的認知元素，以釐清這兩項測驗是否測量不同的認知能力。

Methods:本研究共收取46名受試者，男性與女性各23人，平均年齡 75.09 ± 6.13 歲，平均教育年數 6.80 ± 4.64 年，其中正常組27名，輕度阿滋海默型失智症組19名。所有的受試者均接受臨床失智評分量表(Clinical Dementia Rating,CDR)、知能篩檢測驗(Cognitive Abilities Screening Instrument,CASI)、魏氏成人智力測驗第三版之工作記憶(算術、記憶廣度、數字序列)、威斯康辛卡片分類測驗(固執反應數、分類數)、蔬菜流暢度測驗、Rey聽覺語文學習測驗(回憶量、總學習量)的評估。根據相關文獻報告，Rey聽覺語文學習測驗的回憶提取量可評估與執行功能或額葉功能有關之記憶能力缺陷的問題(Isaac et al.,2006;Lezak,2004)，而總學習量則與顳葉切除或海馬萎縮有關(Lezak,2004)，故本研究希望藉此澄清語意流暢度測驗與執行功能及語文學習與記憶之間的關係。

Results:資料分析顯示四腳動物流暢度與多項執行功能以及學習記憶功能之間均達顯著相關，但是蔬菜流暢度只與四腳動物流暢度以及語文學習測驗之回憶量達顯著相關。進一步以主成分分析對這些測驗進行歸納，並選取特徵值大於1的因素後，則共可獲得3個因素，分別是語文學習、工作記憶與認知彈性度，可解釋之累積總變異量為66.96%，詳細結果請見表三，其中蔬菜流暢度、四腳動物流暢度以及Rey聽覺語文學習測驗被歸納為因素之一，可解釋之變異量為35.24%，另一方面，四腳動物流暢度在因素三同樣獲得相當高的因素負荷量(.590)，但是蔬菜流暢度在其他兩個因素中的因素負荷量則是明顯偏低。

Conclusion:根據本研究之結果顯示，四腳動物流暢度測驗所反應的認知元素包含語文學習、記憶以及認知彈性度，故可同時反應出執行功能與學習記憶的能力，然而施測蔬菜流暢度測驗所反應的認知元素以語文學習記憶為主，其主要反應的能力是主動學習與回想策略之執行控制的能力，顯見這兩個測驗所涉及之認知功能並非完全相同，其臨床之意涵將進一步加以討論。

98-42

伴隨家庭問題之重鬱症個案之短期心理治療報告

蘇淑文

研究目的

根據過去研究顯示，鮮少有臨床報告探討合併使用非指導性支持性心理治療與藥物治療在重鬱症個案之療效。本文所呈現之治療案例報告則是採用短期心理治療來協助伴隨家庭問題之重鬱症個案，以及療效評估之分析。

案例報告

案主為一位32歲、專科畢業、已婚之兼職婦女，平時無工作時則擔任家管，育有一男一女。本次因個案經歷與婆婆相處困難導致出現嚴重情緒困擾，如大部分時間感到悲傷，比以前更會批評自己，有自殺念頭，常哭泣，無價值感，易早醒，食慾變差，難專注，常感疲累等憂鬱症狀。個案至本院成人精神科就診時即開立抗憂鬱劑(50mg sertraline與 50mg trazodone)與轉介心理治療。第一次會談的主要目標為進行初步個案問題解析，以及澄清案主對治療之態度與期待。經過初步的評估分析，案主的認知功能良好，平時常有閱讀心理相關知識的習慣，並有相當的自我覺察能力與治療動機。筆者所採用之心理治療策略為非指導性支持性心理治療，治療前測之貝克憂鬱量表分為21分，完成8次治療後，貝克憂鬱量表分數為1分，附表為米蘭臨床多向度量表前後測之比較。根據上述量表之前後測比較，及案主主觀報告，其低落，煩躁不安之情緒，自我挫敗感與低自尊等症狀皆有顯著下降，且重拾過去的自信與享受生活的態度，勇於表達情緒的能力增加。

討論

個案於會談一個月後即表示情緒變好，減少抗憂鬱劑的服用，不想依賴藥物。於八次會談結案後由門診追蹤紀錄發現個案已無持續至本院接受藥物治療。結案時，案主在米蘭量表之憂鬱性格，焦慮等量尺的得分皆有顯著降低，顯示以非指導性支持性之短期心理治療仍可協助緩解或消除症狀。另根據案主在米蘭量表之自戀量尺得分上升，自我肯定度增高，減少自我否定，這與非指導性支持性心理治療強調發展個人正向力量的治療方向一致。本研究發現藉此治療模式發現針對主訴為伴隨家庭議題之重鬱症個案，發病初期可藉由藥物穩定易怒情緒，繼而以短期非指導性之支持性心理治療提升自我效能感與調節情緒，最終對改善憂鬱症狀與增強自我強度具有顯著治療效果。

98-43

估計水腦兒童之期望智商

Estimation of expected IQ in a child with hydrocephalus

Lin, S. T., Chung, S. J., Hsu, C. D.

Objective: Generally hydrocephalus is an increase in cerebrospinal fluid in the head. Hydrocephalus is always caused by a variety of etiologies. The parents of these children often have concerns about their child's cognitive function and their future. Due to current emphasis on developmental perspective, children do not achieve stable functions prior to disease onset. Estimating premorbid intelligence in children presents unique challenges. It is important that professionals have knowledge of the methods in prediction expected ability in children.

Method: The client is a right-handed, six-year old boy. He was born at 42 weeks gestation after a normal pregnancy. He was diagnosed acquired hydrocephalus and had neurosurgical treatment at 6 months. After surgical intervention, the client had developmental delay in language and motor

functions. After three years old, he was trained in physical therapy, occupational therapy and speech therapy in Rehabilitation Center of Taiwan Adventist Hospital. At five years old, he improved in language but motor clumsiness was as usual. The client was referred to a child psychologist in school attendance at the age of six.

Results: Psychological evaluation was conducted when he was 6-years-3-months. He performed in the average range on performance subtests of the WISC-III, in stark contrast to low average on verbal subtests. The Vocabulary and Coding subtests were especially difficult. The estimated IQ is calculated by the equation $IQ_{est}=5.44$ (Mean education)+ 2.80 (White/non-White)- 9.01 (Black/non-Black)+ 81.68 *(Vanderploeg et al., 1998). In this case, the parental education is coded 5, White/non-White and Black/non-Black are coded 0. The result of IQ_{est} is 109 and discrepancy between obtained and predicted IQ is 21. The cumulative percentage of expected discrepancy between obtained and predicted IQ is 9(Redfield, 2001). It just belongs to normal range.

* IQ_{est} is the estimated IQ score. Mean education is the average of parental education codes (years of education for each coded as 0-8 years=1,9-11 years=2,12years or GED=3,13-15years=4,16+years=5), or the education code of a single parent. White/non-White is coded as White=1, non-White=0.Black/non-Black is coded as Black=1, non-Black=0.

Conclusion: As noted by other articles in hydrocephalus issues, few published studies exist which investigated the estimated premorbid intelligence. The discrepancy between obtained and predicted IQ could be the evidence of whether the global intellectual functioning is deteriorated or not. The available empirical data could help the parents of these children to make decision for neurosurgical treatment. The limitation is the formula is transferred by the US WISC-III normative sample. It is an urge to collect appropriate psychometric data in Taiwan.

98-44

個案報告：重鬱症患者接受失眠認知行為治療之療效評估

鄭智鳴、鐘素英

研究背景：根據過去研究顯示，有失眠抱怨的重鬱症患者比沒有失眠困擾的患者呈現較差的療效，且重鬱症患者即使經過成功的藥物或心理治療後，仍會殘留一些失眠症狀，因此，提供失眠治療的介入對重鬱症患者而言極為重要。而目前實徵研究已證實失眠認知行為治療對原發性失眠的改善有顯著效果，且前驅研究顯示如果對伴隨失眠抱怨的重鬱症患者佐以失眠認知行為治療，則可提高藥物治療的療效 (Rachel Manber et al., 2008)，然而目前尚缺乏重鬱症患者同時接受心理治療與失眠認知行為治療的可行性與療效評估之研究報告。

研究目的：本研究希望釐清經過成功心理治療的重鬱症患者仍殘留失眠症狀時，進行失眠認知行為治療的適用性與療效評估。

案例報告：案主為47歲、大學畢業、已婚之職業婦女，2年前曾因重鬱症與強烈自殺意念而再本院三度住院，第三次出院之後由門診轉介至臨床心理科接受心理治療，案主在接受心理治療之後不再出現自殺行為，亦少有自殺意念，同時可持續上班與照顧家人，主訴問題僅剩失眠，經由主治臨床心理師與案

主討論之後，案主同意在持續接受心理治療的同時，也接受自費之失眠認知行為治療。

案主所接受之失眠認知行為治療為每週一次，共持續六週，治療內容包括睡眠衛教、放鬆訓練、刺激控制法、睡眠生理時鐘調整、減藥策略、認知改變與壓力管理、預防復發等。治療結束後，案主的失眠嚴重度量表(Insomnia severity index)得分由16(中度失眠)減為3(無失眠)，治療後無入睡困難、半夜清醒、早醒之情形，也停止了安眠藥物之使用，故相當滿意自身的睡眠狀態。此外，案主的貝克憂鬱量表(BDI-II)由13分下降為4分，貝克焦慮量表(BAI)由5分下降為1分，米蘭臨床多向度量表(Millon Clinical Multiaxial Inventory-III)於治療前後無顯著差異，詳細前後測比較請見附表。

討論：案主在完成失眠認知行為治療後，仍繼續接受心理治療約3個月，根據主治臨床心理師的後續觀察報告，即使案主之後因面臨外在壓力而出現暫時的睡眠困擾，但可在調整情緒後的數天內恢復其睡眠品質，而不需要依賴藥物。因此，本案例報告顯示重鬱症患者在經過成功的心理治療後，如何接受失眠認知行為治療的後續介入，失眠症狀應可顯著獲得改善，且其憂鬱與焦慮情緒也可能間接得到改善，故本研究認為未來可考慮持續運用臨床心理師不同次專科的治療合作模式於相關的臨床實物中，並藉由收集更多的案例資料來確認其適用性與療效。

98-45

重鬱症患者接受fluoxetine治療前後之執行功能的變化

湯淑慧、鐘素英、邱嘉凡、林清華

研究背景：根據功能性腦影像學之相關研究報告，憂鬱症與前額葉血流量不足(hypoperfusion)以及新陳代謝不足(hypometabolism)有密切的關係，且神經心理相關研究也發現重鬱症患者容易出現執行功能受損之問題，顯示重鬱症可能與額葉-腦下皮質之神經迴路(frontal-subcortical neuronal circuitries)異常有關。

研究目的：本研究希望釐清重鬱症在執行功能受損之現象是一個狀態(state)或是一個特質(trait)。

研究方法：本研究包含30位受試者，其中男性有4位(13.3%)，女性26位(86.7%)，平均年齡為40.5歲(SD=9.7)，平均教育年數為11.5(2.9)，平均發病年齡為34.7(12.2)。每位受試者在接受8週fluoxetine藥物治療前後均接受魏氏智力測驗之工作記憶(含算術與記憶廣度分測驗)及執行功能相關之神經心理測驗，包括路徑描繪測驗(Trail Making Test, TMT)、Stroop叫色測驗(Stroop Word-color Test)、語意聯想語文流暢度測驗(Semantic Associated Verbal Fluency Test)、威斯康辛卡片排序測驗(Wisconsin Card Sorting Test, WCST)等評量，並以17項漢氏憂鬱量表(17-item Hamilton Rating Scale for Depression, HAM-D-17)及貝克憂鬱量表第二版中文版(Beck depression Inventory-II, BDI-II)等兩種憂鬱量表進行憂鬱程度評估。

研究結果：研究結果發現，經過8週藥物治療後，個案在漢氏憂鬱量表的得分($t=-10.213$ ， $p<0.001$)有顯著的下降。在執行功能部分，個案的工作記憶指數(working memory index)有顯著進步($t=1.7856$ ， $p=0.0423$)，語意聯想語文流暢度測驗($t=2.1274$ ， $p=0.0212$)及威斯康辛卡片排序測驗中的完成類別數(numbers of complete categories)($t=2.2639$ ， $p=0.0156$)及持續性錯誤數(numbers of perseverative errors)($t=-2.8073$ ， $p=0.0044$)等均有顯著進步。

討論：執行功能是以由上到下的認知模式來控制與指導個人行為，故被視為是高層次認知功能的表現，列如做決定、計畫、自我監控、工作記憶、組織與抑制等。根據本研究之發現，在憂鬱症狀緩解之後，多數執行功能的表現均有顯著改善，但是路徑描繪測驗與Stroop叫色測驗是改善有限，因此與速度有關之執行功能是否反應出重鬱症之神經心理病理之特質有待本研究日後進一步的探討與釐清。

98-46

戒毒團體療效探索性研究

林耿樟、邱英翔、蘇淑文

研究背景與目的：隨著國內美沙酮替代療法的推廣，逐步地鼓勵海洛因患者以服用成癮性較低的美沙酮取代海洛因的依賴情況。然，美沙酮的替代卻無法有效地改善海洛因慣用者或成癮者之生活品質，亦未能有效地降低因使用海洛因而造成的相關問題。因此，設計適當的戒毒團體方案實屬重要，然，戒毒團體方案究竟能 戒毒者帶來多少效益，實有必要深入研究。本研究目的旨在探索戒毒者於團體前後問卷結果改變情形。

研究方法：受試者為海洛因濫用者33人(三梯次團體，平均年齡=45.9歲;男性=32人)參予者在接受團體治療同意書後，進入團體治療階段，團體進行次數共計12次，每月1次，每次2小時。團體成員需要再進行團體前、團體結束後均填寫包括:一般性自我效能問卷、違禁藥品態度問卷(內含藉助醫療戒毒分量表、拒用毒品分量表、憐憫用毒者分量表與情緒引發用毒分量表)。分析方法以描述統計和paired t-test為主。

結果：排除前後測問卷資料不齊者5人，最後以28人前後測資料進行paired t-test，結果為一般性自我效能前後測($t=1.7, P=11$)與違禁態度前後測($t=1.6, p=.13$)(內含藉助醫療戒毒前後測($t=-.3, p=.75$)、憐憫用毒者前後測($t=.9, p=.36$)、情緒引發用毒前後測($t=-.7, p=.51$)均未達統計顯著，只有拒用毒品前後測達統計顯著($t=4.1, p<.05$)，意即參加戒毒團體後受試者的拒用毒品得分顯著提高。

結論：研究結果顯示，在團體介入前後，成員違禁藥品態度之拒用毒品分量表有顯著提高，推論每月1次團體治療能鞏固與提升拒用毒品態度。然，每月1次團體治療卻降低了藉助醫療戒毒得分降低原因可能與成員團體前就堅信戒毒要靠自己有關;情緒引發用毒態度得分降低原因可能與成員透過團體討論後更認知團體前「情緒不好才用毒」只是一種用毒推託之詞有關;一般自我效能得分沒有顯著提高原因可能與團體正向感受不高有關。鑑於本研究結果，建議於後續團體方案內容中強化「醫療戒毒」與「情緒不好視用途推託之詞卻也是事實問題」觀念，在輔以持續研究觀察團體療效是否因加強前項特定內容後有所提升。

98-47

精神科急診高使用之特徵及預測因子

Characteristics and predictive factors of frequent visitors in the psychiatric emergency room

Chieh-Hsin Lin, M.D., Chao-Wen Hsu, M.D., Platinum Po-Chun Sun, M.D.,
Ching-Yun Teng, M.D., Heng-Chia Hsu, M.D., Yu-Ting Wung, M.D., Ching-Hua Lin, M. D.

1. Introduction

The psychiatric emergency room (ER) often provides crisis intervention and serves as the entry for hospitalization. The “revolving door” phenomenon also occurs in the psychiatric ER, that is, patients who visit ER more frequently may have more readmissions. A handful of previous studies have yielded controversial results concerning the characteristics of the frequent visitors of psychiatric emergency service. However, some studies recruited relatively small patient numbers; others only surveyed for short duration. In addition, most previous studies analyzing frequent visitors did not take into account the time factor. This study aimed to determine the prevalence of frequent visitors visiting psychiatric ER in Taiwan by using more precise definition, identify the characteristics of frequent visitors and analyze the factors predicting frequent visits in the psychiatric ER.

2. Methods

This study was conducted in Kai-Suan Psychiatric Hospital, a major psychiatric center in Taiwan, under naturalistic conditions. This retrospective study used data from medical record system database in Kai-Suan Psychiatric Hospital. All visits to the psychiatric ER were collected from January 1, 2001 to December 31, 2004. Frequent visitors were identified using any of the three definitions: (1) patients belonging to the upper 5th percentile of the psychiatric emergency visits during the four-year period; (2) patients with six or more visits in a year and (3) patients with four or more visits in a quarter.

An assessment form was completed by clinicians on each visit, providing demographic information, items measuring severity of psychopathology, and clinical psychiatric variables. Items measuring severity of psychopathology were quoted from an assessment battery used for assessing the clinical status of psychiatric inpatients, which was tested for interrater reliability and validity. We added items measuring severity of suicidality and aggression because patients who visited psychiatric ER usually had suicide or violence problems. (shown in Table 1). Chi square and t tests were used for analyses of demographic and clinical characteristics. Logistic regression model was used to calculate the Odds rate for factors related to frequent visitors.

3. Results

1266 visitors were defined as frequent visitors during the four-year period, which accounted for 13.6% of all visits (total 9,332 visits). Frequent visitors were different from controls significantly in most demographic and clinical variables. Mood disorder which accounts for 37% was the most common diagnosis among frequent visitors. Factors predicting frequent ER visits of patients with mood disorder were previous psychiatric emergency visit, number of previous psychiatric emergency visit, male, not having mood and affect symptoms, poor insight, visit psychiatric ER due to drug adverse effect, without substance use problem, no use of physical restraint, and follow up at outpatient department (OPD) after psychiatric ER management.

4. Conclusions

Together these findings found that in a four-year period, frequent visitors accounted for 13.6 percent of all individuals seeking care in the psychiatric ER. Frequent and non-frequent visitors had different demographic and clinical characteristics. Mood disorder was the most common diagnosis among frequent visitors. The findings suggest that frequent visitors in the psychiatric ER are a heterogeneous group which consists of patients with different diagnoses. Therefore individual diagnosis should be analyzed separately instead of analyzing all visitors together.

98-48

羅氏適應模式照顧糖尿病足截肢後機構老年住民調適經驗

盧美柔 陳桂敏

高雄市立凱旋醫院護理長 輔英科技大學教授

本篇是協助一位因為糖尿病足截肢後入住機構的老年住民調適經驗。照顧期間自2008年11月16日至12月25日，以羅氏適應模式評估後發現個案有自我照顧能力缺失/床上移動、幻肢痛、身體心像改變等適應問題，經筆者以同理、接納態度陪伴個案，並與個案共同討論後決定目標完成順序，尋找曲線寶特瓶為床上復健器材，訓練個案上肢肌力，改進床上移動技巧；並安排接受經皮電波刺激、教導個案轉移注意力、設立交班本提供醫師開立藥物時訊息參考以改善幻肢痛，同時建立與個案信任感，與家屬一起協助個案表達心中想法並願意努力接受身體心像改變，保留殘肢功能。最後，個案在自我照顧功能維持、改善幻肢痛之技巧、身體心像改變之適應，均獲得改善，期望以此篇個案報告提供長期照護機構之照護經驗分享。

關鍵字：羅氏適應模式、糖尿病足、截肢、老年住民

98-49

降低某精神專科醫院員工處理暴力受傷率之專案

宋珮璇、蘇淑芳、王鳳珠、張馨妃、劉麗貞、張簡好臻

目的：旨在降低員工暴力事件中之受傷率。2006年暴力受傷率微0.11%，2007年1-6月暴力受傷率上升至0.28%，對同仁而言，除造成身體及心理的傷害外，更影響工作士氣，由小組人員經問卷調查及分析後，確認問題為：1.教育訓練不足2.團隊處理共識不足3.疾病特性4.環境因素5.情緒支持不足等因素造成。方法：1.修定暴力標準作業流程2.辦理教育課程3.舉辦暴力演練4.召開醫療團隊討論會及根本原因分析會議5.舉辦倫理課程6.音樂治療7.帶領情緒管理團體8.改善同仁之支持。結果：受傷率由0.28%降為0.18%。結論：顯示可有效增進工作人員處理暴力能力並降低受傷率，值得推行。

關鍵詞：暴力、受傷率

98-50

精神護理之家訪查作業指標之初探

張馨妃、蘇淑芳、黃英如、黃美意、湯穗伶

目的：經精神護理之家相關的產、官、學界等對精神護理之家訪查作業指標進行理念及實務經驗分享，進行精神護理之家訪查指標之探討。方法：採立意取樣共計302人，以自填問卷方式進行資料收集，資料分析有效問卷88.64%。結果：1.在19項訪查指標之重要性，填答『重要』者佔92.30-98.72%。2.受試者認為「非常重要」達45%以上的題項為：安全與環境設施、對住民的心理支持、維護住民的權益、機構之創新表現、保護隔離及非計畫性轉院之品質監測指標等。3.在執行訪查指標感到『困難』者佔28.21-52.14%，其中訪查指標最難執行之依序為：滿足住民照顧上需要之照護人力(54.70%)、機構之創新表現(52.14%)及各領域提供適當專業服務(49.15%)。結論：本研究結果可供衛生稽查單位修正精神護理之家訪查指標(二)可讓精神護理之家經營者作為管理之重要參考。

關鍵字：精神護理之家、訪查作業指標

98-51

兒童期發病之雙向情感障礙症:個案分析 Childhood-Onset Bipolar Affective Disorder: Case Analysis.

何志培
Chi-Pui Ho

目的：雙向情感障礙症是一種明顯而嚴重的情緒障礙為主的精神病，其表現為躁症發作和鬱症發作或躁和鬱反覆發作或交替作用，可伴有情感協調之思考和知覺異常，在發作間隙期精神狀態正常。本研究目的乃針對15位到本院求診的兒童期雙向情感障礙症患者之性別、發病年齡、社會階層、家族病史、病前模式以及情感障礙、思考異常等，作進一步的分析，以期作為兒童期此症診療的參考。

方法：本研究樣本以2000年6月至2009年2月在凱旋醫院收集此症患者15例，符合ICD-10之診斷標準。

結果：首次發病年齡最早10.33歲，最遲16.25歲，其平均年齡為13.77歲。家族史中有精神疾病者佔33.3%。

結論：此症需經詳細檢查、鑑別診斷並排除器質性因素。若能及時治療，一般預後較好，否則各種病況會逐漸呈現。

98-52

性侵害受害少女罹患創傷後壓力症候群:案例分析 Victims of Sexually abused Adolescent Girls with PTSD:Cases Analysis

呂俊雄

Jun-Hsiung Lu

目的：性侵害受害少女受到性侵害的情形有增加的現象。茲就所收集案例的報告，促使醫療人員在臨床上要多注意個案的性問題，尤其有疑似PTSD的青少女特別要多關懷及指導。

方法：收集2007-2009個案。分析個案之社經人口學資料，加上性行為發展史、比較這些個案被強姦後，情緒及行為症狀與PTSD之診斷準則之間的一致性，以作為臨床評估之參考。

結果：所收集個案，大部分有憂鬱症(75%)及PTSD(25%)之診斷，大多數個案屬於低社經、低教育程度、第一次性行為較多於青春期開始、適應功能及道德拘束能力有些障礙，導致個案行事缺規劃，因應挫折或壓力能力不佳，自我照顧功能不良，加上交友不慎，造成被性侵。

結論：本研究之個案大多有憂鬱症。個案家屬又拒絕精神科治療，造成失眠、焦慮、憂鬱症狀惡化。就心理社會層面的處置，個案需要相關社福機構的介入給予良好的保護環境，促進身心的健全發展。而靈性層面的介入可使個案對婚姻、性關係、墮胎的價值觀及意義上更多了解，進而知道是非道德標準何在，預防未來再度受到傷害。

98-53

性教育方案對慢性精神病患性知識、態度、行為之影響

黃英如、蘇淑芳、黃麗鈴、李素芳

本研究旨在探討性教育團體的介入對精神病患在性知識、態度及行為上的成效。採立意取樣以南部某精神科專科醫院中的精障患者為對象，隨機將個案分為兩組，實驗組參加為期八週之性教育團體、對照組則不接受任何實驗處理，兩組均施予前後測，採以結構式問卷填寫進行研究資料收集，有效問卷實驗組49份、對照組51份，共計100份，以描述性統計及推論性統計進行研究結果分析。研究結果:在現況上，病患對性知識明顯的不足，有14題答錯率達50%以上;病患性態度趨近保守負向($M \pm SD = 49.18 \pm 7.04$);有72%的受試者覺得上性教育課程是必要的。經性教育團體介入後，性知識前後測有8題 $p < .05-.001$ 之間，全數題目答對率均有增加;性態度前後測 $r = -0.05$ ($r = -2.99$)，趨近開放正向之態度，顯示性教育的介入確實可以提昇病患對性知識正確的認知及正向性態度。因此本研究結果，有助於瞭解精障病患性議題之現況及需要，性教育團體有助於病患在性知識、態度的提升並且提供了護理人員性教育團體之參考模式，做為日後護理照顧方向。

關鍵字：慢性精神病患、性教育、性知識、性態度、性行為

98-54

居家治療、門診治療、新住院精神病患其主要照顧者 所採用自殺防範措施之探討

蘇淑芳、黃英如、張馨妃、楊麗鈴、湯穗伶

本研究旨在探討住院、門診及居家精神病患之主要照顧者所採用之自殺防範措施，採立意取樣以南部某精神專科醫院精神病患之主要照顧者為對象，以結構式問卷親自訪進行研究資料收集，採描述統計及推論性統計，有效樣本210人，採以描述性及推論性統計進行資料分析。研究結果：(1)主要照顧者在自殺防範措施在「整體性自殺防範措施」、「實際採用防範措施」、「風險評估」及「尋求資源」等總量表及三個分量表，採以「有時如此做」，顯示自殺防範行為明顯不足。(2)在自殺防範措施各題得分排序前1-5名座落在「實際採用防範措施」及「風險評估」分量表中，最後5名均座落在「積極尋求資源」分量表中。(3)防範自殺知識之來源由專業人員處獲得部份佔了50.59%。(4)年長之主要照顧者在風險評估上的知能較不足，有處理過自殺經驗及家庭功能良好者在整體性自殺防範，實際自殺防範措施、風險評估及積極尋求資源上能力較佳。(5)居家治療的照顧者在「積極尋求資源」上顯著高於住院治療的照顧者。(6)在迴歸預測方面『家庭功能』，最能預測主要照顧者在整體性自殺防範、自殺防範措施、風險評估；『病患發病時間5-10年』，最能預測主要照顧者在積極尋求資源層面。聯合預測力達24.7%-34.4%解釋變異量。本研究提出各項建議，提供自殺之護理指導方向、居家護理、門診護理及住院護理實務之規劃，以及未來自殺防治相關研究之參考。

關鍵詞：主要照顧者、住院病患、門診病患、居家病患、自殺防範措施

98-55

使用結構方程式探討老榮民生活品質、精神疾病及自殺意念之關係

The Relationships among Quality of Life, Psychiatric Illness And Suicidal Ideation in Geriatric Veterans:A Structural Equation Modeling Approach

陳偉任、周煌智、林桂菁、陳正宗、何啟功、李明濱、孫柏鈞、鍾易廷、王澐瑁、孫鳳卿

Abstract:

Background: The elderly have higher risk of complete suicide and this phenomenon is shown among the elderly minority groups evidently. These people have more emotional disorders, physiological pains and limited life functions compared to the other age group. The veteran servicemen living in the veteran houses in Taiwan are one special group. Furthermore, suicide ideation is often the first step in a suicidal process and constitutes a risk factor for committing suicide. This study tested a structural model, and examined the relationship among 5-item Brief Symptom Rating Scale (BSRS-5), 15-item Geriatric Depression Scale (GDS-15), Medical Outcome Study Short Form-12 (SF-12), age and suicide

ideation in a community sample of veteran houses. Mental health professionals would benefit from explicit descriptions of above concepts underlying the deliberations faced by elder veterans concerned with decisions to prolong or to end life.

Methods: 266 participants were enrolled and filled in the BSR5-5, GDS-15, SF-12 and demographic survey. Structural equation modeling analysis was applied to test the structural relationships of the model using AMOS version 6.0, with maximum likelihood ratio as the method of estimation. The sub-item score of depression, hostility and inferiority were summed up and the sum was recalled as 3-BSRS-subitems sum score in our study.

Results: A total of 226 participants out of the 266 recruited completed the questionnaires, giving a response rate of 84.9%. Figure 1 shows significant pathways of the final model. The measures of model fitness were as follows: chi-square for Goodness-of-Fit test($\chi^2=12.76, df=8, p=0.12$), GFI(0.982), AGFI(0.954), CFI(0.988), Pratio(0.533), RMSEA(0.051). All indices suggest that the presented final model reasonably fits the data. Age is reversely related to PCS($\beta=-0.20, p=0.002$). PCS is reversely related to 3-BSRS-subitems sum score($\beta=-0.22, p<0.001$). MCS is reversely related to 3-BSRS-subitems sum score($\beta=-0.46, p<0.001$). MCS is reversely related to GDS($\beta=-0.69, p<0.001$). PCS is reversely related to GDS-15($\beta=-0.41, p<0.001$). 3-BSRS-subitems sum score directly related to suicide ideation($\beta=0.62, p<0.001$)

Conclusion: Our study is the first to outline the pattern of relationship between quality of life and suicide ideation by using SEM. Present study shows that there is a significant relationship between quality of life and suicide ideation which is mediated by 3-BSRS-subitems sum score more than by GDS-15. The more we made clear the relationship among psychopathology, quality of life and suicide ideation of elder veterans, the better we could help health care professionals in their suicide preventative programs.

Key words: veteran, elder, 5-item Brief Symptom Rating Scale (BSRS-5), 15-item Geriatric Depression Scale (GDS-15), Medical Outcome Study Short Form-12 (SF-12), quality of life

98-56

運動介入對精神養護中心住民體適能之成效探討

The Effects of Exercise for Psychiatric Patients Living in the Long Term Care Institution

白秋鳳、陳素、湯穗玲、吳秋香

目的：探討健康環運動介入對於精神養護中心住民功能性體適能、血液生化值(三酸甘油酯、總膽固醇)的成效。

研究方法：採類實驗研究設計，以立意取樣方式，選取南部某精神專科醫院附設養護中心住民，40歲至80歲住民，四肢健全能活動者，能完成功能性體適能檢測者。共收案62人，介入組32人，進行為期四個月每週二次，每次時間一小時之健康環運動計畫；比較組30人則維持一般日常生活活動，兩組於活動介入前進前測，活動結束後一週進行後測。測量工具包含功能性體適能檢測、血液生化值測量。以

SPSS12.0版套裝軟體分析資料。

研究結果：結果顯示參與健康環運動之住民於功能性體適能上下肢柔軟度檢測優於比較組，達統計上差異，下肢柔軟度($p=.000$)，上肢柔軟度($p=.002$)。比較二組改變量介入組經運動介入後，下肢柔軟度($p=.000$)、動態平衡($p=.03$)、有氧能力($p=.04$)三個項目有改善達顯著差異，比較阻於上肢柔軟度則有退步情形達顯著差異($p=.02$)。血液生化值測量(三酸甘油酯及總膽固醇)二組均無明顯差異。

護理上的應用：建議於長期照護機構中，可將健康環運動方案納入常規活動中，以提升慢性精神病住民生活品質。

關鍵字：健康環、功能性體適能、長期照護機構、慢性精神病

98-57

降低精神科急性病房護理人員暴力受傷件數

傅春梅

目的：

- 一、降低護理人員遭病患攻擊受傷的件數
- 二、提升護理人員暴力攻擊防範及處置認知及自信至80%

方法：於95年9月至95年12月，針對白班12位護理人員處理暴力防範過程作監測並擬定護理人員暴力處理認知及自信問卷調查及現況分析，於96年1月至10月，改善策略包括(一)舉辦護理人員暴力防範處置教育訓練(二)佈置病患紓壓環境(三)暴力傾向評估表及護理標準制定(四)制訂暴力防範及處置流程(五)高危險群集中護理。

結果：護理人員暴力受傷件數由4件降為1件且暴力處理認知能力從66%提升為85%，自信心從63%提升為83%。

護理上的運用：經教育訓練、柔性環境佈置、流程一致性，明顯降低護理人員暴力受傷件數及提升工作安全、暴力處理認知能力及自信心，進而增進暴力傾向患者的照護。

關鍵字：精神科急性病房、護理人員、暴力

災難心理衛生護理的建構與發展

Constructing and Developing The Disaster Mental Health Nursing

蘇淑芳、王鳳珠、陳惠敏、戎瑾如

Shu-Fang Su、Fong-Jwu Wang、Hwei-Min Chen、Jiin-Ru Rong

目的：災難常是突發或不可預期，並對民眾身、心、社會與靈性健康及適應功能造成鉅大影響。受災民眾無論是處於危機處置或災後復元的歷程中，不僅需要整體性的協助與照護，也需要獲得外界之尊重、關懷及賦予其展現自主與抉擇的互動。護理專業關懷全人與全家，強調提供個人、家庭及社區民眾的整體照護。同時，因應災難發生的情境，或預防、處置與復元等的不同階段，需提供受災民眾個別性的照護。面對迅速變遷的環境，發展重視文化特性的災難復元護理模式，建構災難復元護理專業實務知識與技能，已是當今國際護理發展之重要趨勢。

在88風災中，凱旋醫院護理團隊運用災難與復元的理念，形成並發展服務災民精神心理健康之照護處置。在此歷程中，研究者透過行動研究方法，紀錄並彙整災難歷程中災民與護理人員互動之經驗，並持續收集受災民眾於災難情境脈絡中，接受災難與復元護理服務的變化及他們對護理服務的回應，將以上資料進行歸納與分析，不斷省思與修正災難復元護理模式之內涵與架構。期待從災難與復元之護理經驗中，建構具文化內涵的災難復元護理模式以提昇精神心理衛生護理之照護之能及照護品質。

方法：

- 1.經驗分析
- 2.討論法

預期成效：

- 1.瞭解本土性災難心理衛生護理之演進。
- 2.分享凱旋災難護理模式。
- 3.災難護理之經驗交流與建構。

羅夏克墨漬測驗在臨床診斷與療效評估的適用性

鐘素英、劉瑞華、賴怡君

研究背景 雖然投射式測驗與結構化人格測驗都可根據其理論來預測個人的特質與動機，但是兩者在人格理論、心理病理學以及心理計量學之觀點至今仍存有許多差異(Bornstein, 2002)例如:最近一項研究發現，羅夏克墨漬測驗的PTI指標(Perceptual thinking Index)比MMPI-2更能夠正確的區分出精神病患與非精神病患(Dao et al., 2008);另一個對住院病患之病態飲食行為所進行的研究則發現，患者在自陳力表的痛苦情緒分數下降，卻在羅夏克墨漬測驗呈現痛苦情緒上升的相反反應(Rothschild et al., 2008)。

研究目的 本研究希望藉由心理治療案例報告來討論羅夏克墨漬測驗與自陳式量表在臨床診斷與療效評

估的適用性與相關程度。

案例一 案主為31歲未婚女性，診斷為重鬱症與邊緣性人格違常，因長期感情，人際與家庭衝突而出現吞藥、割腕、解離、幻聽、憤怒與易失控大哭等症狀，雖然案主已在精神科診所與一家醫學中心接受藥物治療數年，但上述問題並未緩解，因而轉來本院接受心理治療。案主在接受心理治療之後不再出現自傷行為，且在治療進行10次之後，也未再出現任何緊急狀況，並開始減藥，治療進行30次之後，藥物治療的劑量與種類已大幅度的減少，且報告自己的情緒困擾程度明顯下降，同時較能夠覺察自己潛意識的需要，可表達自己的被愛需求與減少對旁人的依賴，但另一方面，案主也觀察到自己仍有憤怒情緒，且有傷害他人的潛在慾望，根據米蘭臨床多向度量表(MCMI)前後測之比較(表一)，案主原本憂鬱症狀與邊緣性人格特質之表現均已明顯改善，且其貝克憂鬱量表的分數自38分下降為6分，根據羅夏克墨漬測驗前後測之比較(表二)，雖然其在多數指標同樣呈現顯著的改善，但是案主對個人的生活事件與經驗過度敏感(Lambda=0.07)，對環境仍有敵意(S=3)，易感受到未表達又吞回去的痛苦情緒(C' =3)，因此；其憂鬱程度並未真正的下降(DEPI=6)。之後案主因故而請假一個月，結果再一個月之後，案主因為人際壓力事件而再度出現重鬱症與自傷行為。

案例二 案主為26歲未婚女性，從未有精神科疾病史，目前工作相當穩定，希望接受自費心理治療的原因是主觀認為自己缺乏自信，長期以理性面對一切，內心卻又處在混亂與痛苦的狀態，找不到自我，易胡思亂想與牛角尖，但因長期隱藏內心深處的不安，故不曾有人覺察到自己有情緒困擾。根據米蘭臨床多向度量表之評估(表三)，案主除了憂鬱性格略高之外，並無其他精神病性或人格異常的表現，但是根據羅夏克墨漬測驗的評估(表四)，案主的憂鬱指標(DEPI=6)已達顯著，進一步分析可發現案主具有長期不安與痛苦的情緒(C' =3, ed=3:6)高度理智化(2AB+(Art+Ay)=15)，人際疏離(COP=0, AG=0)，易幻想(Ma:Mp=3:5)，自我接納不足(3r+(2)/R=0.21)且對個人的經驗過度敏感(Lambda=0.00)，卻又具有自我封閉傾向(Zf=5)等心理病理特質。

結論 從案例一的後測表現分析，羅夏克墨漬測驗與自陳量表間之評估結果的一致性並不高，同樣的；案例二在MCMI的得分與在羅夏克墨漬測驗的反應也不完全相符，此種羅夏克墨漬測驗與自陳量表間之關聯性不高的現象與過去的研究發現頗為類似(De Carolis & Ferracuti, 2005)。因此；精神症狀不明顯之個案在羅夏克墨漬測驗的表現較可能是心理病理與人格特質的呈現，與精神疾病的診斷不一定有直接對應的關係，此外；羅夏克墨漬測驗似乎更能夠反應出案主真實的內在狀態，故可適用於長期情緒困擾之治療個案的問題解析、療效評估與預後之評估等。

98-60

Development and validation of an automated solid-phase extraction and GC/MS method for determination of methadone and its metabolites in human urine

Wang Shang-Jang, Wu Hung-Chi, Huang Yeou-Lih

Abstract

A toxicological analysis based on solid-phase extraction (SPE) and gas chromatography-mass

spectrometry (GC/MS) was investigated for the determination of methadone HCl in urine of patients with methadone maintenance treatment and heroin dependence. In the present study, we aimed to develop, optimize and validate a methods for the simultaneous identification and quantification of methadone and its primary metabolite 2-ethylidene-1,5-dimethyl-3, 3-diphenylpyrrolidine (EDDP) and 2-ethyl-5-methyl-3,3-diphenylpyrroline (EMDP) in urine. The proposed method involves hydrolysis in the presence of deuterated internal standards, automated SPE and GC/MS detection. Confirmation and quantification were performed by selected ion monitoring (SIM) and electron ionization (EI) mode. The limit of detection (LOD) and limit of quantification (LOQ) for methadone and EDDP was 40 ng/ml and 50 ng/ml, respectively. The upper limit of quantification (ULOQ) was 2000 ng/ml for all compounds. In addition, high recovery (> 95%) and good reproducibility (CV< 5%) of the proposed method were found in the determination of the three compounds of interest. Moreover, high correlation coefficients ($r^2>0.995$) were obtained in the addition of deuterated standards prior to extraction. In summary, the method proposed is simple, effective and reliable for the determination of methadone and its metabolites in urine and may serve as a confirmatory method for methadone maintenance treatment.

98-61

藥癮團體心理治療-司法體系下藥癮者團體治療之經驗—凱旋模式 Group Psychotherapy for Drug Use Disorders under the Justice System-Kai-Suan Model

周立修、吳泓機、陳正宗
Li-Shiu Chou, Hung-Chi Wu, Cheng-Chung Chen

目的：描述美沙冬減害計畫緩起訴個案門診團體心理治療模式之建立，有賴於規劃良好之運作團隊，方能結合落實政策，臨床服務，教育訓練，研究發展及呈現特色之多重目的。

方法：本院自96年12月起由帶領團體經驗15年以上之主治醫師負責，採跨科室組成12人之團體治療小組，進行每週一次，一次1小時為期10次之復發預防團體。兩人一組分任 領者及協同帶領者，第一梯次進行時，第二、三梯之帶領者則擔任觀察員並擔任紀錄，出席會前、會後會及協助研究問卷填寫。治療課程製成手冊供所有帶領者參考，操作方法以角色扮演、團體討論及家庭作業為主。課程內容含如何克服焦慮，復發高危險情境之辨識處理，轉念-負向思考自我覺察，心理陷阱，自我肯定及解決問題能力訓練，規律生活，辨識克服憂鬱與國內成癮資源介紹。團體中並加入本土宗教儀式“平安符”與“光明燈”之運用，轉化為“激勵卡”與“平安樹”，取代西方十二步驟之方式獲學員肯定。

結果：至98年9月止共有102名學員參加團體，以男性93名(91.2%)，國高中學歷(98.0%)，未婚(52.9%)及有工作者(60.8%)居多，平均年齡 38.7 ± 8.0 歲，第一梯次11名中有5名學員接受半結構式訪談。

結論：團隊運作方式可以分攤工作量，減少挫折感及反移情壓力，彼此支持，有利長期運作。「結構式」團體配合「手冊化」教材有助於訓練帶領者之治療技術相近，且因本土宗教儀式活動之適度介入更能落實生物-心理-社會-靈性之整合性治療模式。

98-62

Overview: The Objective Assessment of Clinical Competence in Psychiatry

綜說：客觀臨床測驗在精神科臨床能力評估之應用

Li-Shiu Chou, Ming-Chao Chen, Hin-Yeung Tsang, Cheng-Chung Chen

周立修、陳明招、曾憲洋、陳正宗

The evolution of assessment in medical education has been a gradual one of progressive increase in reliability and validity, traditional examination methods are often unreliable, objective structured clinical evaluation (OSCEs) and mini-clinical evaluation exercise (mini-CEX) then introduced by Burrows & Abrahamson (1964) and Norcini et al (1995). The authors searched the MEDLINE databases for literature relevant to OSCE and mini-CEX in psychiatry. McNaughton et al (2008) searched the MEDLINE, ERIC, PsycINFO databases from 1986 to 2006, more than 900 articles on OSCE, and 24 articles related to psychiatry. OSCE aims to test clinical and communication skills. OSCE is not just about passing examinations, it also improves clinical training and medical practice. OSCE is an indirect indicator of validity. Hodges et al (1997) found that 80% of candidates found the stations real indicates the content validity of OSCE. Badgen et al (1995) found high intra- and inter- performance reliability of OSCE. With good training, the standardized patients could be accurate in the essential features of their simulations (Vu et al, 1987). But ,there are some disadvantages of OSCE as follows OSCE may not allow the assessment of complex clinical skills and is more expensive. The Royal College of Psychiatrists also introduced the OSCE into the part 1 clinical examination since 2003. The literature of mini-CEX in psychiatry is rare, Cruess et al (2006) using the Professionalism Mini- Evaluatin Exercise (P-MEX) and suggests that the P-MEX is a feasible format in clinical training. OSCEs provide good validity and reliability and objective tools in teaching, assessment, and research at all levels of training in psychiatric education. The application of mini-CEX in psychiatry should be further studied. Reference: 1.Hodges B, Regehr G, Hanson M et al. An objective structured clinical examination for psychiatric clinical clerks. *Acad Med* 1997, 72:715-721. 2. Badger LW, DeGruy F, Hartman J et al. Stability of standardized patients' performance in a study of clinical decision making. *Fam Med* 1995, 27:126-133.3.Vu NV, Steward DE, Marcy M An assessment of the consistency and accuracy of standardized patients' simulations. *J Med Educ* 1987, 62:1000-1002. 4.McNaughton N, Ravitz P, Wadell A, Hodges BD. Psychiatric education and simulation: a review of the literature. *Can J Psychiatry*. 2008, Feb; 53(2):85-93.5. Cruess R, McIlroy JH, Cruess S, Ginsburg S, Steinert Y. The Professionalism Mini-evaluation Exercise: a preliminary investigation. *Acad Med*. 2006, Oct; 81(10 Suppl):S74-8.

98-63

Training Psychiatric Standardized Patients

精神科標準病人之訓練

Li-Shiu Chou, Kuan-Sheng Chung, Peng-Wei Wang, Hin-Yeung Tsang,
Ming-Chao Chen, Cheng-Chung Chen

周立修、鐘冠生、王鵬為、曾憲洋、陳明招、陳正宗

Objective: Attempts to improve the quality of psychiatric resident interview skill

Training and establish the OSCE teaching model, we developed a half-year standardized patient training program by center of faculty development.

Method: From February, 2009, we recruited 5 healthy volunteers as standardized patients referred from the national self-help organization of neurotics entitled "Life Improving and Loving Association", the volunteers of an international hypnosis study program in 2007 and department of social work in our hospital. They are all female, no previous psychiatric history, two had formal standardized patient experience and the educational level are all above high school. Since March, 2009, we provided once half day training course on first or second Friday per month. There are 5 topics of mental disorders including schizophrenia, bipolar disorder, major depressive disorder, panic disorder and alcohol related disorder in our training program. In the training day, the classes were composed of a 50 minute DVD review of standardized patient performance, and 20 minute group discussion led by a attending physician; then following a 70 minute lecture and discussion of symptomatology and psychopathology and finally a 60 minute DVD review of real patient interviewed by a psychiatric resident.

Result: From March to July, 2009, there were 5 training sessions in total, six attending physicians joined this program, two as leaders to conduct DVD program and four as lecturers for psychopathology. The attendance rate of standardized patients was 96% and the participation rate of simulation performance after training was 80%.

Conclusion: Training of standardized patients is expensive, but it plays an important role in medical education and psychiatric resident training.

98-64

美沙冬替代療法個案的尿液監測

The drug monitor in patients treated by methadone maintenance therapy

吳泓機、徐志堯、陳正宗

Hung-Chi Wu, Chih-Yao Hsu, Cheng-Chung Chen

研究目的：國內因美沙冬替代療法處於剛起步的階段，故尚缺乏本土的尿液研究監測數據，亦不知道國外所研究獲得的資料是否與本國相同。美國中樞神經興奮劑流行的是cocaine,因此常見有heroin與cocaine合併使用者，我國中樞神經興奮劑的情形和美國相當或有不同的形式，須待臨床調查研究才可得知。此外根據國外的文獻顯示並用其他的成癮物質與美沙冬替代療法的持續治療有相當程度的關係，故嘗試參考國外的文獻進行本土性的研究。

研究方法：本研究為一追蹤性研究，選擇本院2007年1月1日到2007年12月31日，診斷海洛因依賴者，自首次來院初診接受美沙冬治療開始追蹤，建立個案基本資料，過去物質使用史，並定期每三個月追蹤尿液檢體，分析尿液安非他命、嗎啡類篩檢及廣譜藥毒物分析系統(REMEDiHS)監測其他藥物使用情形。儀器及分析方法的特點:這是臨床和法醫毒理學上的全自動分析儀，可以在20-30分鐘之內，測出並鑑定尿液檢體中近400多種的鹼性藥物及其代謝產物，包括major tranquilizers、analgesics、antidepressants、 β -blockers、antihistamines、narcotics、sympathomimetics等，濃度範圍在200-500 μ g/L之內，還可測定巴比妥鹽類藥物。

研究結果：

參予第一次篩檢研究的個案計有278名，第一次尿液篩檢的結果與退出治療的相關性如表一所示，結果發現除了第一次篩檢安非他命為陽性者，將來退出的比例較高外($p < 0.05$),其餘物質的使用與退出治療無關。第一次篩檢各種藥物使用的盛行率，發現以嗎啡類物質最高，其他物質並用的情形仍相當高(表二)，第二次篩檢各種物質的使用盛行率，發現其他物質使用的盛行率大幅下降，而使用嗎啡類物質的情形仍相當高(表三)，個案退出的各種原因，已失聯為最多。

討論：研究結果發現安非他命尿液篩檢結果隨著個案參加替代療法時間的增加，盛行率有減少的情形，其他藥物的使用亦有相同的結果。

有國外研究顯示接受美沙冬治療後，1、6、12及24個月分別接受尿液篩檢結果發現只使用鴉片類物質的個案比起合併使用鎮靜類藥物(主要為benzodiazepine類)或中樞神經興奮劑者(主要為cocaine)，維持治療的情形較佳。在維持治療中持續的時間較短(小於兩年)，使用的美沙冬劑量較少，合併使用cocaine或間歇性使用benzodiazepine，明顯的與鴉片類藥物戒除率低有關。一項較早期研究認為併用大麻的接受美沙冬維持療法者有高比例會再使用其他毒品;但其他研究則認為合併使用大麻並不會影響劉在治療的時間長短;本研究則發現合併使用安非他命者，較容易退出替代療法的治療，此研究結果與Mutasa(2001)的研究發現有部分吻合之處。由於個案退出的比例相當高，故目前以與毒品危害防治中心合作，協助追蹤失聯的個案。此外本研究如能與司法單位進行合作，應該可以增加個案追蹤率，減少失聯的比例。

98-65

Methadone Maintenance Therapy Reduced Rate of the Other Substances Use in Heroin Dependents

Hung-Chi Wu, Chih-Yao Hsu, Kuan-Sheng Chung, Cheng-Chung Chen

Background: Methadone maintenance therapy was conducted in Taiwan for several years in order to prevent from the transmission of HIV in the intravenous drugs users groups. We found the methadone

maintenance therapy was positively correlated with the other substances use in heroin dependents according to the findings of some researchers. In order to evaluate the effectiveness of the methadone maintenance therapy in reducing the use of the illicit drugs and the other substances, we performed this study.

Methods: We collected the basic data and the history of substance use of the participants, and performed urine screening test by REMEDI HS every three months to follow up the use of illicit drugs and the other substances. All data were analyzed by SPSS statistical software.

Results: We recruited 154 patients who was diagnosed as heroin dependence and received methadone maintenance therapy. We found the prevalence of amphetamine use was 11.0%, the heroin use was 86.4% and the other substances was 49.4% in the first screening, respectively. However, the prevalence of the amphetamine use was 8.4%, the heroin use 58.4%, and the other substances use was 26% in the second screening, respectively. The prevalence of the amphetamine use decreased in the second screening, which was not significant statistically. Besides, the prevalence of the heroin use and the other substances use decreased significantly ($p < 0.001$). The prevalence of the heroin use remained high in the second screening, which might reveal the insufficient methadone dosage or the high percentage of heroin reuse.

Conclusion: The methadone maintenance therapy could reduce the rates of the other substances use in heroin dependents, which was similar with the findings of other researchers. However, the prevalence of heroin use remained high in the second screening. According to the several reports of MMT in the other countries, we should establish the adequate follow-up system and give the sufficient dosage of methadone to prevent them from relapse.

98-66

住院酒癮病人成癮嚴重度、社會支持與戒酒自我效能之相關性研究

蔡靜琪、洪信嘉、蘇淑芳

本研究目的探討成癮嚴重度、社會支持與戒酒自我效能之差異、相關性和影響戒酒自我效能的預測因子。採橫斷式立意取樣，以南台灣某精神專科醫院為研究對象共收案95位住院酒癮病人，以結構式問卷及面對面訪談收集資料。問卷內容包含住院酒癮病人的人口學特性、成癮嚴重指標量表、社會支持量表及戒酒自我效能量表統計方法包括：描述性統計、單因子變異數分析、薛費氏事後檢定、皮爾森積差相關、複迴歸分析。

研究結果發現：在成癮嚴重度有客觀就業輔導程度、主觀酒精問題程度、客觀法律諮商重要程度、主觀家庭方面困擾、以及客觀明顯敵意影響住院酒癮病人戒酒自我效能。住院酒癮病人的社會支持與戒酒自我效能顯著呈正相關。住院酒癮病人自我效能的顯著重要因子為戒酒意願、宗教信仰、客觀成癮嚴重程度、社會支持、曾經使用酒精時間、與家人衝突，這六個變項可解釋總變異量為39.4%。

研究結果可提供醫療人員進一步了解住院酒癮病人的戒酒自我效能與人口學特性、成癮嚴重度、社會支持的關係。在臨床上建議醫療人員協助住院酒癮病人增強戒酒動機、參與宗教活動及強化社會支持，提升戒酒自我效能，以達到戒酒目標，進而提升專業照護品質。

關鍵字：酒癮、成癮嚴重度、社會支持、戒酒自我效能

98-67

酒癮共病症病人的社會支持與戒酒自我效能之研究 Social Support and Alcohol Abstinence Self-Efficacy With Alcoholism and Psychiatric Comorbidity

蔡靜琪、洪信嘉、蘇淑芳、吳泓機、王鳳珠、徐志堯

目的：探討住院酒癮共病症病人的成癮嚴重度、社會支持與藉酒自我效能之相關和影響戒酒自我效能的預測因子。

方法：研究採橫斷式研究(cross-sectional study)，以南台灣某精神專醫院共收151位住院酒癮共病症病人為研究對象。以面對面訪談方式及結構式問卷收集資料，問卷內容包括人口學特性、成癮嚴重指標量表、社會支持量表及戒酒自我效能量表。統計方法包括：描述性統計、單因子變異數分析、薛費氏事後檢定、皮爾森積差相關、複迴歸分析。

結果：在人口學特性中，曾經求助醫師戒酒的住院酒癮共病症病人的成癮嚴重度較高。有戒酒動機，其社會支持較高。靠他人戒酒、有戒酒動機，其戒酒自我效能較高。住院酒癮共病精神分裂症病人的成癮嚴重度有顯著高於住院酒癮共病情感性疾患病人。社會支持和客觀成癮嚴重度呈顯著負相關。社會支持和戒酒自我效能呈顯著正相關。在多變項分析探討戒酒自我效能的相關因子，結果發現戒酒動機較強、社會支持較高、曾經使用酒精時間較短、自覺情緒嚴重較高及自覺身體治療重要較高，其戒酒自我效能較高，此五個變項可以解釋戒酒自我效能變異量為28.0%。

結論：協助醫療人員瞭解住院酒癮病症病人的戒酒自我效能之相關因子。結果提供醫療人員照護住院酒癮共病症病人需增強戒酒動機、鼓勵家人或重要關係人協助酒癮病人戒酒而強化社會支持，進而提升戒酒自我效能，以達到戒酒之目的，進而降低復發再住院。

關鍵字：酒癮共病症、成癮嚴重度、社會支持、戒酒自我效能

98-68

Funeral Mania: A Case Report in a Previously Healthy Asian Man 喪親後引起之躁症：一個健康中年男性的個案報告

Yu-Ting Wung, Ching-Hua Lin, Li-Shiu Chou, Ming-Chao Chen,

Frank Huang-Chih Chou, Cheng-Chung Chen

翁于婷、林清華、周立修、陳明招、周煌智、陳正宗

Background: Funeral mania refers to a typical manic episode within 1 week of the loss by death of an immediate family member. We describe a first manic episode induced by bereavement in a previously healthy Asian man. He became manic 5 days after the death of his father. Our report may

serve to highlight possible precipitating factors.

Case Report(s): A 40-year-old, married man was brought to our ER by his wife because of decreased need of sleep, grandiose delusion, hyperactivity, distractibility. He was a previously healthy person without either physical illness or psychiatric illness. He did not have any psychiatric family history. He had good performance in his career as being a doctor. No evidence revealed a substance use history. He had good performance in his career as being as being a doctor. No evidence revealed a substance use history. His father died accidentally 12 days before his visiting our ER. When he found the body of his father, he dealt with it calmly. Initially 4 days, he intermittently burst into crying and suffered from insomnia. About 5 days after the death of his father, manic symptoms such as hypertalkativity, grandiose delusion (eg, he can predict the future), increased goal-directed behavior(eg, planning to buy a dozen of stores), distractibility, decreased need of sleep, flight of idea were reported. He went to local hospital, lithium and hypnotics were prescribed. However, poor drug adherence was noted. Symptoms got worse. He was brought to our hospital by his wife on the 12th days after accidents. His speech rate was fast and pressured. He explained to us that he was suffering from what he called “acute stress syndrome” and would be better next day if he got enough sleep. After admission, irritability, labile mood, poor insight was found. He reported that his father is his support and the death of his father means that he is alone. His psychiatric features fulfilled the diagnostic criteria given in the diagnostic and statistical manual of mental disorder, 4th edition(DSM-IV-TR) for bipolar disorder, single manic episode. During admission, haloperidol were injected to due irritability and impending violence. He was treated with quetiapine(50mg/day) and valproate (900mg/day) when he asked for discharge against medical advice three days after his admission. Then he lost of follow up.

Conclusion: There are many published case reports of mania following the death of a loved one. The issue of psychogenic mania should be raised and discussed again. This previously healthy man, experienced a manic episode 5 days after the death of his father. The proximity in time of the death and the onset of the manic episode 5 days after the death of his father. The proximity in time of the death and the onset of the manic episode made it seemed less likely that the mania occurred by chance. From psychodynamic view of point, the possible cause may be that using manic episode as a way of mourning, not only wore off the pain of a loss but also served as a power of living forward. Another explanation may be sleep disruption before the index episode. Our hypothesis is that initial sleep loss may improve depression, even cause hypomanic symptoms, which further positively reinforce the patient using mania as a defense mechanism to deal with the pain of loss.

98-69

The Association between Clinical Competence and Medical Knowledge in Psychiatric Clerkship using OSCE and MINI-CEX

利用OSCE及MINI-CEX探討精神科實習醫學生 臨床能力與知識的關係

Peng-Wei Wang, Hin-Yeung Tsang, Yu San Chang, Ming-Chao Chen, Frank Huang-Chih Chou, Cheng-Chung Chen, Pinchen Yang, Mei Feng Huang, Tsui-Jung Li
王鵬為、曾憲洋、張鈺姍、陳明招、周煌智、陳正宗、楊品珍、顏正芳、李翠榕

Background: This study aimed to describe the relationship between medical knowledge and clinical competence among clerks in their psychiatric clerkship and to delineate the implications of the distinctions between the Objective Structured Clinical Examination (OSCE) and Mini-Clinical Evaluation Exercise (Mini-CEX) for the purpose of assessing trainees in their psychiatric clerkship.

Method: One hundred and ninety seven students were enrolled at a metropolitan teaching hospital in Kaohsiung, Taiwan, from September 2008 to May 2009. MINI-CEX and OSCE were used to evaluate student's clinical competence. The board examination was used to evaluate student's knowledge.

Result: The mean score of board examination is 76.13(SD=8.39). The mean score of OSCE is 80.85 (SD=4.42). The mean score of overall clinical competence of the MINI-CEX is 4.36 (SD=0.58). The scores of board examination correlated positively with OSCE (Pearson's $r=0.33$; $p<0.0001$). The scores of board examination correlated positively with the subscales of clinical judgment (Pearson's $r=0.22$; $p=0.0022$) and organization (Pearson's $r=0.16$; $p=0.0255$) of the MINI-CEX but did not correlated with overall clinical competence of the MINI-CEX.

Conclusion: According to Miller's pyramid model, knowledge is the base of the clinical performance and competence. However, our results suggested that good medical knowledge is not associated with overall good clinical competence. Further study is needed to explore how to improve the undergraduate students' psychiatric clinical competence.

98-70

Assessment of Clinical Competence Using an Objective Structured Clinical Examination (OSCE) in Psychiatry

客觀結構式臨床測驗在精神科臨床教學之應用

Ming-Chao Chen, Ching-Hua Lin, Li-Shiu Chou, Hin-Yeung Tsang,
Kuan-Sheng Chung, Peng-Wei Wang, Cheng-Chung Chen
陳明招、林清華、周立修、曾憲洋、鐘冠生、王鵬為、陳正宗

Object: The OSCE format with simulated patients used in a range of settings and first reported by Burrows and Abrahamson in 1964. Even though OSCEs have evaluated in many other disciplines in medicine, there are few papers concerning their use in psychiatry. The aim of this study is to evaluate the feasibility for assessing complex psychiatric skills.

Methods: 5 psychiatric residents from Kai-Suan Psychiatric hospital accomplished the lecture course of diagnostic interview were enrolled in the study OSCEs were used to evaluate the resident's clinical competence.

Result: The mean perceptive satisfaction of the clinical teachers and trainees was up to 90%. Good correlation in global ratings rather than checklist is also noted.

Conclusion: On the whole, the trainee and clinical teacher has a high perceptive satisfaction up to 90%. With regard to marking sheets, it appears that global ratings rather than checklists are a better



method of assessment in postgraduate examinations. Training of the role-payers seems more important more complex in psychiatric scenarios. From our study, there is increasing evidence that OSCEs offer a way of ensuring the objectivity and fairness that trainees deserve.