

## 高雄市立凱旋醫院員工自行研究發展獎勵 100年度論文寫作發表金案件一覽表（國外雜誌）-99年發表

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1	Time to rehospitalization in patients with major depression vs. those with schizophrenia or bipolar I disorder in a public psychiatric hospital (SCI)	Ching-Hua Lin, Ming-Chao Chen, Li-Shiu Chou, Chieh-Hsin Lin, Cheng-Chung Chen, Hsien-Yuan Lane (通訊作者)	Psychiatry Research 180 (2010) 74-79 美國
2	A Randomized, Double-Blind Comparison of Risperidone Versus Low-Dose Risperidone Plus Low-Dose Haloperidol in Treating Schizophrenia	Ching-Hua Lin, T Chao-Chan Kuo, Li-Shiu Chou, Yeng-Hung Chen, Cheng-Chung Chen, Kuo-Hao Huang, Hsien-Yuan Lane, (通訊作者)	J Clin Psychopharmacol 2010;30: 518-525 美國
3	Schizophrenia patients discharged against medical advice at a mental hospital in Taiwan	Yu-Ting Wung, Cheng-Chung Chen, Feng-Chuan Chen, Ching-Hua Lin, (通訊作者)	Psychiatry and Clinical Neurosciences 2010; 64: 415-420 日本
4	ALEXITHYMIA ASSOCIATED WITH BILATERAL GLOBUS PALLIDUS LESIONS AFTER CARBON MONOXIDE POISONING	Mei-Feng Huang, Yi-Chun Yeh, Hin-Yeung Tsang, Cheng-Sheng Chen(通訊作者)	Kaohsiung J Med Sci June 2010 • Vol 26 • No 6
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編號	研究題目	著者或報告者	發表或出版
7	QUALITY OF LIFE AND ITS CORRELATES IN PATIENTS WITH OBSESSIVE-COMPULSIVE DISORDER	Shu-Ying Hou, Cheng-Fang Yen, Mei-Feng Huang, Peng-Wei Wang, Yi-Chun Yeh (通訊作者)	Kaohsiung J Med Sci August 2010 • Vol 26 • No 8
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9	The characteristics of and risk factors associated with incarcerated sex offenders in Taiwan. (SSCI)	Lee CY, Chao SS, Chen SP, Chou FH, (通訊作者) Su CY, Ho WW	Int J Law Psychiatry 2010; 33(3):144-8
10	A Comparison of Quality of Life and depression between female married immigrants and native married women in Taiwan. (SSCI)	Chou FH, (通訊作者) Chen PC, Liu R, Ho CK, Tsai KY, Ho WW, Chao SS, Lin KS, Shen SP, Chen CC	Soc Psychiatry Psychiatr Epidemiol 2010; 45(9):921-30
11	A Three-year, Follow-up Study of the Psychosocial Predictors of Delayed and Unresolved PTSD in Taiwan Chi-Chi Earthquake Survivors. (SCI)	Su CY, Tsai KY, Chou FH, (通訊作者) Liu RY, Lin WK	Psychiatry Clin Neurosci 2010; 64(3):239-48
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13	The high-sweet-fat food craving among women with premenstrual dysphoric disorder: Emotional response, implicit attitude and rewards sensitivity	Ju-Yu Yen , Shun-Jen Chang , Chih-Hung Ko , Cheng-Fang Yen Cheng-Sheng Chen, Yi-Chun Yeh , Cheng-Chung Chen *	Psychoneuroendocrinology (2010) 35(8), P1203-1212

編號	研究題目	著者或報告者	發表或出版
14	Neuroleptic Malignant syndrome or Rhabdomyolysis?	Cheng-Chung Chen, Ren-Yi Liu	Taiwanese Journal of Psychiatry [Taipei] 2010;24(1):P1-2
15	Subtypes of Mild Cognitive Impairment Among the Elderly With Major Depressive Disorder in Remission	Yi-Chun Yeh, M.D., Hin - Yeung Tsang, M.D., Ph.D., Pao-Yen Lin, M.D, Ph.D., Yu-Ting Kuo, M.D., Ph.D., Cheng-Fang Yen, M.D., Ph.D., Cheng-Chung Chen, M.D., Ph.D., Gin-Chung Liu, M.D., Cheng-Sheng Chen, M.D.	American Journal of Geriatric Psychiatry (2010)

## 高雄市立凱旋醫院員工自行研究發展獎勵 100年度論文寫作發表金案件一覽表（國內雜誌）

編號	研究題目	著者或報告者	發表或出版
1	音樂與約束對保護室精神病患情緒控制之成效	賴倩瑜、蘇幼雲、 林帥廷、余靜雲、（通訊作者） 林怡君、	護理暨健康照護研究 6卷4期 • 中華民國99年12月
2	The correlation between social support, quality of life and elderly depression in a Taiwanese suburban community. (TSSCI)	Lu MK, Chou FH,（通訊作者） Ho WW, Su CY, Liu Ri	Taiwanese J Psychiatry 2010;24:122-30
3	Psychiatric Manifestations of Primary Sjögren's Syndrome (case report) (TSSCI)	Cheng KD, Chen WJ, Chou FH（通訊作者）	Taiwanese J Psychiatry 2010;24:313-7.
4	Models to Predict Unresolved Post-traumatic Stress Symptoms in Earthquake Survivors: Comparison of Classification and Regression Tree and Logistic Regression. (TSSCI)	Tsai KY, Su CY, Chou FH,（通訊作者） Lin KC, Lin WK, Liu RY, Chen WJ, Ho WW, Shen SP	Taiwan J Psychiatry 2009; 2010;24:30-40
5	A Comparison of Severe Mental Illness Characteristics and Associated Factors of Compulsory Admission Inpatients in a Psychiatric Teaching Hospital Before and After the Implementation of the Amendment Mental Health Act.	Renyi Liu, MD, Kuan-Yi Tsai, MD, MS, Frank Huang-Chih Chou, MD, MS, PhD, Wen-Wei Ho MD, Wei-Jen Chen, M.D., M.S., Cheng-Chung Chen, MD, PhD.	Published in Taiwan J Psychiatry 2010; 24:131-9
6	慢性精神分裂症病患自我效能與自我照顧能力之相關因素探討：「以慢性精神分裂症病患為例」	黃美意、林惠賢、 蘇淑芳、許秀月	
7	運用行為治療於一位亞斯伯格症個案之護理經驗	謝智隆、陳素、蘇淑芳	高雄護理雜誌第27卷第60-72頁

## 高雄市立凱旋醫院員工自行研究發展獎勵 100年度論文寫作發表金案件一覽表（國外學會）

編號	研究題目	著者或報告者	發表或出版
1	An analysis of reliability of revised version of self-efficacy scale in substance abusers.	蘇淑文、林耿樟	4 <sup>th</sup> International conference of Asia Congress of Health Psychology 99年 (壁報展示) 台北
2	Weight gain following smoking cessation among psychiatric inpatient	陳明招、林清華、吳泓機、周立修、陳正宗	國際物質濫用研討會 99年04月 (壁報展示) 台南

## 高雄市立凱旋醫院員工自行研究發展獎勵 100年度論文寫作發表金案件一覽表（國內學會）

編號	研究題目	著者或報告者	發表或出版
1	預測重鬱症病人服用 Fluoxetine 未緩之因子	林清華、陳明招、周立修、 陳正宗	台灣精神醫學會 49 週年 年會暨學術研討會論文摘要第 256-257 頁  (壁報展示) 99.12  台中
2	臨床心理師二年期訓練計畫評 分項目之評分者信度的初探	薛惠琪、鍾素英、林耿樟、 湯淑慧、吳家榕、邱嘉凡、 劉瑞華、林希陶、陳世雄、 黃淑珍、蘇淑文、鄭智鳴、 賴怡君	台灣臨床心理學會  (壁報展示) 99.03  台北
3	班達測驗 Hutt 計分系統描述性 統計分析	林耿樟、鄭智鳴	台灣臨床心理學會  (壁報展示) 99.03  台北
4	The Changes of Cognitive Function, Sleepiness Perception, Hormone Level, Multiple Sleep Latency Test and Maintenance of Wakefulness Test after Sleep Deprivation	張鈺姍、林靜妤、湯淑慧、 陳美月	台灣睡眠醫學會第八屆學術 研討會第 77 頁  (壁報展示) 99.03  台中
5	比較菸害防制法實施前、後對 某一精神科醫院醫療品質指標 的影響	陳明招、周煌智、林清華、 吳泓機、周立修、鍾冠生、 陳正宗、何啟功	台灣精神醫學會 49 週年 年會暨學術研討會論文摘要第 24 頁  (口頭報告) 99.11  台中
6	Adjustment Disorder in Children : Cases Analysis  兒童適應障礙症：個案分析	Chi - Pui Ho, 何志培 Jun - Hsiung Lu, 呂俊雄	兒童青少年精神醫學會年會 99.06

國外雜誌

## **Time to rehospitalization in patients with major depression vs. those with schizophrenia or bipolar I disorder in a public psychiatric hospital**

Ching-Hua Lin, Ming-Chao Chen, Li-Shiu Chou, Chieh-Hsin Lin, Cheng-Chung Chen,  
Hsien-Yuan Lane\*

Published in *Psychiatry Research* 180 (2010) 74–79

Compared rehospitalization rates in patients with schizophrenia or bipolar I disorder to patients with major depressive disorder remains unclear. This study aimed to compare the time to rehospitalization of the three groups. Other clinical variables were also examined. Rehospitalization status was monitored for all admitted inpatients with schizophrenia (n=637), bipolar I disorder (n=197), or major depressive disorder (n=191), from January 1, 2006 to December 31, 2006. Time to rehospitalization within 1 year after discharge was measured using the Kaplan–Meier method. Risk factors associated with rehospitalization were examined using the Cox proportional hazards regression model. The three groups were comparable for comorbid alcohol abuse/dependence, family history of severe psychiatric illness, years of education, and number of previous hospitalizations. No significant differences were noted among the three groups for the time to rehospitalization or the time to discontinuation. Age onset and number of previous admission were associated with risks of rehospitalization. This study suggests that the major depressive disorder, schizophrenia, and bipolar I disorder have comparable influences on time to rehospitalization and discontinuation from treatment and that earlier onset of illness and more previous hospitalizations are associated with higher risks of rehospitalization. Further prospective research is warranted.

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## **A Randomized, Double-Blind Comparison of Risperidone Versus Low-Dose Risperidone Plus Low-Dose Haloperidol in Treating Schizophrenia**

Ching-Hua Lin, T Chao-Chan Kuo, Li-Shiu Chou, Yeng-Hung Chen, Cheng-Chung Chen,  
Kuo-Hao Huang, Hsien-Yuan Lane\*

Published in *Journal of Clinical Psychopharmacology* 2010;30(5): P518-525

Monotherapy is recommended for schizophrenia treatment, but the risk-benefit issue of antipsychotic drug combination (except for clozapine) remains unclear. Risperidone, an atypical antipsychotic drug, has a lower incidence of extrapyramidal syndrome but higher risks of prolactinemia and metabolic syndrome than haloperidol, a typical agent.

This study compared efficacy and safety of risperidone monotherapy versus low-dose risperidone plus low-dose haloperidol in schizophrenia. In this 6-week, double-blind study, patients were randomized

to the combination group (2-mg/d risperidone plus 2-mg/d haloperidol, n = 46) or the monotherapy group (4-mg/d risperidone, n = 42). Efficacy assessments included Clinical Global Impression Severity, Positive and Negative Syndrome

Scale and subscales, Calgary Depression Scale, Global Assessment of Functioning, and Medical Outcomes Study Short-Form 36. Safety was rigorously monitored. Response was defined as 30% reduction in the Positive and Negative Syndrome Scale total score. The 2 treatment groups were similar in (1) demographic and clinical characteristics at baseline, (2) response rate, and (3) improvement in various psychopathological measures and quality of life at end point. The monotherapy group had a higher increase in prolactin levels ( $P = 0.04$ ) and Simpson-Angus Scale scores ( $P = 0.04$ ) and a higher percentage of biperiden use ( $P = 0.045$ ). There were no significant between-group difference in changes in weight, vital signs, corrected QT interval, liver/renal function, fasting glucose level, and lipid profiles. The findings suggest that risperidone monotherapy may yield higher prolactin levels than a combination of low-dose risperidone plus low-dose haloperidol. The 2 treatment groups are similar in efficacy, life quality, and other safety profiles. Future long-term studies are warranted.

## Schizophrenia patients discharged against medical advice at a mental hospital in Taiwan

Yu-Ting Wung, Cheng-Chung Chen, Feng-Chuan Chen, Ching-Hua Lin\*

Published in *Psychiatry and Clinical Neurosciences* 2010; 64:P 415–420

**Aim:** The purpose of the present study was to evaluate the risk factors associated with discharge against medical advice (AMA) and compare the time to rehospitalization between patients with AMA discharges and those with regular discharges.

**Methods:** All schizophrenia inpatients discharged from a psychiatric hospital between 1 January 2006 and 31 December 2006 were monitored. The clinical variables were compared between the patients discharged AMA and those with regular discharges. Logistic regression was used to determine the best predictor for AMA discharge. Times to rehospitalization within 15 and 60 days after discharge were measured using the Kaplan–Meier method.

**Results:** Compared to patients with regular discharges, patients discharged AMA were significantly more likely to be male ( $P = 0.007$ ), to have comorbid alcohol abuse/dependence ( $P = 0.007$ ), to take typical antipsychotic agents ( $P = 0.005$ ) and to have shorter lengths of hospital stay ( $P = 0.001$ ). Logistic regression demonstrated that male gender (odds ratio [OR], 1.631; 95% confidence interval [CI]: 1.067–2.493) and prescription of typical antipsychotic agents (OR, 1.729; 95%CI: 1.098–2.723) were the most influential predictors for discharge AMA. There were significant differences in time to rehospitalization between these two groups during the 15-day ( $P = 0.009$ ) and 60-day ( $P = 0.038$ ) follow-up periods.

**Conclusion:** Male gender and prescription of typical antipsychotic agents increased the likelihood of AMA discharge. The consequence for patients with AMA discharges was earlier rehospitalization. Future studies are needed in many different mental health systems to better generalize the findings.

**Key words:** atypical antipsychotic agent, discharge against medical advice, rehospitalization, schizophrenia.



## **ALEXITHYMIA ASSOCIATED WITH BILATERAL GLOBUS PALLIDUS LESIONS AFTER CARBON MONOXIDE POISONING**

Mei-Feng Huang, Yi-Chun Yeh, Hin-Yeung Tsang, Cheng-Sheng Chen\*

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Alexithymia refers to a person's inability to identify and describe feelings. We present a patient who developed alexithymia after carbon monoxide poisoning following a suicide attempt by burning charcoal in an enclosed space. Brain computed tomography revealed bilateral globus pallidus hypoxic lesions. Because of the time frame and the presence of brain structural lesions, the alexithymia in this patient was thought to be caused by bilateral globus pallidus hypoxic lesions resulting from carbon monoxide poisoning. The alexithymia in this patient did not respond to a variety of psychotropic drugs, including sertraline, venlafaxine, bupropion or methylphenidate. We suggest that alexithymia, which was associated with brain hypoxic lesions in this case, is resistant to treatment.

## **ASSOCIATIONS BETWEEN SUBSTANCE USE AND BODY MASS INDEX: MODERATING EFFECTS OF SOCIODEMOGRAPHIC CHARACTERISTICS AMONG TAIWANESE ADOLESCENTS**

Tai-Ling Liu, Ju-Yu Yen, Chih-Hung Ko, Mei-Feng Huang, Peng-Wei Wang, Yi-Chun Yeh, Cheng-Fang Yen\*

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The aim of this study was to analyze the association between substance use and body mass index (BMI) among adolescents in Southern Taiwan. A total of 10,259 adolescent students aged 11–19 years were selected by stratified random sampling for proportional representation of districts, schools and grades in Southern Taiwan, and completed the questionnaires. The body weight, body height, experience of substance use and sociodemographic characteristics including sex, age, residential background and paternal/maternal educational levels were collected. The association between substance use and BMI, and the moderating effects of sociodemographic characteristics were examined.

After adjusting for sociodemographic characteristics, BMI was higher for adolescents who smoke cigarettes or drink alcohol than for those who do not regularly smoke or drink. Chewing betel nuts and using illicit drugs were not significantly associated with BMI. Paternal education level had a moderating effect on the association between smoking and BMI. Smoking, alcohol drinking, and low paternal education level were associated with higher BMI among adolescents. Thus, healthcare professionals should pay more attention to the weight-related problems among these adolescents.

## **DIAGNOSIS AND TREATMENT OF COMORBIDITIES OF TOURETTE' S SYNDROME AND BIPOLAR DISORDER IN A 10-YEAR-OLD BOY**

Peng-Wei Wang, Mei-Feng Huang, Cheng-Fang Yen, Rong-Rong Huang

Published in Kaohsiung J Med Sci November 2009 , 25(1)11

Changes in moods are one of the comorbid psychiatric manifestations that frequently occur in patients with Tourette' s syndrome. The assessment of a manic episode in children with Tourette' s syndrome is challenging. Furthermore, the treatment of children with comorbid mania and Tourette' s syndrome has not been extensively studied. We present a 10-year-old boy who suffered from both Tourette' s syndrome and mania, whose symptoms improved after using lithium and risperidone. The child was diagnosed with Tourette' s syndrome at 7 years of age when he suffered from tics and experienced his first manic episode. He received monotherapy, including haloperidol, risperidone and aripiprazole, and the response was poor. When the combination of lithium and risperidone was used, the tics and mania subsided. It is important to assess individuals with Tourette' s syndrome for associated bipolar disorder. The treatment of children with both disorders is a major clinical issue, and our case may serve as an example for successful treatment strategies.

## **QUALITY OF LIFE AND ITS CORRELATES IN PATIENTS WITH OBSESSIVE-COMPULSIVE DISORDER**

Shu-Ying Hou, Cheng-Fang Yen, Mei-Feng Huang, Peng-Wei Wang, Yi-Chun Yeh\*

Published in Kaohsiung J Med Sci August 2010, 26( 8)

The care of patients with obsessive-compulsive disorder (OCD) has raised quality of life (QOL) issues. The purpose of this study was to compare the level of QOL between patients with and without OCD, and to examine the associations between QOL and sociodemographic data, course of illness, psychopathology, perceived social support, and treatment characteristics. The QOL levels measured with the Taiwan version of the Short Form of the World Health Organization Questionnaire on Quality of Life were compared between 57 subjects with OCD and 106 subjects without OCD. The correlates of QOL were examined among subjects with OCD. The analysis revealed that QOL scores for the general, physical, psychological and social relationship domains were lower in the OCD group than in the control group; however, no difference in the environmental domain was found. Multiple factors were associated with poor QOL in subjects with OCD, including comorbid depression, severe obsession symptoms, perceived low social support, severe adverse effects of medication, combined use of mood stabilizers, and low social status.

Different domains of QOL are differently affected by OCD. The QOL of subjects with OCD was correlated to multiple factors that were specific to individual subjects and influenced by interactions with treatment and the social environment.

## **The Characteristics of Severe Mentally Ill Patients Who Need Forced Hospitalization before and after the Amended Mental Health Act in Taiwan**

Ren-Yi Liu, M.D., Kuan-Yi Tsai, M.D., M.S., Frank Huang-Chih Chou, M.D., M.S., Ph.D., Wen-Wei Ho, M.D., Wei-Jen Chen, M.D., M.S., Cheng-Chung Chen, M.D., Ph.D.

Published in Taiwanese Journal of Psychiatry [Taipei] 2010;24(2):P131-139

**Objectives:** The Amended Mental Health Act (AMHA) in Taiwan became effective on July 4, 2008. In this research, we aimed to identify the characteristics of severe mental illness (SMI) patients who needed forced hospitalization before and after the implementing of the AMHA.

**Method:** Kai-Suan Psychiatric Hospital is the only government civilian psychiatric hospital in Kaohsiung, Taiwan. This 820-bed hospital is accounted for about 70% of the psychiatric beds in the city of Kaohsiung. After implementing AMHA, we used the psychiatrist-rated battery to collect psychopathological symptoms from medical records to collect demographic data and a psychiatric history of 146 SMI inpatients who were admitted involuntarily for seven months. Before implementing AMHA, we also collected data from 224 SMI inpatients who were admitted in the same period in 2007 as the control group. The collected information included patients' nationality, educational level, marital status, age of onset, the number of previous admissions, and the number of forced hospitalization.

**Results:** Compared with the control group, the involuntarily admitted inpatients after the implementing the AMHA showed significant differences in their psychiatric symptoms, of more tension and less motor hyperactivity ( $p=0.007$ ), distractibility ( $p=0.006$ ), suspiciousness ( $p=0.036$ ), and grandiosity ( $p=0.044$ ). Significant differences were also found in the types of violence in more destructive behavior ( $p=0.008$ ), and less verbal aggression ( $p=0.016$ ).

**Conclusion:** The AMHA was implemented, the number of forced involuntary admissions has been decreased by two-thirds compared to the year before. Based on this finding, we suggest that stricter or different criteria are used by psychiatrists in the AMHA.

**Key words:** Amended Mental Health Act, severe mental illness, involuntary admission

## **The characteristics of and risk factors associated with incarcerated sex offenders in Taiwan.**

Chun-Ying Lee; Shin-Shin Chao ; Sheau-Ping Chen ; Frank Huang-Chih Chou ,Chao-Yueh Su, MEd ; Wen-Wei Ho, M.D.

Published in Int J Law Psychiatry 2010; 33(3):144-8.

The aims of this article are to present the demographic characteristics of a sample of Taiwanese sex offenders, to examine the rate of sexual recidivism in Taiwan, and to describe which factors distinguish recidivists from non-recidivists. This article assesses the recidivism rates of a sample of 503 male sex

offenders incarcerated from 1999 to 2004. The sample is divided into two groups: non-recidivists (88.7%) and recidivists (11.3%). Variables are categorized into demographic characteristics, criminal history, interpersonal relationships, and offending behaviors. Multivariate logistic regression analysis suggests that recidivism is significantly related to male victims, poor interactions with employers, verbal control (i.e., threats to or verbal control of victims), weapon control (threatening or controlling victims with weapons) and familiar with victims. Furthermore, the authors conclude that the article will establish a database for both demographic characteristics and associated risk factors related to recidivism in incarcerated sex offenders in Taiwan. These data will be useful for preventing future sex crimes.

**Key Words:** incarcerated sex offenders, recidivism

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

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

Published in Soc Psychiatry Psychiatr Epidemiol 2010; 45(9):921-30.

**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 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 to 50 years of age. Half (801) of the participants were female immigrants, while the remainder comprised the age-matched control group that consisted of 801 native married women. Participants who scored  $\geq 2$  (probable major depressive episode) on the DRPST were assessed according to DSM-IV criteria by a senior psychiatrist. The MOS SF-36 measures quality of life (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 (SLEs) 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.

**Key words:** Quality of life (QOL), female married immigrants, major depressive episode, Short Form-36 (SF-36), Disaster-Related Psychological Screening Test (DRPST), decision tree analysis.

## **A three-year follow-up study of the psychosocial predictors of delayed and unresolved PTSD in Taiwan Chi-Chi earthquake survivors**

Chao-Yueh Su, Medu, Kuan-Yi Tsai, MD, MS, Frank Huang-Chih Chou, MD, MS, PhD, Wen-Wei Ho, Renyi Liu, MD, Wen-Kuo Lin.

Published in *Psychiatry Clin Neurosci* 2010; 64(3): 239-48.

**Objective:** To predict the longitudinal course of posttraumatic stress disorder (PTSD) in survivors three years following a catastrophic earthquake using multivariate data presented six months after the earthquake.

**Methods:** Trained assistants and psychiatrists used the Disaster-Related Psychological Screening Test (DRPST) to interview earthquake survivors 16 years and older and assess current and incidental psychopathology. A total of 1756 respondents were surveyed over the three-year follow-up period.

**Results:** A total of 38 (9.1%) of the original 418 PTSD subjects and 40 of the original 1338 (3.0%) non-PTSD subjects were identified as having PTSD at 3-year post-earthquake follow-up. Younger age, significant financial loss, and memory/attention impairment were predictive factors of unresolved PTSD and delayed PTSD.

**Conclusions:** The longitudinal course of PTSD three years after the earthquake could be predicted as early as six months after the earthquake on the basis of demographic data, PTSD-related factors, and putative factors for PTSD.

**Key words:** Post-traumatic stress disorder (PTSD), Disaster-Related Psychological Screening Test (DRPST), earthquake survivors.

## **The association between Internet addiction and psychiatric disorder: a review of the Literature**

Chih-Hung Ko, Ju-Yu Yen, Cheng-Fang Yen, Cheng-Sheng Chen, Cheng-Chung Chen

Published in *European Psychiatry*

### **Abstract**

Internet addiction is a newly emergent disorder. It has been found to be associated with a variety of psychiatric disorders. Information about such coexisting psychiatric disorders is essential to understand the mechanism of Internet addiction. In this review, we have recruited articles mentioning coexisting psychiatric disorders of Internet addiction from the pubmed database as at November 3, 2009. We describe the updated results for such disorders of Internet addiction which include substance use disorder, attention-deficit hyperactivity disorder, depression, hostility, and social anxiety disorder. We also provide discussion for possible mechanisms accounting for the coexistence of psychiatric disorders and Internet addiction. The review might suggest that combined psychiatric disorders mentioned above should be evaluated and treated to prevent their deteriorating effect on the prognosis of Internet

addiction. On the other hand, Internet addiction should be paid more attention to when treating people with these coexisting psychiatric disorders of Internet addiction. Additionally, we also suggest future necessary research directions that could provide further important information for the understanding of this issue.

**Key words:** Internet addiction, substance use disorder, Comorbidity, ADHD, depression, social anxiety, hostility.

## **The high-sweet-fat food craving among women with premenstrual dysphoric disorder: Emotional response, implicit attitude and rewards sensitivity**

Ju-Yu Yen , Shun-Jen Chang , Chih-Hung Ko , Cheng-Fang Yen, Cheng-Sheng Chen, Yi-Chun Yeh ,  
Cheng-Chung Chen\*

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This study aimed to: (1) evaluate food craving and high-sweet-fat food craving across the menstrual cycle; (2) compare the craving and explicit/implicit emotional response to different food; and (3) investigate the reward sensitivity among PMDD and control groups. The PMDD group without treatment history and control group were evaluated for food craving, emotional response to food, implicit attitude task to food, and responsiveness to reward both in luteal and follicular phases. A total of 59 women with PMDD and 60 controls had completed the study. The results revealed that both PMDD diagnosis and luteal phase were associated with higher body mass index. The high-sweet-fat food provoked higher craving, positive emotional, and positive implicit response more than other foods. The luteal phase contributed to higher food and high-sweet-fat food cravings. Besides, the PMDD women had higher reward sensitivity, emotional response, positive implicit attitude, and craving response to high-sweet-fat foods. Further, the rewarding sensitivity was associated with emotional response to high-sweet-fat food which was associated with high-sweet-fat food craving. These results would suggest emotional response and implicit attitude might play a role for high-sweet-fat food craving of PMDD. Further, PMDD women with higher reward sensitivity should be a target group of intervention for high-sweet-fat food craving.

## **Neuroleptic Malignant syndrome or Rhabdomyolysis?**

Cheng-Chung Chen, Ren-Yi Liu

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Psychiatric education and clinical practice show that first-generation antipsychotics (FGAs) should be carefully monitored for the drug in-duced-movement disorders including acute dystonia, parkinsonian symptoms, tardive dyskinesia, neuroleptic malignant syndrome (NMS), and akathisia.

Previous reports show that ambient temperature, high speed in dose escalation of FGAs, and dehydration can put patients into higher risk of developing NMS. Second-generation

Antipsychotics (SGAs) also have side effects of metabolic syndrome, rhabdomyolysis, but not NMS itself. According to DSM-IV-TR, research diagnostic criteria of NMS(333.92) are: (A) The development of severe muscle rigidity and elevated temperature associated with use of neuroleptic medication. (B) Two (or more) of the following: diaphoresis, dysphagia, tremor, incontinence, changes in level of consciousness ranging from confusion to coma, mutism, tachycardia, elevated or labile blood pressure, leukocytosis, and laboratory evidence of muscle injury (e.g., elevated creatinine phosphokinase, CPK). (C) The symptoms in Criteria A and B are not due to another substance (e.g., phencyclidine) or a neurological or other general medical condition (e.g., viral encephalitis). (D) The symptoms in Criteria A and B are not better accounted for by a mental disorder (e.g., mood disorder with catatonic features) [1].

Previous central pathophysiologic hypotheses of NMS include that potent dopaminergic blockade effects by neuroleptics causing the hypothalamic and nigrostriatal dopamine hypofunctioning presenting with severe drug-induced extrapyramidal symptoms (EPS), autonomic instability, thermoregulation and changes of consciousness. This mechanism also supported by the treatment response using central dopaminergic agonist such as bromocriptine. Peripheral pathophysiologic hypothesis of NMS shows it may be related to familial genetic neuromuscular disorder malignant hyperthermia causing high fever after the use of anesthetic agents. Both conditions can be relieved by peripheral muscular relaxant dantrolene. These different pathophysiologic mechanisms are not yet well-confirmed. But worldwide psychiatric treatment suggestions always advise to avoid using rapid neuroleptization to decrease the risk potential of developing NMS.

SGAs are well-known to have more different central receptor blockades than FGAs. The different mechanisms of receptor actions could also show that SGAs have less risk of provoking NMS than FGAs. Clinically we also experience that patients received SGAs, e.g. zotepine and clozapine, could induce elevated CPK blood level but not NMS itself. Different central dopaminergic blockades may play a role in the cause of NMS and serotonergic receptors also may involve in antagonizing such effect. SGAs also should be carefully monitored for the side effect of elevated level CPK too. Psychiatric clinical practice guideline should be modified not to stop giving SGA when the abnormal laboratory data show elevated CPK level without hyperthermia, autonomic dysfunctions, severe EPS and changes of the consciousness. The reasons for having less frequently reported cases of SGA-induced NMS may be due to using small ranges of the treatment SGA doses, having less available formulations of the injectable SGAs and owing multiple different central receptor blockade effects. But SGAs have increased risk of metabolic syndrome rather than movement disorders.

In conclusions, newer SGAs might have better benefit for patients' improvement of psychotic symptoms, mood symptoms, cognitive function, and social motivations. Patients' SGA-induced metabolic side effects can be carefully monitored by checking body mass index regularly, encouraging daily exercise, and having strict diet control. Drug induced-side effects can be easily observed in the use of FGAs but not SGAs. Psychiatrists should also keep in mind checking patients' CPK level routinely and identifying NMS symptoms at the critical point of its development.

## Subtypes of Mild Cognitive Impairment Among the Elderly With Major Depressive Disorder in Remission

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Background: Cognitive impairment in remitted late-life depression varies and might be associated with greater risk of dementia in some individuals. This study aimed to classify the subtypes of mild cognitive impairment (MCI) in late-life major depressive disorder.

Methods: We classified the subtypes of mild cognitive impairment (MCI) in late-life major depressive disorder in remission and to examine their clinical correlates and structural

magnetic resonance imaging (MRI) features. Methods: Elderly patients with major depressive disorder in remission and elderly comparisons were examined by a comprehensive battery of cognitive tasks. Proposed diagnostic criteria were used for MCI classification, and the degree of brain atrophy and white matter hyperintensity on MRI were evaluated. Results: We found information-processing speed and memory were independent cognitive domains associated with late-life remitted major depressive disorder. Of the study cohort, 52.3% met the definition of MCI, including 28.5% with amnesic MCI (aMCI) and 23.8% with nonamnesic MCI (naMCI). A clinical correlate of aMCI was the late-onset of disorder (OR=4.76; 95% CI=1.57, 14.40) and of naMCI was a higher score on the Framingham stroke risk scale (OR=1.39; 95% CI=1.12, 1.72). The odds ratio of highest quartile of ventricular atrophy for aMCI compared to the comparisons was 3.65 (95% CI=1.22, 10.96). Conclusions: The central cognitive impairments among the elderly with major depressive disorder in remission were memory and information-processing speed, and over half of the subjects met the MCI diagnostic criteria. Different risk factors existed for the subtypes of aMCI and naMCI. Later-age onset of first episode and ventricular atrophy were associated with aMCI, whereas vascular risk factor were associated with naMCI. We suggest there were different pathogeneses between aMCI and naMCI in late-life major depressive disorder.

Key Words: Aged, cognitive impairment, depressive disorder, MRI, subtype, vascular risk.

國內雜誌

### 音樂與約束對保護室精神病患情緒控制之成效

賴倩瑜、蘇幼雲、林帥廷、余靜雲、林怡君

接受於護理暨健康照護研究 6卷4期・中華民國99年12月

背景：當精神病患有情緒激動或暴力傷人的行為，如勸導無效時，常使用保護室約束處置穩定病患的情緒，音樂治療為非侵入性措施，病患較易接受，對情緒控制的成效頗佳。



**目的：**比較音樂介入合併約束及單純約束對於精神科急性病房保護室病患情緒控制之成效及差異。

**方法：**研究採實驗研究設計，分實驗組與控制組，進行前後測試；研究介入期間為2007年4月至11月。以精神科急性病房保護室受約束處置之病患為個案，個案被隨機分派至實驗組或控制組，各28名。實驗組個案進入保護室約束隔離時，提供30分鐘音樂聆聽；控制組則只接受30分鐘的單純約束。研究工具採用簡式症狀量表，輔以血壓、脈搏及呼吸的測量。

**結果：**音樂介入對於在保護室隔離之精神病患的焦慮( $F=18.75, p<.001$ )等情緒有顯著的控制效果，單純約束對焦慮( $F=16.81, p<.001$ )和敵意( $F=14.66, p<.001$ )的控制效果亦達顯著之標準，而音樂介入更可使病患情緒有持續緩和之效益。

**實務應用：**本研究結果可做為未來精神科單位相關研究及發展情緒控制介入措施之參考。

## **The correlation between social support, quality of life and elderly depression in a Taiwanese suburban community**

Lu MK, Chou FH, Ho WW, Su CY, Liu Ri

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**Objective:** The purpose of this community-based study was to examine the prevalence and related risk factors of elderly depression in a suburban area in Kaohsiung, Taiwan.

**Methods:** With the Disaster-related Psychological Screening Test (DRPST) and the Short Form-36 (SF-36) questionnaire, we interviewed 871 aged elderly in a community. Six hundred and nine (69.9%) elderly residents completed the interview.

**Results:** We identified 89 (adjusted prevalence was 14.29%) elderly as having probable major depression. The risk factors of having probable depression in the elderly were illiteracy (aOR = 2.1, 95% CI:1.0-4.2), a poor Physical Components Summary (aOR = 3.2, 95% CI:1.7-6.3), a poor Mental Components Summary (aOR = 2.5, 95% CI :1.4-4.5), and a lack of leisure companions (aOR = 2.2, 95% CI: 1.3-3.9).

**Conclusion:** The prevalence of elderly depression reported in this study was slightly lower than that of recent studies in Taiwan. Poor quality of life and lack of leisure companion are predictors of elderly depression. Intervention programs should put resources into promoting quality of life and leisure-time arrangement for the elderly population.

## **Psychiatric Manifestations of Primary Sjögren's Syndrome**

Kai-Da Cheng, M.D., Wei-Jen Chen, M.D., M.S., Frank Huang-Chih Chou, M.D., M.S., Ph.D.

Published in Taiwanese J Psychiatry 2010;24: 313-7.

**Object:** Sjögren's syndrome is a chronic systemic autoimmune disease. When it involves the central nervous system, the patient can have psychotic disorder, mood disorder and personality disorder.

**Case report:** A 54-year-old female patient with Sjögren's syndrome presented psychotic and mood symptoms. She showed obvious psychotic and mood symptoms when the autoimmune antibodies are active. Immunosuppressants and antipsychotics are prescribed to treat her symptoms and signs. Patient's psychiatric symptoms were improved when the activity of Sjögren's syndrome was subsided.

**Conclusion:** For patients with autoimmune diseases and with psychiatric symptoms, the physician needs to treat the underlying diseases effectively to get their psychiatric conditions improved.

**Key words:** Sjögren's syndrome, autoimmune diseases, psychiatric disorder

## **Models to Predict Unresolved Post-Traumatic Stress Symptoms in Earthquake Survivors: Comparison of Classification and Regression Tree and Logistic Regression**

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Published in Taiwan J Psychiatry 2009; 2010; 24: 30-40.

### **Abstract**

**Objective:** This study was to evaluate the implementation and performance of a classification and regression tree (CART) and a logistic regression model to predict unresolved post-traumatic stress symptoms (PTSS) in survivors three years after the Taiwan Chi-Chi earthquake from multivariate data presented at 0.5 year.

**Methods:** We surveyed 4,223 respondents 0.5 year after the earthquake, and 875 (20.7%) of them were found to be positive for PTSS. Three years later, we followed up 418 (47.8%) of the 875 participants, and in 38 (9.1%) of these cases were found to have their symptoms unresolved. Verified values falling outside threshold limits were analyzed according to demographic data, quality of life (QOL), putative risk factors, and post-traumatic stress disorder (PTSD)-related symptoms with the aid of logistic regression. A decision tree was automatically produced from the root node to target classes (remissive or unresolved PTSS).

**Result:** With CART, we found that the predicted probability for unresolved PTSS was 53.6%, if the respondents had "prominent financial loss," "mental component summary (MCS) score 36.0", and "reliving the traumatic experience". These three factors were also included in the six significant independent variables identified in logistic regression.

**Conclusion:** Decision tree analysis confirmed some of the results of logistic regression. This investigation shows there is knowledge to be gained from analyzing observational data with the aid of decision tree analysis.

**Key words:** Post-traumatic stress symptoms (PTSS), classification and regression tree (CART), decision tree analysis.

# **A Comparison of Severe Mental Illness Characteristics and Associated Factors of Compulsory Admission Inpatients in a Psychiatric Teaching Hospital Before and After the Implementation of the Amendment Mental Health Act.**

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## **Objectives**

Taiwan's Amendment Mental Health Act (AMHA) came into effect on July 4, 2008. This research aims to identify the characteristics of patients with severe mental illness who were subjected to compulsory admission before and after the implementation of the AMHA.

## **Methods**

Kai-Suan Psychiatric Hospital is the only civil psychiatric hospital in Kaohsiung, Taiwan. The 820-bed hospital accounts for about 70% of the psychiatric beds in the city. After the implementation of AMHA, we used the Psychiatrist-Rated Battery to collect psychopathological symptoms and medical records to collect demographic data and a psychiatric history for every severe mental illness inpatient, 146 in total, admitted in a period of 7 months. Before the implementation of AMHA, we also collected data from 224 SMI inpatients admitted in the same period in 2007 as a control group. Nationality, educational level, marital status, age of onset, number of previous admissions, and number of compulsory admissions were recorded in a systematic fashion by trained assistants using a standardized data collection instrument.

## **Results**

Compared with the control group, the patients compulsorily admitted to the hospital after the implementation of AMHA showed some significant differences in their psychiatric symptoms, including more tension and less motor hyperactivity ( $p=0.007$ ), distractibility ( $p=0.006$ ), suspiciousness ( $p=0.036$ ), and grandiosity ( $p=0.044$ ). Significant differences were also found in the types of violence displayed, including more destructive behavior ( $p=0.008$ ) and less verbal aggression ( $p=0.016$ ).

## **Conclusion**

Since the AMHA was implemented, the number of compulsory admissions has decreased by two-thirds compared to the year before, implying that stricter or different criteria are being applied by psychiatrists.

**Key words:** Amendment Mental Health Act, severe mental illness, compulsory admission.

## 慢性精神分裂症病患自我效能與自我照顧能力之相關因素探討： 「以慢性精神分裂症病患為例」

黃美意、林惠賢、蘇淑芳、許秀月

接受於精神衛生護理雜誌2010, 5(1)

### 摘要

本研究之目的在探討慢性住院精神分裂症病患之自我效能與自我照顧能力，以及兩者之相關性及影響因素，並找出自我效能與自我照顧能力之重要預測因子。研究採立意取樣方式於南部某精神科專科醫院慢性病房，選取精神分裂症之男性病患為研究對象，有效樣本為150位。研究工具為結構式問卷，內容包括四部份：一、個人基本資料（含個人基本屬性與疾病因素）；二、精神症狀檢查表；三、自我照顧能力量表；四、自我效能量表。資料分析採描述性統計、皮爾森積差相關分析、t檢定、單因子變異數分析及逐步複線性迴歸（stepwise multiple linear regression）分析。本研究結果發現：(1)有工作訓練、無錐體外徑症狀者其自我效能顯著的優於無工作訓練、有錐體外徑症狀者；而精神症狀愈嚴重者其整體自我效能愈差。(2)有工作訓練者其自我照顧能力顯著的較無工作訓練者獨立；而精神症狀愈嚴重者其自我照顧能力愈依賴。(3)自我效能越差者自我照顧能力越依賴。(4)自我效能的顯著預測因子為精神症狀嚴重度和教育程度。(5)自我照顧能力的顯著預測因子為精神症狀嚴重度、自我效能、工作訓練狀態和教育程度。本研究已顯示病患自我效能越高者其自我照顧能力越獨立，因此為了能改善病患的自我照顧能力，增進病患的自我效能便是重要的途徑之一；而精神症狀嚴重度同時是病患自我效能及自我照顧能力的顯著預測因子，據此，研究者就精神症狀嚴重度和自我效能方面提出臨床上改善病患自我照顧能力的建議。

**關鍵詞：**慢性精神分裂、症狀嚴重度、自我效能、自我照顧能力。

## 運用行為治療於一位亞斯伯格症個案之護理經驗

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接受於高雄護理雜誌2010,27,P60-72

### 摘要

本文乃運用行為治療協助一位亞斯伯格症個案，透過與家屬、學校老師會談深入了解個案在家中及學校的行為，並實際觀察個案臨床行為表現，收集相關資料，發現個案之健康問題有一、潛在性暴力 針對他人/與暴力攻擊他人有關；二、社交互動障礙/與缺乏社交技巧有關，筆者與個案、家屬、醫療團隊共同討論後，依個案特性擬訂定行為矯正計劃，透過角色扮演方式，作角色模範，讓個案學習；於三個月的治療期間（95.6.6~9.12），矯正因疾病所導致的暴力、擅取物品與社交技巧障礙等問題，個案的暴力攻擊他人的行為由平均2次/1天降為平均2次/1個月，其不當行為明顯獲得改善，並可適時運用正向社交技巧與人互動，開拓更佳人際關係，順利於開學後二週返校上課，藉此顯示行為治療對亞斯伯格疾患不當行為的矯正有顯著的成效。

**關鍵詞：**亞斯伯格症（Asperger's Disorder）、攻擊行為（Aggressive behavior）、行為治療（Behavior therapy）、社交技巧（Social skills）