

一、請閱讀以下文章後，以中文敘述重點。(10%)

Major psychiatric disorders are growing public health concern that attributed 14% of the global burden of diseases. The management of major psychiatric disorders is challenging mainly due to medication non-adherence. Forty-six studies were included in the systematic review. Overall, 49% of major psychiatric disorder patients were non-adherent to their psychotropic medication. Of these, psychotropic medication non-adherence for schizophrenia, major depressive disorders, and bipolar disorders were 56%, 50%, and 44%, respectively. Individual patient's behaviors, lack of social support, clinical or treatment and illness-related, and health system factors influenced psychotropic medication non-adherence. The clinical factors of medication non-adherence were re-categorized into medication side-effect, lack of insight about their illness and treatment, comorbidity, medication efficacy, long treatment duration, and complexity of the prescribed medication.

【文章出處: Semahegn, et al. Psychotropic medication non-adherence and its associated factors among patients with major psychiatric disorders: a systematic review and meta-analysis. *Syst Rev* 9, 17 (2020).】

二、閱讀以下摘要，回答三子題:(15%)

Background

An oral compound, SEP-363856, that does not act on dopamine D2 receptors but has agonist activity at trace amine-associated receptor 1 (TAAR1) and 5-hydroxytryptamine type 1A (5-HT_{1A}) receptors, may represent a new class of psychotropic agent for the treatment of psychosis in schizophrenia.

Methods

We performed a randomized, controlled trial to evaluate the efficacy and safety of SEP-363856 in adults with an acute exacerbation of schizophrenia. The patients were randomly assigned in a 1:1 ratio to receive once-daily treatment with SEP-363856 (50 mg or 75 mg) or placebo for 4 weeks. The primary end point was the change from baseline in the total score on the Positive and Negative Symptom Scale (PANSS; range, 30 to 210; higher scores indicate more severe psychotic symptoms) at week 4. There were eight secondary end points, including the changes from baseline in the scores on the Clinical Global Impressions Severity (CGI-S) scale and the Brief Negative Symptom Scale (BNSS).

Results

A total of 120 patients were assigned to the SEP-363856 group and 125 to the placebo group. The mean total score on the PANSS at baseline was 101.4 in the SEP-363856 group and 99.7 in the placebo group, and the mean change at week 4 was -17.2 points and -9.7 points, respectively (least-squares mean difference, -7.5 points; 95% confidence interval, -11.9 to -3.0; P=0.001). The reductions in the CGI-S and BNSS scores at week 4 were generally in the same direction as those for the primary outcome, but the results were not adjusted for multiple comparisons. Adverse events with SEP-363856 included somnolence and gastrointestinal symptoms; one sudden cardiac death occurred in the SEP-363856 group. The incidence of extrapyramidal symptoms and changes in the levels of lipids, glycated hemoglobin, and prolactin were similar in the trial groups.

【文章出處: Koblán, Kenneth S., et al. "A non-D2-receptor-binding drug for the treatment of schizophrenia." *New England Journal of Medicine* 382.16 (2020): 1497-1506.】

- (1) 請簡述研究設計(5%)
- (2) 請簡述研究受試者樣本特性(5%)
- (3) 主要研究結果為何?(5%)

見背面

三、有關雙相情感障礙症，請回答以下兩個子題：(25%)

- (1) 根據 DSM-5 系統，主要的診斷分類及診斷標準。(10%)
- (2) 請列舉三項情緒穩定劑，並陳述其相對應之藥物護理照護重點?(15%)

四、請翻譯以下內容，並說明如何將內文應用於臨床(25%)

Depression or depressive symptoms were found to run in a family (Löchner et al., 2021; Manno et al., 2015). For example, children from dissolved families are consistently found to be at greater risk of depression compared with those from intact families, and children's early onset of depression at 14-years or younger significantly increase the lifetime risk of depression after parental divorce (Manno et al., 2015). Research indicated that family therapy may increase the level of family support for depressive clients including women under perinatal stage, post-stroke patients and the depressed elderly people (Cluxton-Keller & Bruce, 2018; Stahl et al., 2016; Vallury et al., 2015). Moreover, patient-caregiver dyadic interventions can decrease depressive symptomatology in individuals who have major depressive disorder (Stahl et al., 2016) or assist family caregivers in reducing their psycho-emotional distress (Park & Park, 2015). In other words, caregiver support interventions were found to be beneficial to promote mental health or reduce depressive symptoms.

五、失眠是精神科最常見的精神病理症狀，有關失眠症狀表現及治療，請回答下列問題：(共 25%)

- (1) 列舉精神科病患常見的失眠類型及原因。(5%)
- (2) 請說明 BZD (Benzodiazapines)與 NON-BZD 類藥物各自的藥理機轉及其使用上的注意事項。(10%)
- (3) 請描述護理師在非藥物(non-pharmacological)失眠處置的獨立角色功能。(10%)

試題隨卷繳回