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國立臺灣大學 112 學年度碩士班招生考試試題

科目： 精神暨心理衛生護理學

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第一題、

精神科護理過程中除了病患本身、也應涵蓋照顧者的nursing psychoeducation。請問針對初次發病的憂鬱症病患和家屬來說，需包含那些指導或討論要點在護理措施當中？請依對象分別列述重點，並說明共同訪談時的會談目標。(25%)

第二題、

自殺為當前國際間重要的精神心理衛生議題，臨床上不分科別的臨床病患都可能具有潛在的自殺風險。護理人員擔任第一線自殺防治守門人的重要角色，學習辨識自殺行為的早期警訊及迷思，有助於早期發現個案、及時轉介醫療、有效降低風險。請問：在評估兩位住院老年及青少年個案的自殺風險時，哪些是屬於自殺危險因子與保護因子？請分別列出兩位個案各五項以上的兩類因子，並說明每項因子實際因應對策(得舉例說明)。(25%)

第三題、

請依據以下文章摘要，以中文回答三子題：(25%)

Background Long-acting injectable antipsychotics (LAIs) can potentially reduce hospitalization risk by enhancing medication adherence but are rarely considered for early-phase schizophrenia treatment. The purpose of this study was to determine whether encouraging use of a LAI compared with usual care delays the time to first hospitalization with patients with early-phase illness.

Method The Prevention of Relapse in Schizophrenia (PRELAPSE) trial was cluster randomized with a follow-up duration of 2 years. The study began in December 2014, was completed in March 2019, and was conducted in 39 mental health centers in 19 US states. Site randomization assigned 19 clinics to encourage treatment with long-acting aripiprazole monohydrate (aripiprazole once monthly [AOM] condition) and 20 to provide treatment as usual (clinician's choice [CC] condition). Participant eligibility criteria included (1) schizophrenia diagnosis confirmed by a structured clinical interview, (2) fewer than 5 years of lifetime antipsychotic use, and (3) age 18 to 35 years. The AOM sites identified 576 potentially eligible participants, of whom 234 (40.6%) enrolled; CC sites identified 685 potentially eligible participants, of whom 255 (37.2%) enrolled.

Interventions There were no restrictions on treatment at CC sites (including using LAIs) or at AOM sites with the exception that aripiprazole monohydrate had to be prescribed within US Food and Drug Administration-approved guidelines.

Main Outcomes and Measures The primary outcome was time to first psychiatric hospitalization based on participant interviews every 2 months, the service use resource form administered every 4 months, and other sources (eg, health records) as available. Potential events were adjudicated by an independent committee masked to treatment assignment.

見背面

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Results The 489 participants (368 men [75.3%]) had a mean (SD) age of 25.2 (4.2) years and 225 (46.0%) had 1 year or less lifetime antipsychotic use. Fifty-two AOM (22%) and 91 CC participants (36%) had at least 1 hospitalization. The mean survival time until first hospitalization was 613.7 days (95% CI, 582.3-645.1 days) for AOM participants and 530.6 days (95% CI, 497.3-563.9 days) for CC participants. For time to first hospitalization, the hazard ratio was 0.56 (95% CI, 0.34- 0.92; $P = .02$), favoring AOM. Survival probabilities were 0.73 (95% CI, 0.65-0.83) for AOM participants and 0.58 (95% CI, 0.50-0.67) for CC participants. The number needed to treat to prevent 1 additional hospitalization was 7 participants treated with AOM compared with CC.

Conclusions and Relevance Long-acting injectable antipsychotic use by patients with early-phase schizophrenia can significantly delay time to hospitalization, a personally and economically important outcome. Clinicians should more broadly consider LAI treatment for patients with early-phase illness.

【摘要出處: Kane JM, Schooler NR, Marcy P, et al. Effect of Long-Acting Injectable Antipsychotics vs Usual Care on Time to First Hospitalization in Early-Phase Schizophrenia: A Randomized Clinical Trial. *JAMA Psychiatry*. 2020;77(12):1217–1224.】

- 3-1. 請以中文簡述本研究之(a)研究設計及(b)收案納入條件。(10%)
- 3-2. 請以中文簡述(a)研究主要結果變項及(b)研究重要結果。(10%)
- 3-3. 請以中文簡述本研究發現的臨床應用。(5%)

第四題、

有關 bipolar disorders (BD)之照護，請回答以下三子題：(共 25%)

- 4-1. 請簡述 BD I & BD II 之差異。(5%)
- 4-2. 請敘述 BD 病人主要的症狀表現及重要照護原則。(10%)
- 4-3. 請列舉兩項主要治療 BD 的精神科用藥，並分別提出其衛教重點。(10%)

試題隨卷繳回