## 九二一地震創傷後壓力症候群之發生率與危險因子

## Incidence and Risk Factors for Post-Traumatic Stress Disorder After Chi-Chi Earthquake in Taiwan.

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## 摘要

民國八十八年九月二十一日凌晨一時四十七分,台灣發生了近百年來最嚴重的地震,震央在集集地區,規模爲芮氏 7.3 級強烈地震。這次罕見的嚴重災害造成災民精神及內體上重大壓力,且有部份災民出現了創傷後壓力障礙反應,對個人及家庭造成影響。本研究旨在調查九二一地震發生後創傷後壓力症候群

(post-traumatic stress disorder; PTSD)之發生率,地震二年後慢性 PTSD 之發生率,探討災民創傷後壓力的症狀出現比率及差異,分析年齡、性別、失業、房屋損毀、地震中受傷、遭遇其他災難及創傷後壓力疾患之關係。本研究對象來自於88年9月21日至88年9月30日到南投縣六家地區醫院急診及門診就醫的病患,由中央健保局,南投縣衛生局及南投縣六家地區醫院提供就醫名單,以未患有精神疾病記錄及震災後有行爲或情緒困擾者共339人納入問卷調查。問卷根據精神疾病診斷手冊第四版(DSM-IV)對創傷後壓力症候群(PTSD)的定義爲診斷標準。地震後符合 PTSD 診斷的災民74名(22.29%),其中男性患者佔所有男性受訪者的18.52%,女性患者佔所有女性受訪者的27.27%。PTSD與地震中受傷,房屋損毀,服用安眠藥有關。地震中有受傷,地震後有開始依賴安眠藥者容易有PTSD症狀。地震二年後符合慢性PTSD診斷的災民19名(5.72%),其中男性患者佔所有男性受訪者的4.76%,女性患者佔所有女性受訪者的6.99%。慢性PTSD與年齡(p=0.049)、房屋損毀(p=0.009)及服用安眠藥(p=0.001)有關,與性別、失業及地震中受傷無關。地震後有開始依賴安眠藥者較易發展爲慢性PTSD(p=

 $0.001) \circ$ 

## **Abstract**

On September 21, 1999, the Chi-Chi area of Nau-tou County, central Taiwan was severely damaged by a major earthquake, which measured 7.3 on the Richter scale. This rare disaster produced a catastrophic effect, and survivors who were exposed to this disaster were associated with increased psychological distress, such as post-traumatic stress disorder (PTSD). This study attempted to investigate the prevalence of PTSD immediately after 3 months and 2 years after the earthquake; we also analyzed the symptomatology of PTSD and its relationship with age, gender, loss of job or home, and injury or death of relatives. In total, 339 victims were

interviewed with a questionnaire translated from the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV). Seventy-four victims (22.29%) met the criteria of PTSD, among whom 35 were male and 39 were female. PTSD was correlated with injury, destruction of one's house and the use of hypnotics. Those who were injuried and taking hypnotics were more predisposed to experiencing PTSD. Two years after the earthquake, 19 victims (5.72%) met the criteria of chronic PTSD, including 9 males and 10 females. Chronic PTSD was correlated with age, destruction of one's house and use of hypnotics. Those who depended on hypnotics were more predisposed to experiencing chronic PTSD. If symptoms of re-experience, avoidance and/or hyperarousal persist, emergency or primary care physicians must transfer the victim to a psychiatrist for further evaluation and treatment in order to prevent patients from progressing into a chronic state.