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• 中文摘要

中風是國人十大死因的第二位，也是成人殘障的第一要因，更是使用健保資源前三名的疾病，每年台灣地區中風病人發生率約爲千分之三，估計每年約有 30,000 名中風發生個案，故因中風而造成家庭與社會的衝擊不可勝數。以往國內並未有大規模的中風住院病人登錄系統，以致於各家醫院對於缺血性中風亞型的判斷，並無一致的操作型定義。此外由於中風登錄規模不大，無法從腦中風病人來診的到院時間，推算出有多少人是潛在能接受靜脈注射血栓溶血藥物的病人，故無法推論出台灣地區的現狀，以評估中風病人之醫療品質。 有鑑於此，本計畫已在台灣腦中風學會的理監事會徵得同意，代表腦中風界整合 30 家地區級以上醫院，建立中風住院病人之登錄平台，最主要的優點有二：一爲改善目前台灣中風照護系統良莠不齊的狀況，藉由中風登錄系統可以管控中風病人的照護品質，例如急性缺血中風病人施打靜脈注射 tPA 者佔所有住院之急性缺血性中風病人的百分比是否改善；及可監測中風併發症發生率的變化以作爲改善的依據。其二爲建立台灣大規模之中風病人的危險因子資料庫，以作爲二級中風預防之參考。 目前有 30 家醫院有意願參加本計畫且已陸續自 95 年 8 月 1 日起完成簽約手續，預計一年可登錄至少 5,000 名中風住院病人。另外中風登錄系統已完成登錄版本的確立、流程的建立並將登錄平台資訊化 (http://stroke.tmu.edu.tw)。根據 2000 年到 2004 年的健保檔之資料進行趨勢分析，台灣腦中風之發生率與盛行率於 2004 年分別達到每十萬人 314 人及 549 人，有逐年上升的趨勢。另外分析 2000 年到 2004 年之全國死亡檔，中風的死亡率則是呈現逐年下降的趨勢，顯示在中風的治療上已有明顯的進步。在研究計畫之第二年將針對中風病人出院等的功能性狀態（NIHSS、巴氏量表、modified Rankin scale）進行分析，並將推估長期照護之需求，以提供政府制定長期照護政策的參考。

- 英文摘要

Stroke was the second leading cause of death and also the first cause of adult disability which caused social impact severely. There was no solid information to elucidate stroke pattern of Taiwan due to lack of multicenter stroke registry system. In addition, treatment quality of stroke also can not be evaluated, such as the percentage of IV-tPA used in the treatment of ischemic stroke patients in Taiwan. In order to evaluate the stroke pattern and quality of stroke treatment in Taiwan, a study on setting up a multicenter stroke registry system including 30 hospitals was carried out by Taiwan Stroke Association. The specific aims of the study are to collect information of stroke patients including risk factors, clinical data and follow-up of quality of life, to evaluate and improve treatment quality of stroke based on registry data and to develop strategies for primary, secondary and tertiary prevention of stroke in Taiwan. In Taiwan, the incidence of stroke is about 3%0. According to this incidence rate, it is around 30,000 new stroke cases per year. Since the beginning of August, 30 hospitals have been enrolled in the stroke registry system. At least five thousands acute stroke cases per year will be enrolled in this registry system. A standard registry form, standard operation process of stroke patients' enrollment and audit system of stroke registry were developed. After analyses of the computer files of national health insurance and national mortality, it was found that from 2000 to 2004, incidence and prevalence of stroke increased from 281 to 314 and 460 to 549 cases per 100 thousands persons, respectively. However, from 2000 to 2004, the mortality of stroke was steadily decreased. In the second year of study period, NIHSS, Barthel Index and modified Rankin scale will be used to evaluate treatment quality of stroke. The demand of long-term care for stroke patients will also be estimated and suggestions for policy of stroke long-term care will be given for the government.