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• 中文關鍵字	中風登錄系統；中風發生率；中風危險因子
• 英文關鍵字	--
• 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，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 35 家地區級以上醫院，建立中風住院病人之登錄平台，並建立 1 萬人的大型中風登錄資料庫，此目標已於 96 年 4 月達成，並依據此登錄資料庫進行分析，發現高血壓、糖尿病、高血脂、肥胖、抽菸爲中風之危險因子，中風患者住院期間之影像檢查工具使用情形主要以斷層掃描 CT 爲最普遍，第一次中風患者之男性平均年齡爲 64.5 歲，女性爲 68.5 歲，較男性稍高，依中風亞型之分類可發現，infarct 者爲最多數，佔 73.5%，其次則爲 ICH(16.2%)、TIA(6.7%)及蜘蛛膜下腔出血 SAH(2.9%) ，同時在發生缺血性中風(TOAST)的患者中，主要以 small vessel occlusion 爲多數，佔 38.6%；造成 ICH 之原因以高血壓爲主，有七成因動脈瘤 aneurysm 而造成 SAH。 依據 1996~2005 年住院病人健保檔進行分析，台灣腦中風之年齡別標準化發生率於 1996 年到 2004 年維持在每十萬人 301~323 人，但於 2005 年下降至每十萬人 291 人。在這十年間，男性的年齡別標準化中風發生率爲女性的 1.18~1.37 倍，因此在男性中風的預防上，需更爲加強。而中風病人醫療花費也是呈現逐年升高的情形，中風存活率在醫學中心高於區域醫院，而區域醫院又高於地區醫院。
• 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 complete information to elucidate stroke pattern of Taiwan due to lack of multicenter stroke registry system. In addition, treatment quality of stroke can not be evaluated because the number of stroke registry is not large enough. 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 35 hospitals was carried out by Taiwan Stroke Association. A database with more than ten thousand entries was constructed and the results showed that the risk factors were hypertension, DM, hyperlipidemia, obesity, and smoking. The major image tool used to examination stroke patients was CT scan. The average age for male's and female's first stroke were 64.5 years and 68.5 years, respectively. According to the classification of stroke subtype, the first subtype was infarct (73.5%), the second were ICH (16.2%), TIA (16.2%) and SAH (2.9%). The results also revealed that the majority of ischemic stroke was small vessel occlusion (38.6%), the major cause of ICH was hypertension, and 70% of SAH was caused by aneurysm. Analyzing the data from national health insurance, this study presented that from 1996 to 2005, age standardized stroke incidence rates from 1996 to 2004 were between 301~323 cases per 100000 persons, but the rate dropped to 291 cases per 100000 persons in 2005. The age standardized stroke incidence rate in males was 1.18~1.37 times than those in females during this ten years. Therefore, it was recommend to pay more attention on the stroke prevention in males. Other analysis suggested that the medical cost in stroke was raised year by year and the highest stroke survival rate was in medical center.