• 系統編號	RC8901-0421
• 計畫中文名稱	精神疾病之急性住院病患---12 年之死亡追蹤研究
• 計畫英文名稱	Mortality of Acute In-Patients with Psychiatric Disorders---12-Year Follow-Up Study
• 主管機關	行政院國家科學委員會
• 計畫編號	NSC88-2314-B038-129
• 執行機構	台北醫學院醫學系
• 本期期間	8708 ~ 8807
• 報告頁數	0 頁
• 使用語言	中文
• 研究人員	蔡尙穎 Tsai, Shang-Ying
• 中文關鍵字	精神疾病；死亡率；住院病人；雙極性情感性疾病；自殺；緊急治療
• 英文關鍵字	Psychiatric disease；Mortality；Inpatient；Bipolar disorder；Suicide；Emergency treatment
• 中文摘要	爲增進精神醫療照顧品質,探討急性精神科住院病患的死亡率。以 1985 年至 1996 年底,在台北市一所精神科專科醫院之 3,350 位急性全日住院個案爲對象(平均年齡 36.7 歲),予以追蹤至 1996 年底。經由紀錄連結的方式,取得個案死亡狀態,並計算標準化死亡比(Standardized mortality ratio,簡稱 SMR)。並以 1991 年 1 月 1 日爲分界點劃分爲前後兩期進行比較。並以確定診斷爲雙極性情感疾患(以下簡稱躁鬱症)爲例,就死亡個案以其年齡性別爲條件,挑選出目前存活躁鬱症病患爲對照組,進行病歷回溯,以分析與死亡有關之危險因子。至追蹤結束爲止共有 411 位死亡,所得 SMR 爲 4.86(男性 4.96,女性 4.83);顯示不論是自然或非自然死亡,死亡率並不低,其中以女性的非自然死亡率最高。依診斷別, SMR 分別是物質使用疾患(12.17)、其他類(包括精神官能症與人格疾患, SMR=5.32)、器質性精神疾患(5.18)、精神分裂症與妄想性疾患(4.48)以及情感性疾患(3.83)。針對 125 位躁鬱症死亡病患,有過以可立即死亡方法自殺過、一級血親有自殺死亡、鋰鹽使用小於 3 年、病程無與情緒相符之精神病徵爲死亡之預測因子。急性精神科住院病患之死亡率在自然或非自然死因均較一般人口爲高,年輕女性的非自然死亡是危險性最高的一群。情感性疾患,不論男女皆爲非自然死因乃主要死因;以躁鬱症病患爲對象發現早期且持續的治療可以降低死亡率,自殺預防很重要。
• 英文摘要	The aim of this research was to investigate the mortality of acute psychiatric inpatients over a 12-year period following admission and to find out the predictors of mortality in bipolar disorder. The medical records of all 3,350 patients (mean age 36.7 year-old) with acute mental illness admitted to a psychiatric hospital from 1 January 1985 to 31 December 1996 were reviewed. Mortality was studied

through record linkage and the standardized mortality ratio (SMR) compared with the general population was calculated. The clinical data of age- and sex-matched survival of bipolar disorder to deceased ones within the same 2-year period of admission were chosen as controls. Four hundreds eleven patients died during the follow-up period and the overall SMR was 4.86 (4.96 for men and 4.73 for women). Excess mortality was observed in both natural and unnatural causes of death and was significantly higher among female patients with unnatural death. The SMR was found highest in patients with substance use disorders (12.17), followed by the "other disorders" (including neurotic and personality disorders, 5.32), organic mental disorders (5.18), schizophrenia or paranoia (4.48), and the affective disorders (3.83). The history of suicide attempt with lethal methods and complete of primary relative are the main predictors of mortality in 125 bipolar deceased patients. Excess mortality of both natural and unnatural causes in acute psychiatric inpatients was observed and the young female with unnatural death was the highest risk group. Suicide prevention is extremely important to prevent the decease in bipolar disorder.