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• 中文關鍵字	中風防治；危險因子；高血壓；衛教評估
• 英文關鍵字	stroke prevention；risk factor；hypertension；hygienic knowledge estimate
• 中文摘要	依據 WHO 的資料顯示，中風自 1990 年以來是已開發國家繼冠狀動脈心臟病、癌症之後的第三大死因，在我國排名更高居第二大死因。若以 2001 年台灣人口約兩千兩百萬來估計，大約有一萬三千人死於腦血管疾病。此外，中風是造成全世界主要死亡及失能的原因。雖然全世界中風的死亡率及發生率自 80 年代開始已逐漸降低，然而它在急性發病期後，在慢性其所留下的後遺症，仍對整個社會造成極大的衝擊。 中風防治的根本之計，爲減少因中風而造成之依賴養護之人口，控制危險因子，降低中風之發生。有鑑於此，本研究嘗試以台灣都會型地區利用大規模的問卷調查，篩選出中風的相關危險因子，期能針對相關危險因子提出都會型地區居民中風防治策略。 本計畫之研究母群第一年（Cohort I）以台北市文山區萬芳醫院附近三十歲以上的居民爲主，第二年（Cohort II）則新增士林區新光醫院附近三十歲以上的居民。Cohort I 衛教介入組之研究地區包括文山區的興光、興家、興業及興福里，共有 523 位民眾完成衛教活動及基線健檢資料，有 336 人完成 3 個月後測，169 人接受 6 個月後測。對照組則是興得、興豐及興安里，有 598 人接受 3 個月後電話訪視，137 人完成 6 個月後測。Cohort II 研究地區則包括文山區忠順里、明興里、順興里、興昌里、萬和里和萬美里及士林區後港里、仁勇里、福得里和舊佳里爲衛教介入地區，文山區興泰里和景華里以及士林區福志里和德華里爲對照地區。Cohort II 共有 5268 人完成電話訪問，並有 517 人完成衛教活動及基線健檢資料。 本研究結果發現衛教介入對於血壓值、BMI、體重與中風相關知識有顯著的改善。此外，本研究發現中風高風險群者的頸動脈超音波檢查異常的比例有較高的情形。頸動脈超音波異常者與正常者相比較，其膽固醇、三酸甘油脂、低密度脂蛋白、收縮壓、舒張壓與 BMI 均有偏高的趨勢，高密度脂蛋白則顯著較低。Cohort II 民眾中風風

險分佈，低風險群有 1868 位（56.1%），中風險群有 1174 位（35.5%），高風險群有 286 位（8.6%）。中風高風險群對於預防中風的相關知識，顯著低於其它兩組。因此針對高中風風險群，量身定做之衛教介入是必要的。另外，本研究結果也發現到即使在高教育程度的都會地區，民眾已經具備有預防中風發生的基本觀念，但是對於服用藥物的順從性之觀念卻不如預期，顯見衛教介入的重要性。故以區域醫院爲中心，結合醫學大學研究人力與資源，是實施社區中風防治工作可行的模式。

- 英文摘要

According to health statistical data from World Health Organization (WHO), stroke has been ranked third leading cause of death followed by coronary heart disease and cancer in developed countries since 1990. In Taiwan stroke was the second leading causes of death. There were approximately thirteen thousand death causes of cerebral vascular disease occurred in Taiwan in 2001. In addition, stroke is the main cause of death and disability in the world. Although mortality and prevalence of stroke have been decreased all over the world since 1980 ? HH ? HHs, after acute phase, the remaining consequences of this disease has tremendous impact on the whole society. The best strategy of stroke is primary prevention. The prevalence and mortality of stroke and the related social burden can be dramatically decreased by control of risk factors. The specific aim of the study was to screen major risk factors of stroke among residents in a urban area of Taiwan through telephone interview based on structured questionnaire. We expect to formulate the prevention strategy against stroke specific to this kind of environment after the study. The population for the study consisted of all adults over 30 years old living at Wen Shan District near to Wan Fan Hospital (WFH) in Taipei in Cohort I, and expanded all adults over 30 years old living at Shi Lin District near to Shin Kong Hospital (SKH). The subjects were divided into two groups: intervention group (IG) and control group (CG). The study area of the IG in Cohort I was from 4 Lis of Hsin-Guang, Hsin-Jia, Hsin-Ye and Hsin-Fu. There were 523 subjects invited to WFH to proceed health education program (HEP), physical exam (PE) and biochemical tests (BT), 336 subjects were followed by 3 months, and 169 were followed after 6 months among invited study subjects. The CG was from other 3 Lis of Hsin-De, Hsin-An and Hsin-Fung. 598 subjects received telephone interview after 3 months, and 169 participants completed follow-up after 6 months. The study area of the IG in Cohort II was from Zhong-Shun, Ming-Hsin, Shun-Hsin, Hsin-Chang, Wan-He, Wan-Mei Lis at Wen Shan District, and Hou-Gang, Ren-Yong, Fu-De, Jiu-Jia Lis at Shi Lin District. The study area of the CG was from Hsin-Tai and Jing-Hua Lis at Wen Shan District, and Fu-Zhi and De-Hua Lis at Shin Lin District. Cohort II collected 5268 valid questionnaires including 517 adults at WFH or SKH receiving HEP, PE and BT. The findings of the study showed that there was significant difference between IG and CG subjects in change of blood pressure, BMI, weight and stroke related knowledge score. In addition, the abnormal percentage in Duplex ultrasonography examination was higher among high risk group for stroke. The subjects with abnormal Duplex ultrasonography examination had higher cholesterol, triglyceride, LDL, systolic blood pressure, diastolic blood pressure and BMI. Among participants in Cohort II, there were 1868 study subjects ranked as low risk groups, 1174 as median risk groups, and 286 as high risk groups. The stroke related knowledge scores were lower in high risk groups for stroke. Thus health education intervention specific to high risk group for stroke is essential. The study also found that education level of the subjects was high in metropolitan area. Although they possessed basic knowledge and concepts on stroke prevention, drug

compliance is not good as expected. This also reflects the importance of health education. Therefore, to integrate human power, facilities & equipments and resources between medical university and Wan-Fang Hospital is feasible. This can serve as a model to be carried out the task in prevention and control of stroke in the community.