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• 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。 本計畫之研究母群以台北市文山區萬芳醫院附近三十歲以上的居民爲主。衛教介入地區主要來源爲興光、興家、興業及興福共計四里。另外選取興得里、興安里及興豐里共計三里，爲本研究對照地區。於研究期間進行電話訪視，介入地區民眾則受邀至萬芳醫院進行衛教並配合健檢活動。本研究共訪得有效問卷 4216 人，其中有 179 人至萬芳醫院接受衛教活動。各里之回應率由 14%至 20%不等。年齡分佈情形、性別狀況與教育程度與文山區居民並無差異（p>0.05）。 本研究結果發現中風危險性是屬於低度風險群者共有 2915 人(69.1%)，中度風險群共有 1151 人(27.3%)，高度風險群者共有 150 人(3.6%)。隨著中風風險性越高，不論是年齡、收縮壓、舒張壓和 BMI 均隨著升高。進一步發現中風高風險群前五大生活因子爲急性子、不運動、壓力大、抽菸、喝酒及不吃蔬果。高血壓、不正常心跳或節律、心臟疾病、家族疾病史、血脂異常則是高中風風險前五大疾病因子。另外，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。而且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。此外，本研究未來會試著發展新的篩檢工具如 CRP 或頸動脈超音波等，期能發現國人其它尚未辨明清楚的中風相關危險因子，以達到預防中風的目的。 中文關鍵詞：中風防治、危險因子、高血壓

- 英文摘要

According to health statistical data from World Health Organization (WHO), stroke has been ranked #3 leading cause of death followed by coronary heart disease and cancer in developed countries since 1990. In Taiwan stroke ranks #2 in 10 leading causes of death. If estimated from the total population in Taiwan in 2001, among 2200 million Taiwanese, approximately 13 thousand died of cerebral vascular disease. Besides, 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 ? H ? Hs, 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 purpose of the study was to employ a great number of questionnaires in a Taiwan metropolitan area to screen the high risk group of people for stroke by risk factors. 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. The subjects were divided into two groups: intervention group (IG) and control group (CG). The former group was from 4 Lis of Hsin-Guang, Hsin-Jia, Hsin-Ye and Hsin-Fu and the latter group was from other 3 Lis of Hsin-De, Hsin-An and Hsin-Fung. All subjects were interviewed by telephone. IG was invited to WFH to proceed health education program (HEP), physical exam (PE) and biochemical tests (BT). The study finally collected 4216 valid questionnaires including data from179 adults at WFH receiving HEP, PE and BT. The response rates in the study ranged from 14% to 20%. The distributions of the subjects by age, sex, and education level were no significant difference from those in the population of the Wen-Shan district. The findings of the study are summarized as follows. Low, moderate and high risk groups for stroke consisted of 2915 (69.1%), 1151 (27.3%) and 150 subjects (3.6%), respectively. The risk for stroke increased as age, high blood pressure (either systolic or diastolic) and body mass index (BMI). The most important five factors in life style contributing to highest risk group were type A personality, lack of exercise, stress, smoking and alcohol drinking, and no vegetable consumption. The most important five diseases related to stroke were high blood pressure, abnormal heart beat or arrhythmic, heart disease, familiar disease and dyslipidemia. 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. Thus, 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. In addition, we suggest that the direction of future study should focus on the development of a new diagnostic tool such as internal mediate thickness

(IMT) of neck artery or C-reactive protein with the hope of finding undiscovered risk factors for stroke. This would help in turn prevention against stroke. Key words: prevention & control of stroke, risk factors, hypertension