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• 計畫中文名稱	失智症非藥物性治療於機構照護應用成效		
• 計畫英文名稱	Effects of Non-Pharmacological Interventions for Institulized Dementia Patients		
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• 中文關鍵字	失智症；憂鬱；淡漠；認知功能；睡眠品質；精神徵象		
• 英文關鍵字	Dementia；Depression；Apathy；Cognitive function；Sleeping quality；Psychiatric Symptoms		
• 中文摘要	失智症是一種腦部後天性器質性疾病或進行性退化的疾病，病程通常爲慢性且經常產生不同的生理及心理的變化，包括遊走、幻覺、妄想、睡眠障礙、憂鬱以及淡漠等。這些行爲與心理症狀對患者得生活品質和照顧者帶來嚴重的負擔，然相關性探討文獻卻極爲有限。本研究以分層隨機抽樣方式選取北部地區 10 家照護機構，3 家醫學中心神經科或精神科門診，共蒐集 202 位 55 歲以上，輕、中度失智患者。經本人或家屬同意，調查以『中文版簡短憂鬱量表』、『簡短智能施測量表』，『中文版匹茲堡睡眠品質指標量表』、『淡漠程度量表』以及『中文版精神徵象量表』進行問卷訪查，有效問卷 182 份，廢卷 20 份，問卷完整率爲 90.10%。並進行描述性分析、獨立樣本 t-檢定、單因子變異數分析、皮爾森積差相關以及階層迴歸分析。其具體目的爲：(1) 探討失智症患者基本屬性的不同與憂鬱、認知功能、睡眠障礙、淡漠及精神症狀發生有無差異。(2) 分析失智症患者之憂鬱、認知功能、睡眠障礙、淡漠及精神症狀發生之相關。(3) 預測各變項之間發展模式。研究結果發現: 1. 研究對象的憂鬱程度與不同的『收案地點』、『診斷』、『教育程度』、『婚姻狀況』具有統計上顯著的差異。 2. 研究對象的睡眠品質與不同的『收案地點』具有統計上顯著的差異。 3. 研究對象的淡漠程度與不同『性別』、『失智程度』具有統計上顯著的差異。 4. 研究對象的認知功能與不同的『失智程度』以及『年齡』具有統計上顯著的差異。 5. 研究對象的精神症狀嚴重程度與不同的顯示『性別』、『收案地點』、『教育程度』、、『年齡』具有統計上顯著的差異。 6. 研究對象的淡漠程度與憂鬱程度、睡眠品質、精神症狀嚴重度、照顧者壓力呈現正相關；在淡漠程度與認知功能的部份則呈現負相關。且皆具有統計上顯著的差異。 本研究將提出實證性研究的發展，瞭解本土化失智症之發生情形，研究結果將可能支持輕、中度失智症改善失智患者生活品質的非藥物治療進行未來進一步的相關研究。		

- 英文摘要

Senile Dementia is one kind of organic disease with acquired brain degeneration, process of which usually is choronic and accompanies different physiological and the psychological change, including mosey, illusion, delusion, sleep disturbance, depression, apathy and so on. These behaviors and the Psychiatric Symptoms result in the life quality to the patient and burden with caregivers, however the relevant discussion literature is actually limited. Therefore, we selected outpatients at 3 department of neurology or pschiatry of medical centers the resident in 10 long-term care institutes in north area by the stratified random sampling in this research. There were above 55-year-old, 202 dementia cases with mild or moderate degree. When agreed by themselves or the family member, we examined by the questionary with ? HHHyGDS ? HHHz ? HHHB ? HHHyMMSE ? HHHz ? HHHB ? HHHyCPSQI ? HHHz ? HHHB ? HHHyAES ? HHHzand ? HHHyNPI ? HHHz. Completed questionnaire were 182 portions, the complete ratio was 90.10 ? HHHH. We analyzed by independent t-test, one-way ANOVA, Pearson ? HHH ? HHHs correlation, and . The purpose was (1) To discuss the difference with personal attribution , depreesion, cognitive function, sleep disturbance, apathy, and Psychiatric Symptoms. (2) To analyze the correlation between depreesion, cognitive function, sleep disturbance, apathy, and Psychiatric Symptoms. (3) To predict the model of these variables. According to the result, we had below six conclusions: 1. Subjects ? HHH ? HHH depressive symptoms was significantly different in ? HHHyLocation ? HHHz ? HHHB ? HHHyDiagnosis ? HHHz ? HHHB ? HHHyEducation degree ? HHHz ? HHHB ? HHHyMarriage condition ? HHHz. 2. Subjects ? HHH ? HHH sleeping quality was significantly different in ? HHHyLocation ? HHHz. 3. Subjects ? HHH ? HHH apathetic degree was significantly different in ? HHHyGender ? HHHzand ? HHHyDegree of Dementia ? HHHz. 4. Subjects ? HHH ? HHH cognitive function was significantly different in ? HHHyDegree of Dementia ? HHHzand ? HHHyAge ? HHHz. 5. Subjects ? HHH ? HHH degree of the Psychiatric Symptoms was significantly different in ? HHHyLocation ? HHHz ? HHHB ? HHHyGender ? HHHz ? HHHB ? HHHyEducation degree ? HHHz ? HHHB ? HHHyAge ? HHHz. 6. Subjects ? HHH ? HHH apathetic degree had significant positive correlation in ? HHHyDepressive symptoms ? HHHz ? HHHB ? HHHySleeping quality ? HHHz ? HHHBand ? HHHyDegree of the Psychiatric Symptoms ? HHHz ? HHHFnegative correlation in ? HHHyCognitive function ? HHHz. This study will propose development of evidence-base research, and let us realize the localized situation of Dementia. The results possibly supports Dementia of mild or moderate degree to improve their life quality and it will be the archery target which develop non- medicine treatment to conduct the future further correlation research.