九二一地震創傷後壓力症候群之發生率與危險因子

Incidence and Risk Factors for Post-Traumatic Stress Disorder After Chi-Chi Earthquake in Taiwan

中文摘要

民國八十八年九月二十一日凌晨一時四十七分，台灣發生了近百年來最嚴重的地震，震央在集集地區，規模爲芮氏 7.3 級強烈地震。這次罕見的嚴重災害造成災民精神及肉體上重大壓力，且有部份災民出現了創傷後壓力障礙反應，對個人及家庭造成影響。本研究旨在調查九二一地震發生後創傷後壓力症候群(PTSD)之發生率，地震二年後慢性創傷後壓力症候群之發生率，探討災民創傷後壓力的症狀出現比率及差異，分析年齡、性別、失業、房屋損毀、地震中受傷、遭遇其他災難及創傷後壓力疾患之關係。本研究對象來自於 88 年 9 月 21 日至 88 年 9 月 30 日到南投縣六家地區醫院急診及門診就醫的病患，由中央健保局，南投縣衛生局及南投縣六家地區醫院提供就醫名單，以未患有精神疾病記錄及震災後有行爲或情緒困擾者共 339 人納入問卷調查。問卷根據精神疾病診斷手冊第四版(DSM-IV) 對創傷後壓力症候群(PTSD)的定義爲診斷標準。地震後符合 PTSD 診斷的災民 74 名(22.29%) ，其中男性 18.52%，女性 27.27%。創傷後壓力症候群與地震中受傷，房屋損毀，服用安眠藥有關。地震中有受傷，地震後有開始依賴安眠藥者容易有創傷後壓力症候群症狀。地震二年後符合慢性 PTSD 診斷的災民 19 名(5.72%) ，其中男性 4.76%，女性 6.99%，慢性 PTSD 與年齡、房屋損毀及服用安眠藥有關，與性別、失業及地震中受傷無關。地震後有開始依賴安眠藥者較易發展爲慢性 PTSD。基層或急診醫師在診視災民時若發生下列症狀，應積極轉介病患至精神專科就醫，並追蹤篩檢其發生慢性 PTSD 的可能性：災難再次經驗(感覺地震又將發生，看到和地震相關事物時有精神壓力)，逃避及痲木反應(對社交活動降低興趣，感覺沒有前途)，過度覺醒反應(睡眠困擾，比較容易緊張及易受驚嚇)。

英文摘要

On September 21, 1999, the Chi-Chi area of Nau-Tou County in Taiwan was severely damaged by a major earthquake, which is 7.3 on the Richter scale. This rare disaster had produced a catastrophic effect and survivors who had exposed to this disaster was associated with increasing psychological distress, such as posttraumatic stress disorder (PTSD). This study aim to investigate the prevalence of PTSD just after the earthquake and two years after the earthquake, we also analysis the symptomatology of PTSD and its relationship with age, sex, loss of job or home, injury or death of relatives. A total of 339 victims were interviewed with a questionnaire translated from the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV). 74

victims (22.29%) met the criteria of PTSD, among them 18.52% were male and 27.27% were female. PTSD was correlated with injury, house destruction and use of hypnotics. Those who was injuried and taking hypnotics were more predisposed to PTSD. Two years after the earthquake, 19 victims (5.72%) met the criteria of chronic PTSD, male 4.76% and female 6.99%. Chronic PTSD was correlated with age, house destruction and use of hypnotics, Those who depended on hypnotics were more predisposed to chronic PTSD. If symptoms of re-experience, avoidance and hyperarousal persisted, emergency or primary care physicians must transfer the victim to the psychiatrist for further evaluation and treatment in order to prevent patients progress into a chronic state.