

大綱outline

老人精神醫學的治療
與一些倫理議題

歐陽文貞 1,2,3,4

1. 署立嘉南療養院老年精神科主任, 暨臨床研究中心執行長
2. 陽明大學醫學系及公共衛生研究所流行病學博士
3. 長榮大學醫管系助理教授, 澳洲格里夫茲大學海外副教授
4. 台灣老年精神醫學會監事, 臨床失智症學會理事
5. 台灣失智症學會學術教育委員, 熱蘭遮失智協會常務理事

- 藥物治療
- 非藥物治療
- 倫理議題

1

2

精神藥物使用前的基本考量

- 副作用(side effect or adverse effect)與治療作用
- 安全性與藥效(safety and efficacy)—需要用藥嗎?
- 起始劑量, 有效劑量與維持劑量
- 使用頻次/半衰期, 服藥規律性(compliance/adherence)
- 使用足夠劑量到有治療效果所需的時間
立刻有效??, 4-6週, 8-12週, /多久該減藥或停藥??
- 診斷—腦神經科, 精神科診斷, 其他身體診斷,
老人或整體身體老化的情形
- 藥物的交互作用與代謝

3

使用抗精神病藥物

- 診斷與indication(適應症) —建立治療性關係
- Target symptoms(目標症狀)
- Initial dose (starting dose, 起始劑量)
- Target dose(預定的有效劑量)
- Maintenance dose(長期維持劑量)
- Days to mid-target dose (調藥時間間隔)
- Days to effect(等待藥效開始的時間)
- Days to maintenance dose(減至維持劑量的時間)
- Full dose, Full term (考慮有效的最大劑量及時間)

4

老人憂鬱症藥物治療前的考慮

- 藥物治療前的考慮：如老人情感性疾病的種類、治療的急迫性、先前對治療的反應、同時的內科問題、同時的用藥、過量的危險及劑量的調整 (Rivard1997)。
- 有效efficacy
- 可接受tolerability
- 安全性safety—起始劑量低及緩慢加藥
- 藥物交互作用drug interaction—如SSRI增加抗凝血作用, 減輕抗癲癇藥作用, 增加鋰鹽神經毒性

5

Inhibition potential of CYP450
by newer antidepressants

	CYP1A2	CYP2C	CYP2D6	CYP3A4
fluvoxamine	++++	++	-	+++
fluoxetine	-	++	++++	++
paroxetine	-	-	++++	-
sertraline	-	++	+	+
venlafaxine	-	-	-/+	-
Remeron	-	-	-	-

+ : inhibition potential

老人憂鬱症的治療與副作用

	5HT	Norepinephrin	Dopamine	Anticholinergic	BW↑	Arrhythmia
Imipramine	++	+	0	↑	+++	+++
Fluoxetine	+++	0	+/-	0	0?/+	½+
Sertraline/cipram	+++	0	+/-	0	0?/+	½+
Venlafexine	+++	++	+	½+	0	½+
Trazodone	++	+/-	0	½+	½+	½+
Mirtazapine	+?	+++	0	?0	++	?
Bupropion	0	+	+	0	0	½+

老人憂鬱症的治療與副作用

	sedation	Insomnia/agitation	Hypotension	GI nausea		
Imipramin	+++	±	↑+++	±		
Fluoxetine	½+	++	0	+++		
Sertraline	½+	+	0	+++		
Venlafexine	½+	++	0	+++		
Trazodone	+	0	++	++		
Mirtazapin	++	0	+	0		
Bupropion	½+	++	++	+		

2nd generation antipsychotics

(Pies 1998.Muller-Spahn F Eur Psychiatry2002)

Prolactin*	D2	5HT2a	M1	H1	α1-adrenergic	BW
Clozapine	0	++	+++	++++	+	+++
Quetiapine	0	+/-	+	+	½+	½+?
Olanzapine	½+	+	++++	++	½+	+++
Zotepine	+/-	+				++
Risperidone**	+	+++	+/-	½+	++	+
Ziprasidone*	+	+++	0	+/-	+/-	0
Amisulpride**	+/D3	+/-	0	0	?	+

2nd generation antipsychotics

(Pies 1998.Muller-Spahn F Eur Psychiatry2002)

	EPS	TD	seizure	Agranulocytosis	Drowsy/sedation	hypotension
Clozapine	0	0	+++	+++	+++	++
Quetiapine	+/-	0	+/-	+/-	+	+
Olanzapine	½+	0	+/-	½+	++	½+
Zotepine	+	?	++	+/-	+++	++
Risperidone	+	+	+/-	0	+	+
Ziprasidone	+	+	+	0	+	½+

失智症合併憂鬱症的藥物治療

失智症合併憂鬱的藥物治療
--證據醫學的觀點

- 總計回顧1966到2008年有關「阿茲海默失智症合併憂鬱症」研究中符合隨機分派雙盲安慰劑對照藥物試驗(randomized double-blind placebo-control trial)條件共有7個研究。
- 其中有2個治療有效的研究--Nyth AL(1992, citalopram 10-30mg, Roth M(1996, 可逆性MAOI-moclobemide 400mg)--並未納入Thompson S(2007)的整合分析研究中—
- 包括 Imipramine (mean 83 mg/day) 、Clomipramine (<100mg/day) 、Fluoxetine (40mg/day) 、Sertraline(100mg/day)與Sertraline(50-150mg/day, mean 95mg/day) ;

失智症合併憂鬱的藥物治療

--證據醫學的觀點

- 整體的建議是抗憂鬱藥對治療阿茲海默失智症合併的憂鬱症有療效—不論是憂鬱症狀的減輕及憂鬱症治癒均有效，
- 而且是安全的--對認知功能的減損或副作用報告與安慰劑組無統計差異，但是學理上傳統的三環抗憂鬱藥(TCA)有可能造成認知功能的影響。
- --其中Escitalopram、Duloxetine、Reboxetine、Venlafaxine、Fluvoxamine、Mirtazapine及Bupropion沒有針對老人失智症合併憂鬱的隨機分派雙盲安慰劑對照藥物研究資料，

13

失智症合併憂鬱的藥物治療

--證據醫學的觀點

- 根據APA(2007)治療「阿茲海默失智症合併憂鬱症」準則建議「藥物副作用與病患個別的考量仍是治療此類病患的首要考慮」，
- 因此「新一代血清素回收抑制的抗憂鬱藥-SSRI較容易被接受」，而「非SSRI的新一代抗憂鬱藥如venlafaxine, bupropion或mirtazapine也可被建議」，但是均需遵守「起始劑量-低調藥慢」(star low, go slow)的原則，其治療有效劑量可能跟一般治療成人憂鬱症的治療劑量相同，治療有效時間可能比一般成人憂鬱症4-6週長。

14

失智症合併憂鬱的藥物治療

--證據醫學的觀點

- 由於Fluvoxamine對肝臟CYP 1A2、3A4及1D12有壓抑作用使得藥物交互作用增加，需十分注意其用藥安全；
- 而三環抗憂鬱藥imipramine及Paroxetine40mg的1篇研究顯示在老人失智症合併憂鬱時的副作用不少而且也出現死亡個案，較不優先建議。
- 若是抗憂鬱藥對治療「阿茲海默失智症合併憂鬱症」無效時，電療(ECT)可以考慮使用。

15

失智症合併憂鬱症-結語

- 總之，對失智症及其合併憂鬱的認識與了解仍是全球努力的課題，早期確定失智症診斷或其合併憂鬱症的診斷是十分重要的臨床任務。
- 在排除藥物、身體疾病或謔妄的共病現象後，
- 應審慎地使用乙醯膽鹼代謝酵素的拮抗劑(AChEI)及新一代抗憂鬱藥或可逆性MAOI，
- 這將對失智症合併憂鬱症狀有積極正面的療效，
- 並且可以減輕照顧者的負擔與改善病患的生活品質。

16

懷舊治療reminiscence therapy

- 懷舊治療運用病患過去的經驗—尤其是正面對個人有意義的回憶。
- 可以用團體治療的形式,其中音樂及藝術通常可以作為媒介!
- 懷舊治療運用在失智症時,治療工作人員及家屬會鼓勵參與回顧病患的生活點滴(life stories)。
- 有越來越多的證據顯示懷舊治療對老人-不論失智症與否--有其效果.(p287)

17

Group reminiscence intervention in Taiwanese elders with dementia.

- The purpose of this study was to evaluate the effect of structured group reminiscence therapy on behavior competence and physical functioning and to compare effectiveness of the intervention by stage of dementia in Taiwanese elders residing in institutional settings.
- A longitudinal experimental design was used.
- 77 Taiwanese elderly participants completed the study; 38 in the intervention group and 39 in the control group.
- Participants in the intervention group received one reminiscence therapy session weekly for 8 weeks; those in the control group received regular nursing care.
- Barthel's index (BI) and the Clifton Assessment Procedures for the Elderly Behavior Rating Scale (CAPE-BRS) were administered pre- and post-intervention. Wang JJ, Yen M, OuYang WC. Arch Gerontol Geriatr. 2009 Sep-Oct;49(2):227-32. Epub 2008 Oct 19.

18

Group reminiscence intervention in Taiwanese elders with dementia.

- Findings indicated that no significant differences between the intervention and control groups on overall behavioral competence (p=0.12) or physical functioning (p=0.44).
- However, slight overall improvement was identified, statistically significant for the social disturbance subscale of the CAPE-BRS was found (p=0.011).
- There were no significant changes in overall behavior competence (p=0.11) or physical functioning (p=0.30) by stage of dementia (mild vs. moderate) in the intervention group, counter to the hypothesis.
- we identified issues related to future implementation of this intervention, such as study power, chosen outcome measures, intervention dose, timing of outcome measures, or cultural applicability issues. Wang JJ, Yen M, OuYang WC. Arch Gerontol Geriatr. 2009 Sep-Oct;49(2):227-32. Epub 2008 Oct 19.

19

The effect of reminiscence group in the elderly dementia day care in a psychiatric teaching hospital in Southern Taiwan

Wen-Chen Ouyang^{1,2,3*}, Chien-Le Li¹, Chao-Hua Chiu¹, Chung-Ming Lo¹, Jing-Jy Wang⁴, Pei-Yin Chiu^{1,2}, Ta-Jen Chang¹

- Jiann Mental Hospital, DOH
- School of Nursing, Griffith University, Australia
- Fooyin University, Taiwan
- Tainan National Cheng Kung University

20

Purpose

- This study explores the effects of Reminiscence Group Therapy in an elderly Dementia Day Care in a psychiatric teaching hospital.



Reminiscence Group Therapy

21

Reminiscence Group Therapy Area



22

Reminiscence Group Therapy



23

Reminiscence Group Therapy



24

Table 1. Socio-demographic characteristics of participants

Variables	Participants (N = 23)	
	n	%
Sex		
Male	8	34.8
Female	15	65.2
Age (mean \pm SD)	76.52 \pm 6.07	
The years of education		
Illiterate	5	21.7
Primary school (no graduation)	6	26.1
Primary school	5	21.7
Junior high school	4	17.4
High school and above	3	13
Marital status		
No partnered	15	65.2
With partnered	8	34.8
Economic status		
Insufficient	1	4.3
Sufficient	17	73.9
Sufficient	5	21.7
Religion ^a		
Traditional belief	16	69.6
Taoism	1	4.3
Buddhism	4	17.4
Christ/Catholicism	1	4.3

^a Religion: 1 missing data

25

Table 2. MMSE and the medicine treatment of participants

Variables	Participants (N = 23)	
	n	%
MMSE scores \geq 10 - 28	21	91.3
MMSE scores = 9	2	8.7
AchEI drugs		
No	13	56.5
Yes	10	43.5
Antidepressants drugs		
No	19	82.6
Yes	4	17.4
Antipsychotic drugs		
No	9	39.1
Yes	14	60.9

26

Table 3-1. Pre- and post- intervention scores of MMSE in elderly with dementia

	Pre-test	Post-test	P value for pair-t test	P value for Wilcoxon sign test
	Mean \pm SD	Mean \pm SD		
MMSE (n=23)	18 \pm 5.7	20.7 \pm 5.4	0.003	0.005
CDR (n=18)	1.35 \pm 0.7	1.42 \pm 0.7	0.749	0.785

27

Table 3-2. Pre- and post- intervention scores of CDR in elderly with dementia

CDR scores	Pre-test		Post-test		P value for Chi-square test
	n	%	n	%	
0	0	0	1	5.6	0.001
0.5	2	10	0	0	
1	10	50	9	50	
2	8	40	7	38.9	
3	0	0	1	5.6	

P value for McNemar χ^2 test could not be performed, further evaluation is suggested.

28

Table 3-3 Pre- and post- intervention scores of CDR

Pre- Post- CDR scores	n	%
Backslide	3	16.7
Constant	14	77.8
Improve	1	5.5

29

Result

- This study recruits 13 mild and 9 moderate patients in the elderly dementia day care with 8 males and 15 females ages 67 to 89. The average age is 77 years old.
- The study finds that the MMSE scores before and after the group therapy are 17.5 \pm 5.5 and 20.7 \pm 5.4, respectively, with significant statistical implications (P=0.002).
- In addition, the ratio is 43.5% for CDR = 1, 30.4% for CDR = 2, and 8.7% for CDR = 3 before the reminiscence group therapy. The ratio is 34.8% for CDR = 1, 30.4% for CDR = 2, and 4.3% for CDR = 3 after the reminiscence group therapy, also with significant statistical implications (McNemar χ^2 test, P = 0.018). The before and after CDR average measurements are 1.5 \pm 0.76 and 1.47 \pm 0.72, respectively.

30

Group reminiscence therapy for cognitive and affective function of demented elderly in Taiwan.

- Int J Geriatr Psychiatry. 2007 Dec;22(12):1235-40. Wang JJ. OBJECTIVES: This study tested the hypothesis that structured group reminiscence therapy can prevent the progression of cognitive impairment and enhance affective function in the cognitively impaired elderly. METHODS: A randomized controlled trial (RCT) based on a two group pre- and post-test design was used. The experimental subjects underwent eight group sessions, one session per week. The measurements were performed using Mini-Mental State Examination (MMSE), Geriatric Depression Scale short form (GDS-SF), and Cornell Scale for Depression in Dementia (CSDD).

31

Group reminiscence therapy for cognitive and affective function of demented elderly in Taiwan.

- RESULTS: The sample consisted of 102 subjects, with 51 in the experimental group and 51 in the control group.
- Results demonstrated that the intervention significantly affected cognitive function and affective function as measured by MMSE and CSDD ($p = 0.015$ and 0.026), indicating that the cognitive function of the experimental subjects increased and their depressive symptoms diminished following intervention.
- CONCLUSION: Participation in reminiscence activities can be a positive and valuable experience for demented older persons.

32

Environmental modification(環境的安排)

- 環境的安排可以增加輕度或重度失智症病患的生活品質,減少行為問題.
- 環境中使用顏色及結構區隔(us eof color and structure)會協助病患定向感.
- 好的光線及環境中一些適當的刺激會減少不適的行為.
- 花園與戶外的空間是有益病人的,

33

寵物陪伴活動(animal-assisted activities)

- 對阿茲海默失智症,狗寵物陪伴活動可以減少社交孤立與激躁(agitation).
- 寵物陪伴活動可以增加警醒度及非語言溝通-如微笑.
- 長期寵物陪伴活動對阿茲海默失智症可以減少語言攻擊及焦慮.
- 寵物陪伴活動必須有詳細計畫與遵照已發展的原則(guideline),如英美有範例可參考.p289

34

行為治療behavior therapy

- 行為治療是基於條件制約的原則與學習理論(principles of conditioning and learning theory).
- 治療者通常使用日記或病歷紀錄來收集分析問題行為的原因
- 行為治療已證實對失智症的一些問題-如漫遊或反覆無意義的行為(wandering and stereotype behavior)有效.p290

35

照顧或工作人員的訓練

- 護理之家工作人員或家中照顧者的訓練照顧品質十分重要.
- 照顧者沒耐心易怒及生氣對會造成病患更易激躁(agitation)
- 夜間激躁不安或某些攻擊行為和照顧者的互動技巧有關.p291

36

BPSD的非藥物治療

- 懷舊治療/感覺動作訓練??
- 支持性心理治療及職能活動的安排—陪伴及轉移注意力,
- 家屬認知成長與支持團體,處理照顧者的焦慮與憂鬱症
- 行為治療—獎勵與feedback
- 環境治療—暴食1天10次現象與改變環境
- 限制—最小限制性環境
- 鑑別診斷:個案的坐立不安是導因於認知功能/精神症狀或藥物副作用

37

老人精神醫學倫理

- 自主是倫理原則中的核心.
- 了解疾病(perception of illness)及診斷也是倫理議題中值得注意的課題,如MCI
- 保密也是倫理中重要的課題.
- 如何告知嚴重疾病的診斷(diagnostic disclosure)-如失智症-也是臨床上倫理須注意的課題.
- 治療同意及同意能力-DNR

38

謝 謝

39