科目：精神科護理學　　　　系所組：護理學系所 碩士班-乙組

第一題：

情境：

李小姐，19歲未婚女性，目前就讀高職二年級，診斷為注意力缺陷過動症狀 (ADHD, Attention Deficit Hyperactivity Disorder) 併有輕度智能障礙 (Mild Mental Retardation)。個案為養女，養父母對於個案的親生父母那邊的家族遺傳疾病無從了解，因此無法得知個案的精神疾病問題是否為遺傳因素造成。個案的第一次精神科就診紀錄是在6歲時，因為個案在學校(幼稚園)表現好動，無法專心，注意力極差並且常破壞物品。經由幼稚園老師通知個案的養父母，當時將個案帶至A醫學中心的兒童青少年精神科門診求助，當時診斷為過動兒。自當時確立診斷開始，個案即在該A醫學中心門診定期接受治療。

此次病人住院治療主要是因為新學期，個案的班級導師更換。開學至今約一個月的時間，近兩週開始出現適應不良的情形，情緒明顯不穩定且易怒，不高興時會出手打養父母或摔東西。自我照顧能力也明顯下降，身體清潔變差。這幾天開始出現亂打電話給親戚，向對方撒謊表示『媽媽生病了』，另外也會在晚上，趁家人入睡之後跑到警察局報案，向警方表示『父母親外出工作，自己沒有錢吃飯』之類的不實內容。在學校上課時也出現大聲吼叫、吵鬧、欺負同學等干擾行為，最後由校方通知家屬帶至A醫學中心就醫。當時因為A醫學中心無床位安置個案，因此個案仍由養父母帶回家。第二天如往常上學，又在校內出現干擾行為，並持美工刀劃割自己的手臂的情形。養父母無法照顧個案這些問題行為，因此帶到B醫學中心急診求治，並在安排下在B醫學中心的急性精神科病房住院治療。

在剛入院的那幾天，個案常常出現用手摀住耳朵，神情緊張皺眉，張口大叫『啊～～～』等情形，並表示『我聽到有人叫我去死，一整天都有聽到，連晚上躺在床上也有聽到。』言談過程中，思考內容合乎邏輯，口語表達有時較含糊不清，懂得的字彙不多，對於需要思考的內容需要較長的時間才能瞭解。言談中注意力容易分散，坐不住，在會談過程中經常要求更換談話地點，有時會貿然插入別人的談話。情緒方面起伏大，常亂拉廁所的急救鈴、以手搥牆、以頭撞牆、或用門夾手。會談時常以言語或字條表示『我很難過、焦慮，我需要你的幫助』。情緒轉變快速，緊張時身體呈現僵硬狀，觀察個案生氣時會有將臉埋在枕頭裡哭、打枕頭及扭玩具熊的脖子來發洩情緒。

問題：

1. 針對上述李小姐之行為問題，請提出您計畫與李小姐訂定的行為治療契約內容並說明依據。(40%)

※ 注意：
1. 考生須在『彌封答案卷』上作答。
2. 本試題紙空白部份可當稿紙使用。
3. 考生於作答時可否使用計算機、法典、字典或其他資料或工具，以簡章之規定為準。

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第二題：

The purpose of this study was to compare the outcomes of a hospital-based home-care model with those of a conventional outpatient follow-up for mentally ill patients in Taiwan by means of cost-effectiveness analysis. The study design was a two group post hoc design. We interviewed 40 mentally ill patients who were followed up in the psychiatric outpatient department. Another 40 mentally ill patients who participated in a hospital based home care program were also interviewed.
The outcome measures we used for interviews were disease maintenance behavior, psychotic symptoms, social function, service satisfaction, and cost. The cost for each patient was the sum of costs for all direct mental health services. The cost-effectiveness ratio showed that the costs of the hospital-based home care model (4.3) were lower than those of conventional outpatient follow-up (13.5) and that over a one-year period, the hospital-based home care model was associated with improvements in mental conditions, social functional outcomes, and service satisfaction. The improved outcomes and the lower costs in the hospital-based home care program support the view that it is the most cost-effective of the two. Policy makers may consider this analysis as they allocate resources and develop policy for the care of mentally ill patients.

問題：
1. 請簡單描述上面這篇文獻摘要的重點為何？(20%)
2. 依據上面這篇文獻摘要的內容，請簡單說明您會如何使用這些結果去設計您的下一個研究計畫？(10%)

第三題：

下列這篇文獻摘要是有關 COPD (chronic obstructive pulmonary disease) 此疾病與 Depression 之間的關係。請簡單描述此研究的結論(20%)，並以這些結論來設計一個針對同時患有 COPD 與 Depression 的這群病人的研究計畫。(10%)

Background: Although depression among COPD patients is a common problem with important consequences for the management of COPD and overall outcomes, the proportion of those who receive guideline-concordant depression care is low. Guideline-concordant depression care is associated with fewer depressive symptoms and lower risk for psychiatric hospitalization; however, it is unknown whether guideline-concordant depression care favorably impacts COPD related outcomes for patients with both conditions.

(繼續於下一頁)

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Methods: This retrospective cohort study investigated 5,517 veterans with COPD who experienced a new treatment episode for depression. Guideline-concordant depression care was defined as having an adequate supply of antidepressant medication and sufficient follow-up care. Multivariate methods were used to examine the relationship between the receipt of guideline concordant depression care and (1) COPD-related hospitalization and (2) all-cause mortality 2 years after the depression episode, while controlling for care setting and other covariates.
Results: There was no association between the receipt of guideline-concordant depression care and COPD-related hospitalization (odds ratio [OR], 0.98) or all-cause mortality (OR, 0.95). However, patients seen in mental health settings during their depressive episode had 30% lower odds of 2-year mortality than patients seen in primary care.
Conclusions: For patients with COPD and depression, interacting with a mental health professional may be an important intervention. However, receiving guideline-concordant depression care, as outlined in common quality monitors, was not significantly associated with decreased hospitalization or mortality. These findings suggest that more referrals to specialty care or better care coordination with mental health specialty care may lead to a significant reduction in mortality risk for these patients.
(CHEST 2009; 135:626–632*)*

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