

科目：膳食療養學(含人體生理學)

系所組：營養科學系碩士班

1. Please explain briefly physiology of the development of hypertension. (10%)
2. Definitions: (15%)
 - (1) Nephritic syndrome
 - (2) Cancer cachexia
 - (3) HMG CoA reductase inhibitors
 - (4) Sepsis
 - (5) Heartburn
3. Treatment of ESRD requires either dialysis or transplantation. Please explain the mechanisms how dialysis works to remove waste products out from our body? (10%)
4. Radiation therapy is often used to control or palliate head and neck cancers. Please describe what kinds of nutrition impact syndromes are often encountered and nutrition managements can be proposed to enhance the nutritional status of head and neck cancer patients under radiation therapy. (15%)
5. Abbreviations: (10%)
 - (1) 肌肉注射
 - (2) 血紅素
 - (3) 昇糖指數
 - (4) 基礎代謝率
 - (5) 一天四次
 - (6) 慢性阻塞性肺臟疾病
 - (7) 外科加護病房
 - (8) 慢性腎臟疾病
 - (9) 空腹血糖
 - (10) 單元不飽和脂肪酸
6. Jim is a moderately obese (169 cm, 86 kg) 49-year-old man who complains of increased thirst, polyuria, and fatigue referred for nutrition counseling. His family history includes his mother and an older brother with type 2 diabetes. A

random (casual) plasma glucose test shows a level of 480 mg/dl. His serum electrolyte level and anion gap are normal. He reports finding it difficult to control his eating during the evening and, because of his long working hours, finds it difficult to work in an hour for exercise most days. When asked what he is interested in learning about, he replies that he would like to learn how to control his eating because he is always hungry. (20%)

- (1) What assessment data do you need to determine a nutrition diagnosis?
- (2) Write a nutrition diagnosis for Jim.
- (3) What type of diabetes does Jim likely have? Is it likely to be controlled by nutrition therapy alone?
- (4) What meal planning approach would be helpful for Jim?

7. Please use SOAP format to record the nutrition care of the following patient. (20%)

Peter is a 40-year-old man admitted to the hospital with chief complaints of right upper quadrant pain, anorexia, nausea, dysgeusia, and frequent loose stools. On physical examination he has mild peripheral edema with a slightly jaundiced appearance. No asterixis is noted. The patient's mental status is clear, but he appears lethargic. He reports no history of portal hypertension, ascites, or gastrointestinal bleeding. Muscle wasting is noted along with steatites. The patient has a significant alcohol abuse history spanning 15 years. Abnormal laboratory values include elevated liver enzymes and total bilirubin; serum albumin, 2.5 g/dl; transferrin, 150 mg/dl; megaloblastic anemia profile; $\text{NH}_3 = 75 \text{ mmol/L}$. A preliminary diagnosis of alcoholic hepatitis with possible mild pancreatic insufficiency is made. On biopsy steatosis and fibrosis are found. Nutritional data include height, 178 cm; weight, 82 kg (5 years ago), 73 kg (6 months ago).

※ 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。