



何鴻燊博士醫療拓展基金會
Dr. Stanley Ho Medical Development Foundation

聯合主辦
Jointly organized by



香港中文大學
The Chinese University of Hong Kong

何鴻燊博士醫療拓展基金會

2012醫學研討會

Dr Stanley Ho Medical Development Foundation Symposium 2012

澳門世界貿易中心五樓蓮花廳

World Trade Center Macau

Lotus Room, 5/F World Trade Center Macau

二零一二年一月八日・上午九時半至下午六時半

8th January 2012 • 9:30am - 6:30pm

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The Chinese University of Hong Kong



2012

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研討會
Symposium

二零一二年一月八日
8th January 2012

9:30am	入席登記 Registration
10:00am	開幕致詞 Opening Address
	主持人 Moderators : 鄭彥銘教授 Prof. Gregory Cheng 謝孟雄教授 Prof. Shieh Mung Shiung
10:30am	李禮舜教授 Prof. Lee Lai Shun, Nelson 嚴重感冒病毒感染 Severe influenza infections
11:00am	許樹昌教授 Prof. Hui Shu Cheong, David 治療睡眠呼吸氣道阻塞綜合症的最新進展 An update on treatment of obstructive sleep apnoea
11:30am	彭芳谷教授 Prof. P'eng Fang-Ku 一位老外科醫師之回顧 Reminiscences of a veteran surgeon-retired but never tired
12:00pm	尹震宇教授 Prof. Yin Zhen Yu 肝臟三維成像系統的開發與精準肝臟腫瘤切除術 Three-dimensional liver imaging system development and its application in precise liver tumor resection
12:30pm	午膳 Lunch
	主持人 Moderators : 王庭槐教授 Prof. Wang Ting Huai 陳惟蒨醫生 Dr. Chan Wai Sin
2:00pm	熊良儉教授 Prof. Hung Leung Kim 高齡病人的骨關節疾患 Musculoskeletal problems among geriatric patients
2:30pm	王崑教授 Prof. Wang Wei 亞健康的分子機制：基因組學與糖基組學 Mechanism of suboptimal health: genomics meets glycomics
3:00pm	榮潤國教授 Prof. Wing Yun Kwok 睡眠、肥胖與糖尿病的關係 Sleep, obesity and diabetes mellitus
3:30pm	蘇東平教授 Prof. Su Tung Ping 台灣憂鬱症之發展：過去、現在、未來 Depression in Taiwan: From past, present to future
4:00pm	休息時間 Tea Break
	主持人 Moderators : 胡錦生教授 Prof. Woo Kam Sang 許樹昌教授 Prof. Hui Shu Cheong, David
4:30pm	王彥暉教授 Prof. Wang Yan Hui 癌症的中醫藥防治 Traditional Chinese medicine in treatment and prevention of cancers
5:00pm	齊忠權教授 Prof. Qi Zhong Quan 腎臟疾病的預防及腎臟移植 Prevention of kidney disease and kidney transplantation
5:30pm	韓錦倫教授 Prof. Hon Kam Lum, Ellis 兒童濕疹的神話與謬誤 Childhood eczema: Myths and Fallacies
6:00pm	閉幕禮 Closing Address

主席的話 Message from The Chairman



Welcome to the Symposium 2012.

In 2005, the Dr. Stanley Ho Medical Development Foundation was set up with the support of The Chinese University of Hong Kong. This support continues to this day and is a continuation of the close co-operation between the CUHK and myself, as is evident from the establishment of The Stanley Ho Center for Emerging Infectious Diseases at CUHK earlier that year.

In the spirit of such co-operation, the Foundation has created the Dr. Stanley Ho Professorship of Respiratory Medicine in November 2011 to support the research related to respiratory medicine and respiratory infections. The first incumbent of this Professorship is Professor David Shu-cheong Hui, Department of Medicine and Therapeutics, CUHK. Professor Hui is currently also the Director of Stanley Ho Centre for Emerging Infectious Diseases.

In the near future, with the support of CUHK, the Foundation intends to engage in:

1. Chinese Herbal Medicine

In support of the policy of Macau Government to set up a Chinese Herbal Medicine Industrial Zone at Hengqin New Area, Hengqin Island, the Foundation will devote its resources to assist in the necessary research.

2. DNA

Our lives and health depend very much on our DNA. The Foundation would also facilitate research in this area for the benefit of our communities.

3. Alzheimer's Disease

The growing impact of this disease has been mentioned in the recent policy address of the Chief Executive of Macao. The Foundation will continue its efforts to research for better treatment of those unfortunate patients who are suffering from this terrible disease.


With the help of CUHK, the Foundation will build up a database, comprising the lectures, research and discussion papers of those dozens of professors and experts who had participated in our Symposiums. This database will, in due course, be made available to the general public through the website of the Foundation.

As in the past years, this year we have invited a number of renowned experts from the Chinese University of Hong Kong, the Prince of Wales Hospital, as well as others from Macao, Taiwan and Mainland China to speak on and exchange ideas about a wide range of interesting topics. These include severe influenza infections, obstructive sleep apnoea syndrome, and sleep disorders, depression, geriatric musculoskeletal problems, childhood eczema, and traditional

Chinese medicine in cancer treatment and prevention, liver tumor resection and kidney transplantation, as well as several lectures for the satellite meeting on Alzheimer's Disease, which is becoming our nation's primary concern.

We are confident that with your support, this Symposium will continue to serve as a beneficial link connecting the medical professionals of Macao, Hong Kong, the Pearl River Delta region, Taiwan and other parts of Mainland China.

I wish to take this opportunity to express my gratitude to our sponsors and staff who have helped to make this Symposium yet another very successful event. Thank you and I wish everyone a healthy and prosperous 2012.



何鴻燊博士 Dr. Stanley Ho

主席

何鴻燊博士醫療拓展基金會

Chairman

Dr. Stanley Ho Medical Development Foundation

歡迎辭 Welcome Message



Chairman, distinguished guests and speakers, ladies and gentlemen, I am very pleased and honored to welcome you all to the eighth Dr. Stanley Ho Medical Development Foundation Symposium. On behalf of the Medical Faculty, The Chinese University of Hong Kong, I would like to extend our warmest welcome to all members of the Macau Alzheimer's Disease Association (MADA) on holding the satellite annual meeting. Alzheimer's disease is increasingly a major burden of disease affecting many individuals and families worldwide. The MADA activities will undoubtedly enhance the local awareness of this disease, and improve the care of senior citizens who have fallen victim to this devastating condition.

The Dr. Stanley Ho Medical Development Foundation was established in January 2005, with a generous donation by Dr. Stanley Ho. Its objective is to provide a platform for medical practitioners in Macau to acquire advanced professional knowledge. To achieve this objective, the Foundation has in the past years organized a series of activities including healthcare courses, collaborative research projects, the Outstanding Achievement Awards scheme for healthcare workers, and establishment of Healthland for health exhibition. The annual medical symposium is the highlight of this series. All these activities have attracted tremendous interest and support from medical practitioners and other healthcare workers in Macau and Mainland. The enthusiastic participation of the young healthcare professionals has been particularly overwhelming.

As in past years, today's Symposium covers a wide variety of medical advances - from severe influenza infections, treatment of obstructive sleep apnoea, childhood eczema, depression illness, sleep disorder, obesity and diabetes, 3-dimensional imaging in liver tumor resection, kidney transplantation, musculoskeletal problems in the elderly, and reminiscences of a veteran surgeon, to mechanism of suboptimal health and traditional Chinese medicine in cancer prevention. The speakers are all renowned experts in their respective fields. We are very fortunate that they are able to come and share their experience with us despite their very busy schedule. Their support of the Symposium is most appreciated.

We are very grateful to the Dr. Stanley Ho Medical Development Foundation for its staunch support of life-long continuing medical education. The Chinese University of Hong Kong is very fortunate and proud to be associated with the Foundation in promoting this great initiative. I would also like to take this opportunity to express my appreciation and gratitude to members of the Organizing Committee for their time and effort in putting together today's programme. I wish you all a very enjoyable and fruitful symposium.

A handwritten signature in black ink, appearing to read 'Fok Tai-Fai'.

霍泰輝教授 Professor Fok Tai-Fai

院長
醫學院 香港中文大學
Dean
Faculty of Medicine
The Chinese University of Hong Kong



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嚴重感冒病毒感染 Severe influenza infections

李禮舜教授 Prof. Lee Lai Shun, Nelson

香港中文大學 內科及藥物治療學系 感染及傳染病科主任及副教授
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The Chinese University of Hong Kong

Annual influenza epidemics and periodic influenza pandemics can cause severe illness, resulting in excess hospital admissions and deaths worldwide.¹⁻⁴ Severe influenza typically occurs in individuals with underlying medical conditions, young children, the elderly and pregnant women,^{5,6} however, young adults and obese individuals were also at risk during the 2009 H1N1 pandemic.⁶ Severe influenza-associated pneumonia,⁷ exacerbation of underlying lung diseases,^{7,8} as well as cardiovascular and cerebrovascular events are common reasons for deterioration and hospitalisation of patients.^{7,8} In some cases, excessive inflammatory responses and cytokine dysregulation may result in the development of acute respiratory distress syndrome and multi-organ failure.^{9,10} The overall mortality rate among adults hospitalised with influenza is approximately 8%,¹¹ although higher mortality rates (11-17%) may be observed during pandemics and among immunocompromised individuals.^{12,13} Diagnosis of influenza can be difficult, and knowledge on the application and interpretation of tests is required. Recent data suggests that treatment with neuraminidase inhibitors (NAIs) can accelerate viral clearance and improve clinical outcomes in patients hospitalised with severe influenza,¹⁴ e.g. shorten durations of illness and hospital stay,^{15,16} and improve survival.¹ These benefits are greatest when NAIs are started within 48 hours of symptom onset,¹ but evidence also suggests that treatment within 96 hours may still be useful, if active viral replication is present.^{1,14} In patients with severe influenza, clinical course of illness and duration of viral shedding are prolonged.^{11,14,15} A longer duration of therapy has therefore been suggested for these patients, but the optimal treatment regimen remains unclear.^{14,17} Controlled clinical trials are urgently needed to address issues related to the timing, dosage, duration and route of administration of antivirals in this unique population.¹⁴

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治療睡眠呼吸氣道阻塞綜合症的最新進展 An update on treatment of obstructive sleep apnoea

許樹昌教授 Prof. Hui Shu Cheong, David

香港中文大學 內科及藥物治療學系 何鴻燊呼吸內科講座教授
Stanley Ho Professor of Respiratory Medicine,
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Obstructive sleep apnea syndrome (OSAS) is characterized by repetitive episodes of upper airway obstruction causing daytime sleepiness, impaired cognitive function and poor health status. For the same degree of OSA severity, Caucasians were more overweight, whereas Chinese exhibited more craniofacial bony restriction.¹ Untreated OSA is now recognized as a cause of hypertension. Untreated OSA is also associated with increased risks of developing fatal and non-fatal cardiovascular events. There are growing data that untreated OSA is associated with dysglycemia, systemic inflammation, endothelial dysfunction, platelet activation, and other cardiovascular consequences such as cardiac arrhythmias especially atrial fibrillation, coronary artery disease, asymptomatic early atherosclerosis, stroke and silent brain infarction.²

In recent years, home-based portable sleep monitoring has gained acceptance as an alternative test to hospital-based polysomnography among patients with a high clinical likelihood of OSA. Negative or technically inadequate PM tests in patients with a high pretest probability of moderate to severe OSA should prompt in-laboratory PSG.³

CPAP has remained the most effective treatment for OSA since its introduction in 1981. Blood pressure reduction (on average 2mmHg) was significant with CPAP treatment but valsartan induced a 4-fold higher decrease in mean 24-hour BP than CPAP in untreated hypertensive patients with OSA. Mandibular advancement devices reduce OSA and subjective daytime sleepiness, improve quality of life compared with control treatments, and are recommended in the treatment of patients with mild to moderate OSA. Uvulopalatopharyngoplasty is effective only in selected patients with obstruction limited to the oropharyngeal area whereas laser assisted uvulopalatoplasty has not demonstrated any significant effect, either on OSA severity or in symptoms or quality of life domains, and is not recommended. Radiofrequency surgery of the soft palate or tongue base is generally not recommended except for selected patients intolerant to conservative treatment. Maxillo-mandibular advancement seems to be as efficient as CPAP in patients with OSA who refuse conservative treatment, esp in a young OSA population without obesity or other comorbidities. Pillar implants of the uvula and soft palate are not recommended except in carefully selected patients with mild to moderate OSA. Nasal dilators are not useful for treatment of snoring and OSA.⁴ One way nasal valves which increase nasal pressure during exhalation may offer some help to patients with mild OSA but its efficacy is limited by mouth leak and arousals.⁵

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一位老外科醫師之回顧

Reminiscences of a veteran surgeon-retired but never tired

彭芳谷教授 Prof. P'eng Fang-Ku

台灣國立陽明大學 外科學系教授
Professor, Department of Surgery,
National Yang-Ming University, Taiwan

余今年八十有二，係一般外科醫師，自任主治醫師時受聘醫學院任教，臨床工作在醫學中心、診治病人、培育住院醫師，復參與醫院評鑑工作，後任醫院副院長、院長後退休，受聘於與醫療、健保有關等委員會參與各項業務迄今，瞬息十六年，回首前塵，不無感慨，茲敘管見尚祈指正。

1. 余嘗謂醫學院畢業，通過醫師考試者，只是醫師半成品，他們必須進入教學醫院跟隨資深醫師全程照顧自己的病人，與課堂所學對照累積經驗，蓋醫院是另一型態的學校，病人是他們的活教材，若為生活品質（符合目前規定每週工時若干）片斷性照顧病人，其所獲得經驗不會完整，而值班照顧不是自己的病人，于病情陌生，對突發事故處理後，多難以追蹤後果，再加上現今病患多在門診時已確定診斷，下午住院（病房要過中午後，前一病人出院）次日即手術，未待傷口拆線便已出院，他們亦未參與術後門診追蹤；住院醫師所管病床多超過十張，他要問病歷、寫病歷、體格檢查、每天查房、換藥、上刀和值班，太過忙碌，學到的工夫不夠紮實。
2. 近年來若干醫療事故中可見醫師有不重視詳細詢問病史、病情發展和完整的體格檢查之現象，多等待耗時費錢放射線照相、電腦斷層、磁振造影、超音波和血液檢查等，來下臆斷或診斷，如急性闌尾炎多要做電腦斷層才下診斷，解說是避免診斷不確，被病人告，如此導致醫療費用高漲。醫師對病史症狀的了解和分析不夠深入，體格檢查能力不夠深厚，加上工作忙碌無法每天多看病人，以致病情惡化未能早期發現（一定要等到各種檢查確定）延誤及時處理良機，致造成嚴重後果。此現象在美國亦復存在。
3. 台灣全民健康保險制度實施十五年來因受惠者眾，保險費低、看病方便，廣受各界稱譽，但採用要做（手術，各種檢查）才有給付，否則沒有（如觀察，決定不手術等），其後果可知。

前述各種現象時有賴醫界各同仁深思和謀求改進也。



肝臟三維成像系統的開發與精準肝臟腫瘤切除術 Three-dimensional liver imaging system development and its application in precise liver tumor resection

尹震宇教授 Prof. Yin Zhen Yu

廈門大學附屬中山醫院 肝膽外科主任及教授

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尹震宇¹ 王博亮² 王效民¹

¹ 廈門大學附屬中山醫院肝膽外科, ² 廈門大學電腦系

通過臨床肝膽外科醫生與影像科醫生、電腦軟體發展工程師合作，建立基於臨床 CT 普通成像技術的肝臟三維成像電腦軟體，自行開發了肝臟分割演算法系統、肝臟不同管道結構顯像系統、肝臟腫瘤與肝臟內部管道結構關係的三維成像系統、腫瘤切除風險評估分析系統等；完成醫療器械的註冊。結合臨床病例，在術前術中應用本三維成像系統，對肝臟腫瘤進行可視導航指引完成精準肝臟腫瘤的切除術，對本肝臟腫瘤手術計畫系統的可行性、即時性、可視性、安全性和實用性進行分析；演示在本系統指導下的一組病例的手術錄影，檢驗開發的肝臟腫瘤三維成像系統在肝臟腫瘤精準切除術中的應用價值。

Yin Zhenyu¹, Wang Boliang², Wang Xiaomin¹

¹ Hepatobiliary Surgery Department, Zhongshan Hospital Xiamen University

² Department of Computer Science, Xiamen University

With the help of the imaging practitioners, computer software engineers, the hepatobiliary surgeons establish an three-dimensional liver imaging software based on clinical normal Computer Tomography (CT) images. The liver segmentation system, different pipeline of liver structure imaging system, relationship system between the liver tumor and internal structure of three-dimensional imaging pipeline, tumor risk assessment and analysis system are involved in the new registrated medical devices. Under the direction of the three-dimensional system in our clinical cases, the preoperative plans are made and in-operative precise visual navigations for the liver tumor resection are applied. The feasibility of surgical planning, real-time visibility and the security of the system are checked. Surgical video of precise liver tumor resection under the direction of the system will be presented.



高齡病人的骨關節疾患 Musculoskeletal problems among geriatric patients

熊良儉教授 Prof. Hung Leung Kim

香港中文大學 矯形外科及創傷學系系主任及教授

*Chairman and Professor, Department of Orthopaedics and Traumatology,
The Chinese University of Hong Kong*

Society developments have brought us longer life expectancy and people wish to enjoy life more and into advanced age. Our body stops building or replenishing itself since the 3rd decade, and the time-clock of "aging" is started. Therefore to maintain musculoskeletal health, early observation of bone health and muscle training is important. More public education and scientifically proven life-style managements are needed. When old age has taken over us, osteoporosis is complicated by an increased fracture risk. Timely surgery with an integrated programme of nutritional support and re-mineralization would help patients to walk again. Diabetic ulceration of the foot is another frequent encounter. A proactive approach is needed. Osteoarthritis may not be an unavoidable sequel of aging, and more scientific research is coming, but we can certainly remove much of the pain and give the patient independent and enjoyable living.



亞健康的分子機制：基因組學與糖基組學 Mechanism of suboptimal health: genomics meets glycomics

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亞健康狀態已經成為我國公共衛生的新挑戰，但目前還沒有科學權威的判定標準。前期研究發現，壓力是引發亞健康狀態的重要因素，亞健康問卷得分高者其收縮壓（SBP）、空腹血糖（GLU）、總膽固醇（TCH）和低密度脂蛋白（LDLC）高於對照組（ $P < 0.05$ ），提示亞健康人群的代謝水準較高。本研究擬以慢性應激對人體主要器官系統的影響為基礎，以不適和能力減退為特點制定亞健康狀態評價問卷，並採用多水準模型分析亞健康的危險因素，以其低危人群問卷得分的 P90 上限作為判定標準；採用固相夾心 ELISA 法檢測血清糖皮質激素和兒茶酚胺濃度，生物素-親和素-酶聯免疫吸附試驗（ABS-ELISA）定量檢測外周血單個核細胞（PBMC）糖皮質激素受體水準，通過比較亞健康人群和對照人群各指標的差異，驗證亞健康狀態產生的機制，並確定客觀評價指標，為亞健康狀態的深入研究和制定有效的干預措施提供新思路。此外，闡述亞健康的分子機制“基因組學與糖基組學”的進展。

Suboptimal health status (SHS) is characterized by ambiguous health complaints, general weakness, and lack of vitality, and it has become a new public health challenge in China. SHS is believed to be a subclinical, reversible stage of chronic disease. As studies of intervention and prognosis for SHS are expected to become increasingly important, a reliable and valid instrument for its assessment is essential. A questionnaire for measuring SHS in urban Chinese was developed based on focus group discussions and a literature review. Questionnaire validity and reliability were evaluated in a small pilot study and then in a cross-sectional study of 3000 individuals. The analyses included tests for reliability and internal consistency, exploratory and confirmatory factor analysis, and tests for discriminative ability and convergent validity. The final questionnaire incorporated 25 items on SHS (SHSQ-25), and encompassed 5 subscales: fatigue, cardiovascular system, digestive tract, immune system, and mental status. The SHSQ-25 has proved to be a reliable and valid instrument for measuring sub-health status in urban Chinese. The progress of a combined Genomics and Glycomics study for exploring the molecular mechanism of SHS will be also presented.

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睡眠、肥胖與糖尿病的關係 Sleep, obesity and diabetes mellitus

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晝夜節律及荷爾蒙調節著我們的睡眠與新陳代謝，因此睡眠與多種代謝紊亂包括肥胖及糖尿有著密切的關係，其中最為人知的就是睡眠窒息 (SDB) 與肥胖及糖尿之間的緊密關係。在成年的睡眠窒息病人中，肥胖是導致症狀、病因以及複雜後果的原因之一。睡眠窒息同時亦發現與糖尿病和葡萄糖不耐受性相關，其治療亦可能影響到葡萄糖的代謝率。在兒科的病人中，睡眠窒息、肥胖及糖尿之間的相互影響亦開始受到關注。

除了睡眠窒息以外，睡眠時間與肥胖及糖尿亦是息息相關的。在過去的二十年，睡眠時間被報導為可調節體重的成因之一。由小孩至成年人的研究實證均已確定過短的睡眠時間與肥胖有著密切的關係。於一項在學兒童的研究中，發現了在週末或假日補償平日的睡眠不足可以略為降低超重或肥胖的風險。另一方面，糖尿與過長或過短的睡眠時間以及失眠亦有關連。根據這些研究實證，改變睡眠時間或許能幫助管理肥胖和糖尿病。隨著肥胖、糖尿病和睡眠不足的普及性增加，我們必須加深瞭解睡眠時間對於體重及身體健康的作用。

今次的講座主要是探討不同的睡眠問題與肥胖和糖尿病的關係，同時亦會詳細闡述健康的睡眠習慣對代謝與疾病管理的影響。

Sleep and metabolism is closely regulated by circadian rhythm and hormones. Given this intimate relationship, sleep has been found to be associated with a variety of metabolic disturbances, including obesity and diabetes. Among all, sleep disordered breathing (SDB) is one of the well known sleep disorders associated with obesity and diabetes. Obesity could contribute to the symptoms, etiology and the complex consequences of SDB in adult population. Diabetes and glucose intolerance has also found to be associated with SDB and treatment of SDB may affect glucose metabolism. The interactions of SDB, obesity and diabetes have also been recognized in pediatric population.

Apart from SDB, sleep duration has also been found to have close associations with obesity and diabetes. Over the past two decades, sleep duration has been reported to have a modulating role in body weight. Solid evidence on the associations on short sleep duration and obesity has been established from children to older adults. In school children, compensation of sleep during weekends/ holiday was found to ameliorate the risk of childhood overweight/ obesity. On the other hand, diabetes was found to be associated with both long and short sleep duration, and insomnia. Given these solid and consistent findings, sleep duration could be a potential modifiable factor for obesity and diabetes. With the pandemics of obesity, diabetes and sleep curtailment, the role of sleep duration in body weight and physical health should be heightened.

In this lecture, the detailed relationships between various sleep problems/disorders and their association with obesity and diabetes will be further discussed. The implication of healthy sleep practices in metabolism and disease management would be elaborated.



台灣憂鬱症之發展：過去、現在、未來 Depression in Taiwan: From past, present to future

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憂鬱症這個詞在過去的定義並不明確。在台灣，經常誤認為是神經衰弱症或因其他身體上的不適而尋求醫師協助。1980年代早期，透過一項流行病學的調查，首次確認了憂鬱症的流行率是0.3%。1995年，另一個研究發現，在南台灣的老年族群，大約有5.5%為憂鬱症患者。為喚起更多人注意憂鬱症及自殺防治在台灣的情況，臺灣憂鬱症防治協會在2002年成立，臺灣自殺防治中心在2005年成立。這兩個組織並將每年9月10日到10月9日這一個月訂為「歡樂月」，以強調快樂的重要與生命的意義。自殺率自2006年十萬分之19.3的高峰降到2010年的十萬分之16.8。從醫師處方中可以得知台灣開始了解憂鬱症，2009年抗憂鬱處方是2000年的2.5倍。而使用抗憂鬱藥的比率中，由精神科開出與非精神科開出的比率由2000年的0.7倍增到2009年的1.5倍。由其他科醫師轉介給精神科醫師或聯合治療的比率提高許多。在台灣，通常給予憂鬱症患者藥物治療。輕微的憂鬱、焦慮或適應不良反應可以用短效的單種抗憂鬱劑；較難治的憂鬱重症則必須同時使用兩三種以上的抗憂鬱劑，電痙治療 (electroconvulsive therapy, ECT) 較少使用，新式的重複性頭顱磁刺激療法 (repetitive transcranial stimulation, rTMS) 才剛開始，但已見初效。目前已規劃不久的將來，將深度的腦部刺激術 (deep brain stimulation, DBS) 用在最難治療的憂鬱重症患者。在台灣各種抗憂鬱劑均有使用，非精神科醫師較常使用三環抗抑鬱藥 (tricyclic antidepressant, TCA)，再來是 trazodone，選擇性之血清素回收抑制劑，(serotonin selective uptake inhibitor, SSRI) 及其他較新的抗憂鬱劑則較少使用。相反地，精神科醫師最常使用 SSRI，再來是 trazodone, SNRI, NASSA 及 NDRI。TCA 偶爾會用在失眠或頭痛。相較於使用藥物治療，心理治療並不普及，只占少數。2003年開始，雙極性疾患的診治從0.19%增加到2007年的0.287%。在台灣，99%的人都已納入健保，而根據國家健保資料庫所提供的資料顯示，每三年大約有10-11%的單極性疾患會轉變成雙極性疾患，值得注意的是，憂鬱重症則有25%的轉變率。這是第一次以大規模、長期的世代研究來追蹤疾患轉變的現象，這個現象也顯示出，情感性疾患的問題，也許不是二個實體現象，而是一個由輕重程度不同所排成的光譜。將來，藉由分子遺傳學到腦部掃描，以及動物實驗到臨床試驗的推展，也許能解答目前的謎題。

Over the years, the term of depression was vague and unclear. People in Taiwan often called as neuroasthenia or sought doctor's help due to somatic symptoms. Since early 1980s, prevalence of depression was first identified through an epidemiological survey as 0.3%. In 1995, another study in the elderly population at the Southern Taiwan area elicited around 5.5% of depression. To increase the awareness of depression among Taiwanese population, Taiwan Association against Depression (TAAD) was established in 2002 and to decrease the rate of suicide, Taiwan Suicide Prevention Center was set up in 2005. Both organizations also named the period from Sept 10 through Oct. 9 annually as the "Joy Month" to acknowledge the importance of happiness and to emphasize the meaning of life. Suicide rate was going down from the peak 19.3 /100,000 in 2006 to 16.8/100,000 in 2010. People in Taiwan began to know about depression, which was evidenced by increasing the prescription of antidepressants 2.5 fold in 2009, compared to 2000 and the ratio of psychiatric vs. non-psychiatric visits for patients with antidepressants use was doubled from 0.7 in 2000 to 1.5 in 2009. The referring rate from primary physicians to psychiatrists and the liaison in between were much greater than before.

In Taiwan, the typical treatment for depression patients is mainly pharmacological intervention. Mild degree of depression, anxiety or adjustment reaction may use short course single antidepressant while refractory depression may use combinations such as two or three antidepressants, combined use of mood stabilizers or antipsychotics. ECT is rarely used and novel treatment with transcranial magnetic stimulation (rTMS) is just started, but with promised effect. In the near future, deep brain stimulation is under the planning to deal with most difficult depressed patients. All kinds of antidepressants are used in Taiwan. For non-psychiatrist physician, tricyclic antidepressants (TCA) was mainly used, which was followed by trazodone, SSRI and other novel antidepressant agents were rarely used. On contrary, psychiatrists mostly often prescribed SSRI, and then followed by trazodone, SNRI, NASSA and NDRI. TCA was occasionally used for insomnia or headaches. Compared to pharmacotherapy, cognitive therapy was not popular, only with small percentage. Since 2003, the diagnosis of bipolar disorder has been increased from 0.19 % to 0.283% in 2007, according to the database of National Health Insurance (NHI), in which 99% of Taiwanese people were insured. About 10-11% of patients with unipolar depression changed to bipolar disorder diagnosis every three years. It was fascinated to see that the group of refractory depression was found 25% changing rate. This is the first time using a large-scale longitudinal cohort study to document the switching diagnosis phenomenon and suggests that there might exist a spectrum affective disorder, instead of two distinct mood disorder entities. Future research from molecular genetics to brain imaging, from animal model to clinical trial would be able to answer our questions and solve our clinical puzzles.



癌症的中醫藥防治

Traditional Chinese medicine in treatment and prevention of cancers

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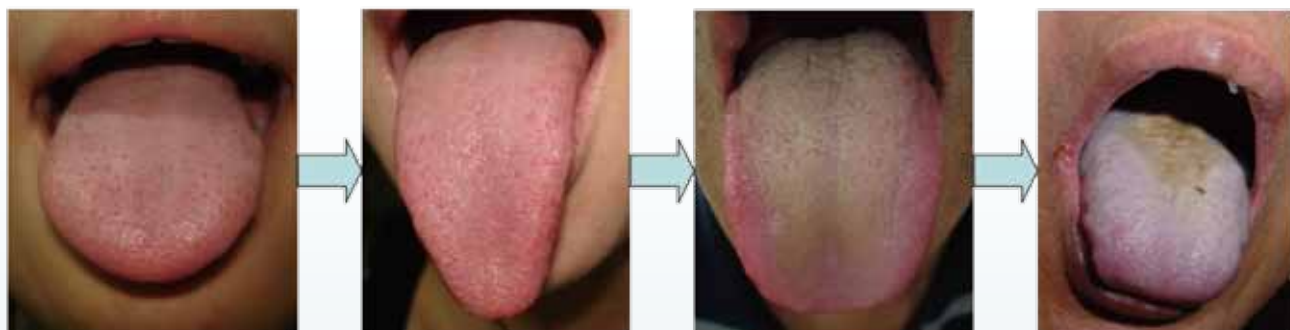
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腫瘤是指機體在各種致癌因素作用下，局部組織的細胞異常增生而形成的局部腫塊。腫瘤有良性和惡性之分，惡性腫瘤就是癌症。癌症可以破壞組織、器官的結構和功能，引起壞死出血合併感染，患者最終可能由於器官功能衰竭而死亡。癌症病變的基本單位是癌細胞，癌細胞的無止境惡性增生使患者體內的營養物質被大量消耗，癌細胞還釋放出多種毒素，使人體產生一系列症狀，最終轉移到全身各處生長繁殖，導致人體消瘦、無力、貧血、食欲不振、發熱及臟器功能受損而死亡。

中醫學對癌症的認識角度、思維方式、專業語言、診察方法和治療方法與西醫學完全不同，在癌症的預防和治療方面具有獨特的療效，茲就此談談自己的管窺之見，望中西醫同仁指正。

1. 中醫學認為癌症的核心病機是病理產物
2. 中醫學癌症預防和預測的機理

癌症與舌象變化的關係



3. 中醫學治療癌症的角度
4. 中醫學善於處理的各階段癌症

由於中醫學辨證施治的治癌方法是以陰平陽秘為目標，以改善體質、恢復內環境穩定為手段，主要通過激發機體固有的抗癌機制來治療癌症，有特異性不高和副作用極少的特點，因此可以用於

- (1) 癌症的預防。對於有癌症家族史的人，儘管毫無症狀，只要有痰瘀之象，就可以用中醫辨證施治的方法改善體質，預防癌症。
- (2) 診斷不明的癌症患者的治療。癌症的確診有時十分困難，頗費周折，有時從懷疑到確診費時幾周到數月。癌細胞的繁殖速度驚人，往往見懷疑時仍然是早期，待其確診已經轉移，而西醫的治療如果沒有確診根本無法進行，此時極宜以中醫學辨證施治治療，因為中醫的辨證施治不需確診就可以關鍵舌脈象進行。
- (3) 對抗化療、放療的副作用。化療和放療的副作用很大，辨證施治可以有效改善放化療引起的噁心、嘔吐、口幹、泄瀉、便秘、食欲差、睡眠差和血象過低等的副作用。



腎臟疾病的預防及腎臟移植 Prevention of kidney disease and kidney transplantation

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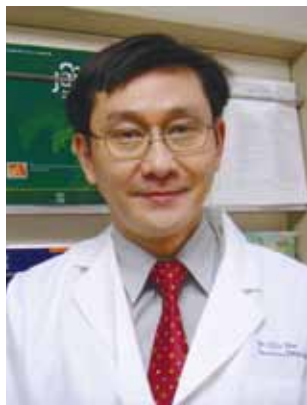
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器官移植是偉大的醫學科技成就，拯救了無數絕症患者的生命。目前器官移植領域還存有諸多未能攻克的難題，如嚴重的器官短缺和抗排斥治療不理想等等。在現今生物科技蓬勃發展的背景下，如利用最先進的生物技術推動器官移植的發展，是醫學界普遍關注的一個熱點。

演講分三部分：第一部分是對器官移植歷史和現狀的詳細總結。第二部分是對國內國際器官移植面臨困境的深入分析。第三部分是提出解決問題的思路、方法以及已取得的成果。在第三部分中，將詳細介紹器官移植領域的前沿生物學技術以及最新的科研動態，如異種移植、中藥免疫抑制藥物等。

Organ Transportation is a great achievement of modern medicine. Numerous terminally ill patients were cured through transportation. But, there are still many challenges in this field, e.g., severe shortage of donated organs and the side effects of anti-rejection treatment. Nowadays, how to take advantage of the booming bioscience and promote organ transplantation, is one of the hottest issue to doctors in the hospitals and researchers in the labs.

This lecture comprises three parts. The first part is a detailed Summary of the history and current situation of organ transplantation. The second part is a deep analysis of the existing problems in organ transplantation. The third part is about the methods and approach to solve these problems. In the third part, some of the most advanced biotechnologies will be introduced, e.g., xenotransplantation and new immunosuppressive agents derived from traditional Chinese medicine.



兒童濕疹の神話與謬誤 Childhood eczema: Myths and Fallacies

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Atopic dermatitis (AD) is a common chronic relapsing disease affecting about 15% of children under the age of 15 years. As there is no definitive cure for the condition, complementary and alternative therapies are popular. Local beliefs and practices are rather different from practices commonly adopted overseas. Advice must be tailored to these local beliefs in order to achieve optimal compliance with treatment. Alternatively, myths and fallacies that are not supported with sound scientific basis should be discouraged.

Parents should be informed that a definitive cure may not be possible. Non-pharmaceutical treatment such as proper emollient and bathing technique are as important as pharmaceutical treatment. As most children prefer showering to bathing in Hong Kong, "standard textbook" bathing advice may not be adhered to. Parents' expectation as to what an "ideal" moisturizer is should be explored in order to enhance compliance to its usage. Fear about use of topical glucocorticosteroids is prevalent. Parents may delay their usage until disease becomes worsened or apply glucocorticosteroids only as a last resort to avoid potential side effects, resulting in ineffective treatment or subsequent use of more potent topical steroids. "Fears" is predominantly interpersonal and rarely iatrogenic in nature. Despite the initial enthusiasm and popularity of use of calcineurin inhibitors, concerns about malignancy risk consequently limits their popularity. Food avoidance and dietary supplementation, based on unscientific beliefs are extremely prevalent. Many Chinese would restrict seafood and beef but give traditional Chinese herbal tea and "bird's nest" to their children with AD. There has been considerable interest in the use of traditional Chinese herbal medicine (TCHM) as a potential adjunct therapy for AD. However, adulteration with western medicine and corticosteroids in the name of traditional Chinese herbal medicine occurs from time to time. Western medicine practitioners must be aware of this trend and have some knowledge in counseling patients and their parents in the use of complementary and alternative medicine, primarily in the form of topical and systemic TCHM.

NOTES

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何鴻榮博士醫療拓展基金會
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