



香港中文大學
The Chinese University of Hong Kong



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



香港中文大學藥劑學院主辦 針藥及藥劑親子園藥物安全系列講座2017

主題：情緒病與藥物治療

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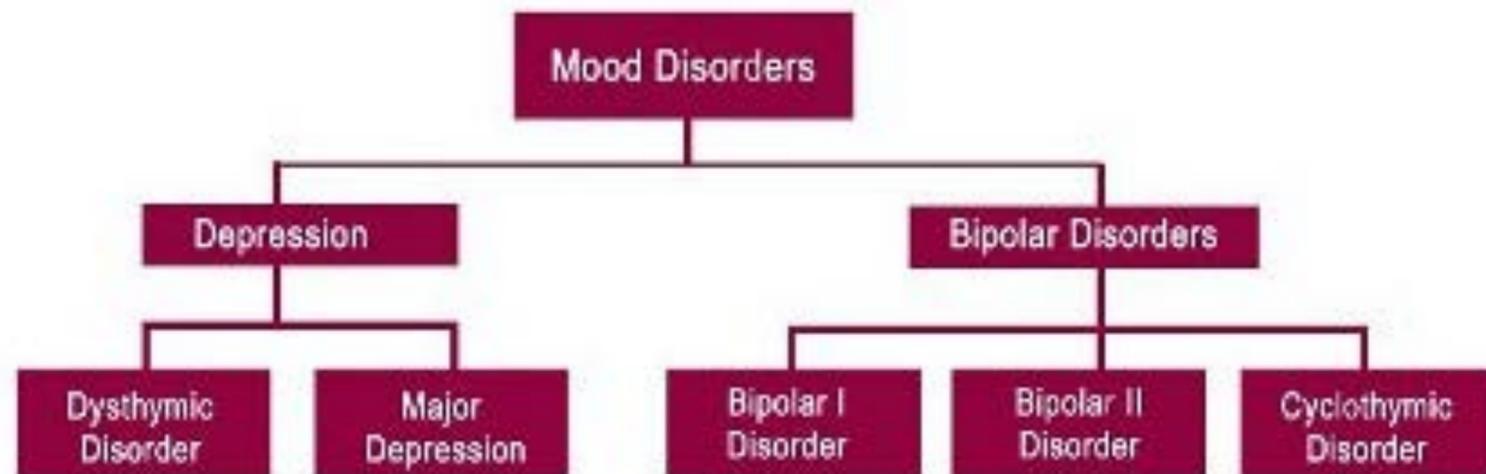
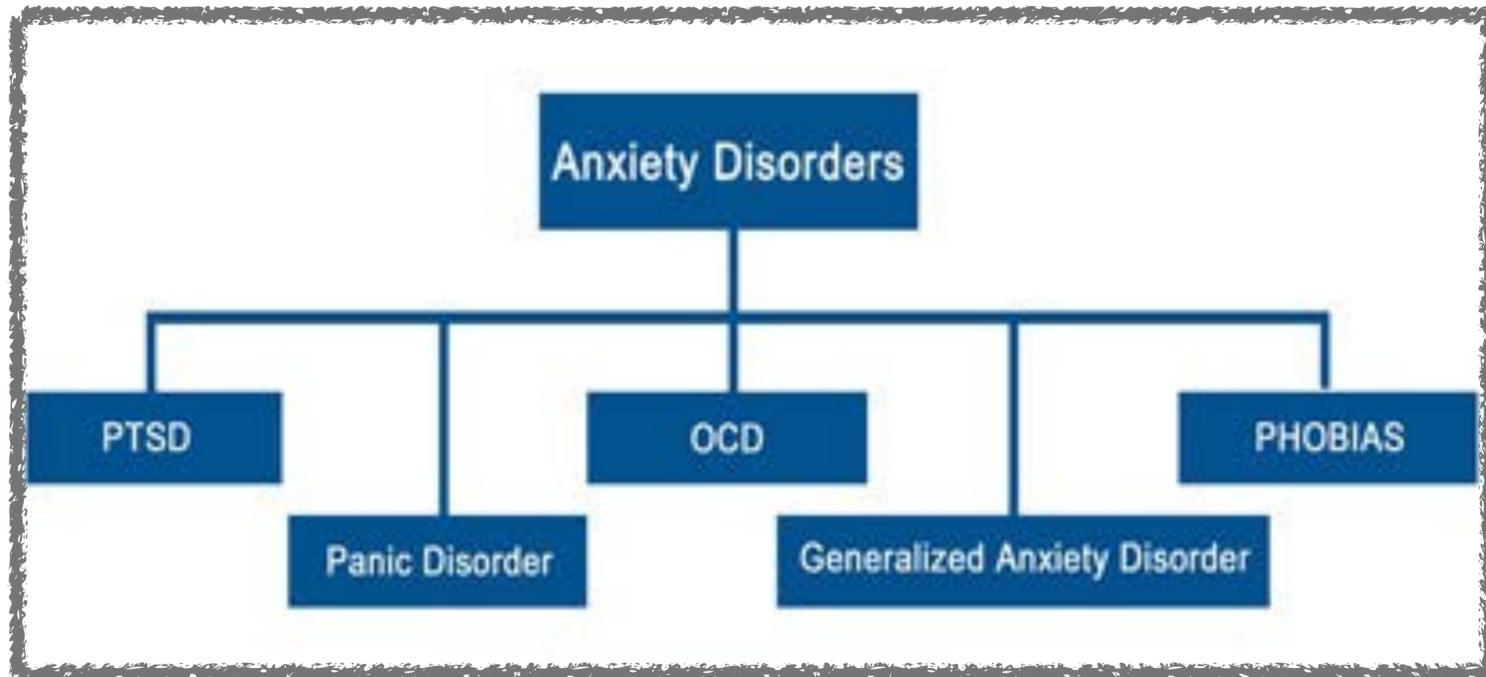


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何謂情緒病



➤ 情緒病

➤ 焦慮症 Anxiety Disorders

- 創傷後心理壓力緊張症候群 PTSD
- 驚恐症 Panic Disorder
- 強迫症 OCD
- 經常焦慮症 GAD
- 恐懼症 PHOBIAS

➤ 情緒障礙 Mood Disorders

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何謂情緒病

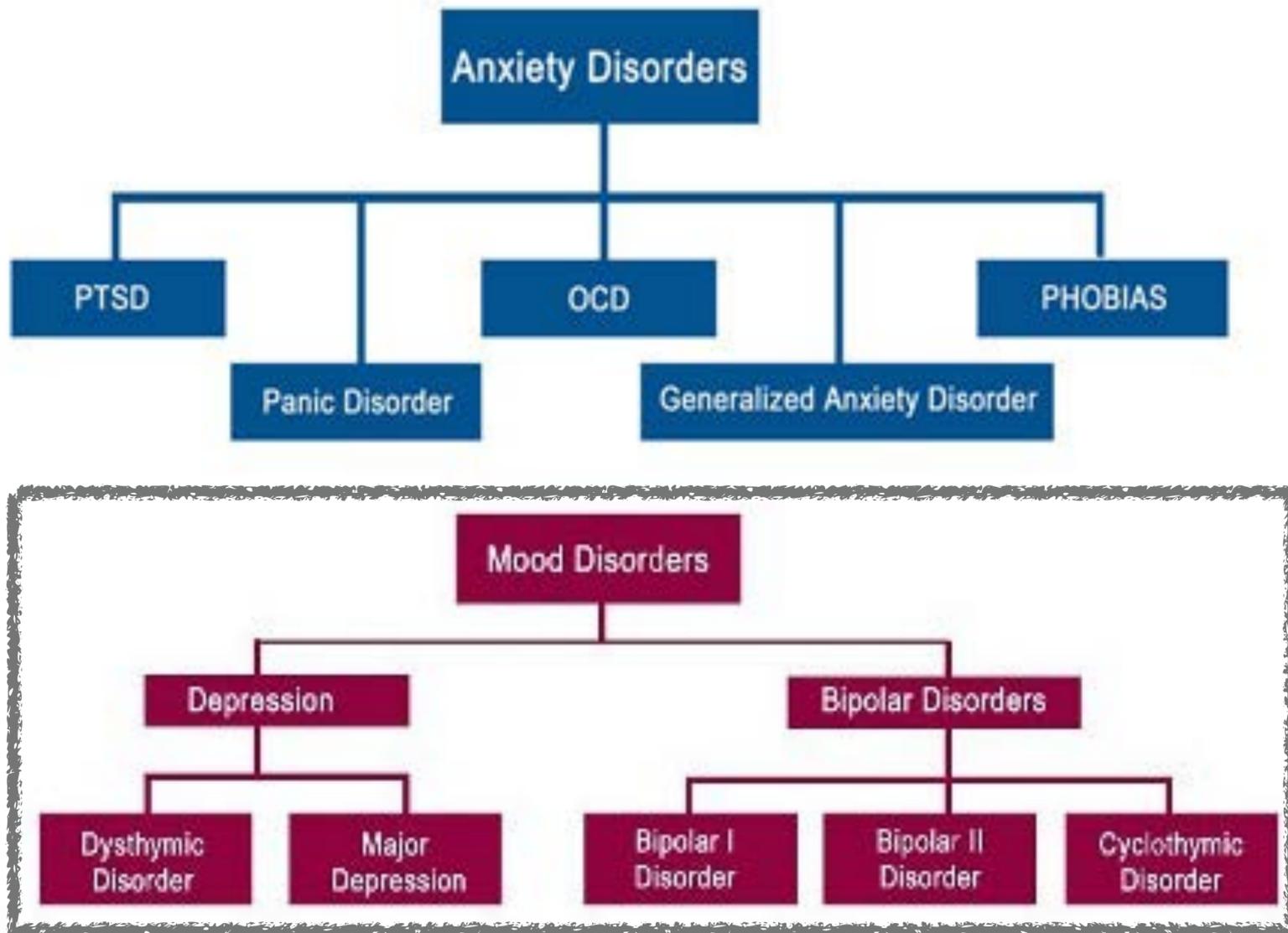
➤ 情緒病

➤ 焦慮症 Anxiety Disorders

➤ 情緒障礙 Mood Disorders

➤ 抑鬱症 Depression

➤ 躁狂抑鬱症 Bipolar Disorder



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何謂情緒病 — 創傷後心理壓力緊張症候群 PTSD

- ▶ 由一項可怕的事件發展而來
 - ▶ 搶劫
 - ▶ 強暴
 - ▶ 慘劇
 - ▶ 交通意外

何謂情緒病 — 創傷後心理壓力緊張症候群 PTSD

- ▶ 由一項可怕的事件發展而來
 - ▶ 癥狀
 - ▶ 重新經歷創傷事件
 - ▶ 惡夢、回憶等
 - ▶ 逃避與事件有關的事情
 - ▶ 對話、事件、人物
 - ▶ 對其他事情有過度反應

何謂情緒病 — 驚恐症 PANIC DISORDER

- 多次突然感到害怕或不安但並沒有任何實質危險
- 可能出現的癥狀
 - 心跳加速、出汗、發抖、呼吸困難、胸口不適等
 - 感到死亡將至或快將崩潰、魂不附體等
- 擔心再出現驚慌情況（懼曠症）

何謂情緒病 — 強迫症 OCD

- 重複出現某些思想或行為
 - 做成顯著的苦惱
 - 耗時 (多於一小時)
 - 影響社交生活

何謂情緒病 — 經常焦慮症 GAD

- ▶ 大部份時間有難以控制的憂慮
 - ▶ 健康、工作、家庭等
- ▶ 除了憂慮外
 - ▶ 難以入睡
 - ▶ 記憶力下降
 - ▶ 肌肉緊張、容易疲倦

何謂情緒病 — 抑鬱症

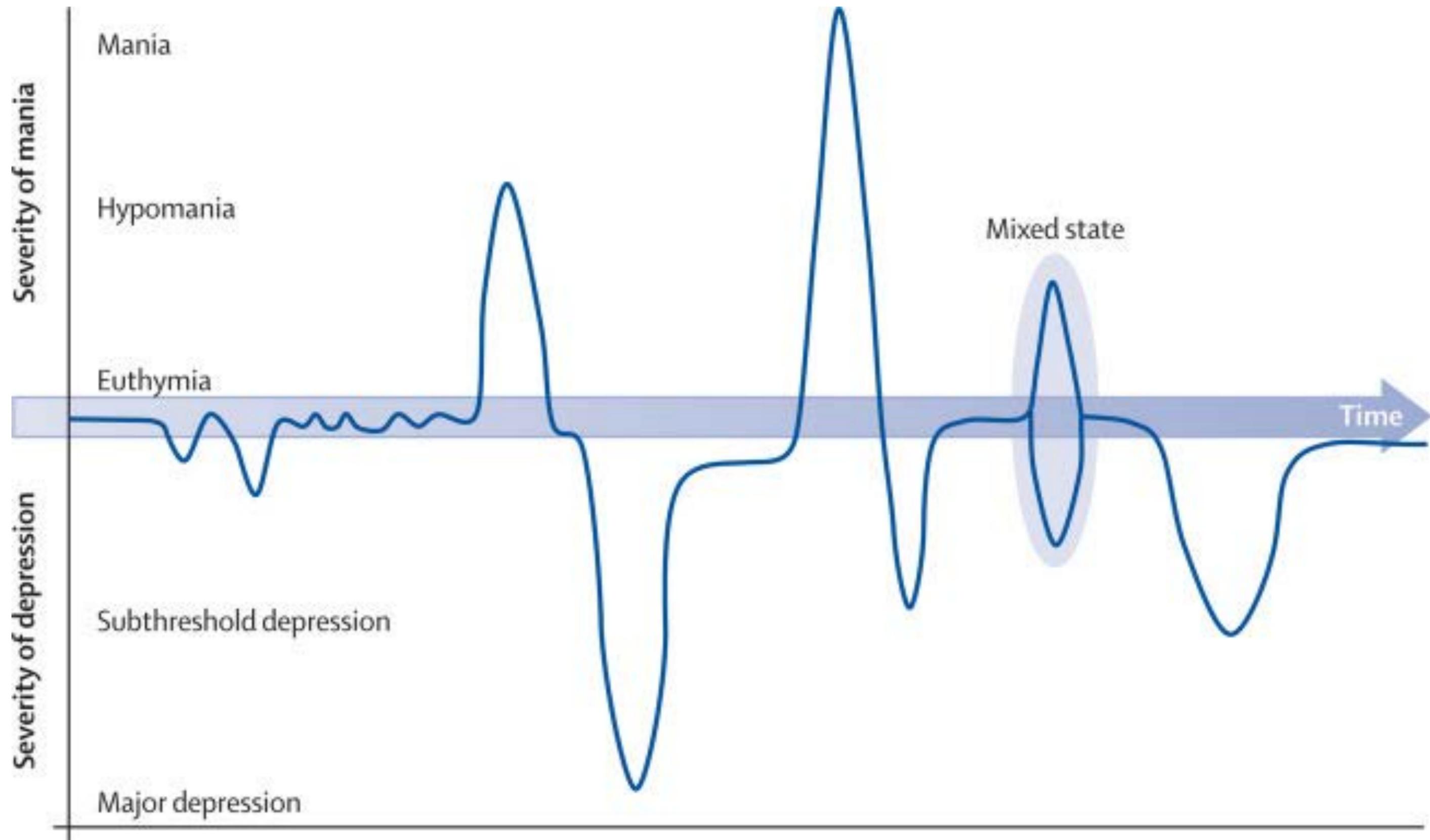
- 適應障礙症 Adjustment Disorder with Depressed Mood (ADDM)
- 循環情緒症 Cyclothymic Disorder
- 輕鬱症 Dysthymia
- 抑鬱症 Major Depression
- 疾病 Depression Due to Medical Conditions
- 產後抑鬱症 Postpartum Depression
- 季節性情緒失調 Seasonal Affective Disorder
- 物質 Substance-Induced Mood Disorder

何謂情緒病 — 抑鬱症

- ▶ 成因不明
 - ▶ 腦內的去甲腎上腺素、血清素、多巴胺減少
- ▶ 造成
 - ▶ 持續感到悲哀、空虛
 - ▶ 對週遭事物失去興趣
 - ▶ 坐立不安、心煩氣燥
 - ▶ 胃口突增或突減
 - ▶ 失眠或嗜睡
 - ▶ 難以集中精神
 - ▶ 無助、絕望

何謂情緒病 — 燥狂抑鬱症

- 情緒、思維、行為兩極
 - 燥期
 - 精力旺盛
 - 好動
 - 鬱期
 - 抑鬱、對事物失去興趣



Diagnostic Criteria

- A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
- Note:** Do not include symptoms that are clearly attributable to another medical condition.
1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (**Note:** In children and adolescents, can be irritable mood.)
 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).

Major Depressive Disorder

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3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (**Note:** In children, consider failure to make expected weight gain.)
 4. Insomnia or hypersomnia nearly every day.
 5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
 6. Fatigue or loss of energy nearly every day.
 7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
 8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
 9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
- B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. The episode is not attributable to the physiological effects of a substance or to another medical condition.

Note: Criteria A–C represent a major depressive episode.

Note: Responses to a significant loss (e.g., bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in Criterion A, which may resemble a depressive episode. Although such symptoms may be understandable or considered appropriate to the loss, the presence of a major depressive episode in addition to the normal response to a significant loss should also be carefully considered. This decision inevitably requires the exercise of clinical judgment based on the individual's history and the cultural norms for the expression of distress in the context of loss.¹

- D. The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.
- E. There has never been a manic episode or a hypomanic episode.

Note: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance-induced or are attributable to the physiological effects of another medical condition.

何謂情緒病 — 診斷

➤ DSM-5

Manic Episode

- A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).
- B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:
1. Inflated self-esteem or grandiosity.
 2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).
 3. More talkative than usual or pressure to keep talking.
 4. Flight of ideas or subjective experience that thoughts are racing.
 5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.
 6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).
 7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).
- C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.
- D. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) or to another medical condition.
- Note:** A full manic episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a manic episode and, therefore, a bipolar I diagnosis.

Note: Criteria A–D constitute a manic episode. At least one lifetime manic episode is required for the diagnosis of bipolar I disorder.

Hypomanic Episode

- A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days and present most of the day, nearly every day.
- B. During the period of mood disturbance and increased energy and activity, three (or

more) of the following symptoms (four if the mood is only irritable) have persisted, represent a noticeable change from usual behavior, and have been present to a significant degree:

1. Inflated self-esteem or grandiosity.
2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).
3. More talkative than usual or pressure to keep talking.
4. Subjective experience that thoughts are racing.
5. Attention too easily drawn to unimportant or irrelevant external stimuli (as reported or observed).
6. Increased goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.
7. Excessive involvement in activities that have a high potential for painful consequences (e.g., unrestrained buying sprees, sexual indiscretions, or investments).

skin picking, as in excoriation [skin-picking] disorder; stereotypies, as in stereotypic movement disorder; ritualized eating behavior, as in eating disorders; preoccupation with substances or gambling, as in substance-related and addictive disorders; preoccupation with having an illness, as in illness anxiety disorder; sexual urges or fantasies, as in paraphilic disorders; impulses, as in disruptive, impulse-control, and conduct disorders; guilty ruminations, as in major depressive disorder; thought insertion or delusional preoccupations, as in schizophrenia spectrum and other psychotic disorders; or repetitive patterns of behavior, as in autism spectrum disorder).

Specify if:

With good or fair insight: The individual recognizes that obsessive-compulsive disorder beliefs are definitely or probably not true or that they may or may not be true.

With poor insight: The individual thinks obsessive-compulsive disorder beliefs are probably true.

With absent insight/delusional beliefs: The individual is completely convinced that obsessive-compulsive disorder beliefs are true.

Specify if:

Tic-related: The individual has a current or past history of a tic disorder.

何謂情緒病 — 診斷

- GAD 7-item Scale
- PHQ-9 Scoring

何謂情緒病 — 診斷

➤ GAD 7-item Scale

GAD-7

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Total Score — = Add Columns — + — + —

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

PATIENT HEALTH QUESTIONNAIRE - 9				
Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
<p><i>FOR OFFICE CODING</i></p> <p>0 + _____ + _____ + _____</p> <p>=Total Score: _____</p>				
<p>If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p> <p> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult <input type="checkbox"/> </p>				
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何謂情緒病 — 診斷

➤ PHQ-9 Scoring

何謂情緒病

	情緒病	二型糖尿病
病因	腦部化學物質失去平衡	細胞對胰島素反應遲鈍
誘發因素	壓力、經歷等環境因素	缺乏運動、飲食不均
病癥	失眠、頭痛、疲倦、煩躁等	疲倦、尿頻等

香港健康情緒中心 <http://www.cuhk.edu.hk/med/hmdc/main.html>

腦部化學物質失去平衡?

- ▶ 柏金遜症 Parkinson's Diseases
- ▶ 精神分裂 Schizophrenia
- ▶ 失智症 Dementia

藥物治療

- 抗焦慮藥物
- 抗抑鬱藥物
- 抗精神分裂藥物
- 抗癲癇藥物
- 其他藥物

抗焦慮症藥物ANXIOLYTICS

- Benzodiazepines
 - Alprazolam, Clonazepam, Diazepam, Lorazepam
- Buspirone

抗焦慮症藥物ANXIOLYTICS

- Benzodiazepines
 - Alprazolam, Clonazepam, Diazepam, Lorazepam
 - 增加腦內GABA的抑制效果
 - 抗焦慮、鎮靜、昏昏欲睡、放鬆肌肉等效果
 - 昏睡效果有機會持續至另一天
 - 有機會造成依賴
 - 有機會增加跌倒風險
 - 如要停藥請與醫生商討

抗焦慮症藥物ANXIOLYTICS

- Buspirone
 - 僅具抗焦慮效果
 - 不是首選藥物
 - 一般而言需要約兩星期才見效

抗抑鬱藥 ANTIDEPRESSANTS

- ▶ 選擇性 5- 羥色胺(5-HT)再攝取抑制劑 (SSRIs)
 - ▶ 5- 羥色胺 = 血清素
- ▶ 5- 羥色胺(5-HT)和去甲腎上腺素再攝取抑制劑 SNRIs
- ▶ 三環類抗抑鬱藥 (TCAs)
- ▶ 其他抗抑鬱藥

抗抑鬱藥

- ▶ 作用?
 - ▶ 增加腦內血清素或 / 及其他傳遞物質
- ▶ 療程?
 - ▶ 頭兩星期
 - ▶ 改善胃口、活力及睡眠
 - ▶ 四至六星期
 - ▶ 情緒漸漸改進

選擇性 5- 羥色胺(5-HT)再攝取抑制劑 (SSRIS)

- Citalopram (Escitalopram), Fluoxetine, Fluvoxamine, Paroxetine, Sertraline
- 可用於
 - 抑鬱症
 - 焦慮症
 - 驚恐症
 - 強迫症

選擇性 5- 羥色胺(5-HT)再攝取抑制劑 (SSRIS)

- Citalopram (Escitalopram), Fluoxetine, Fluvoxamine, Paroxetine, Sertraline
- 藥物副作用
 - 出血風險
 - 低鈉症
 - 失眠 / 嗜睡
 - 減低性慾
 - 戒斷癥狀
 - 血清素症候群 (藥物相互作用)

選擇性 5- 羥色胺(5-HT)再攝取抑制劑 (SSRIS)

- ▶ Citalopram (Escitalopram), Fluoxetine, Fluvoxamine, Paroxetine, Sertraline
- ▶ 藥物副作用
 - ▶ 血清素症候群

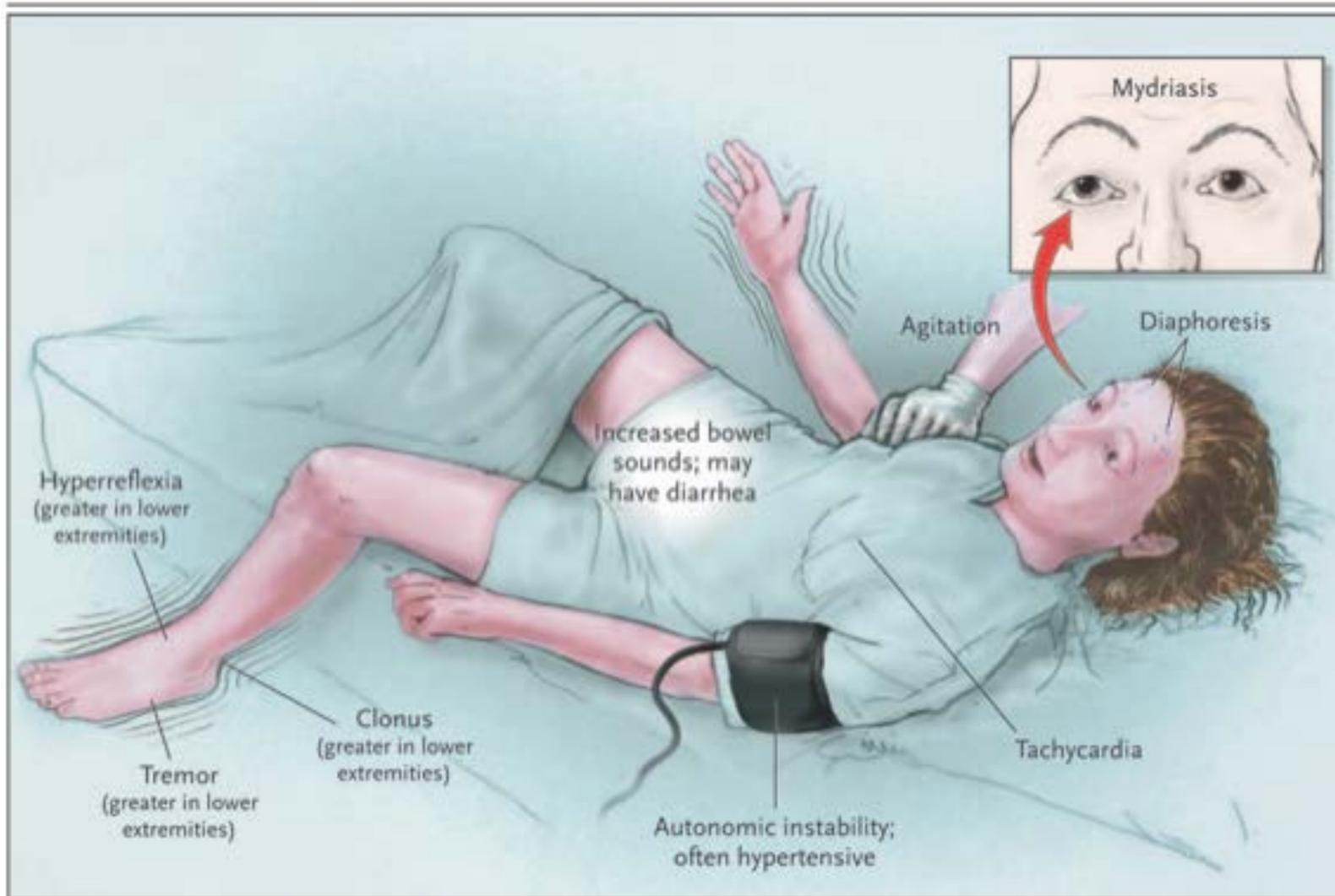


Figure 2. Findings in a Patient with Moderately Severe Serotonin Syndrome.

Hyperkinetic neuromuscular findings of tremor or clonus and hyperreflexia should lead the clinician to consider the diagnosis of the serotonin syndrome.

選擇性 5- 羥色胺(5-HT)再攝取抑制劑 (SSRIS)

- Citalopram (Escitalopram), Fluoxetine, Fluvoxamine, Paroxetine, Sertraline
- 藥物相互作用
 - Citalopram/Escitalopram/Sertraline 較少

5- 經色胺(5-HT)和去甲腎上腺素再攝取抑制劑 (SNRI)

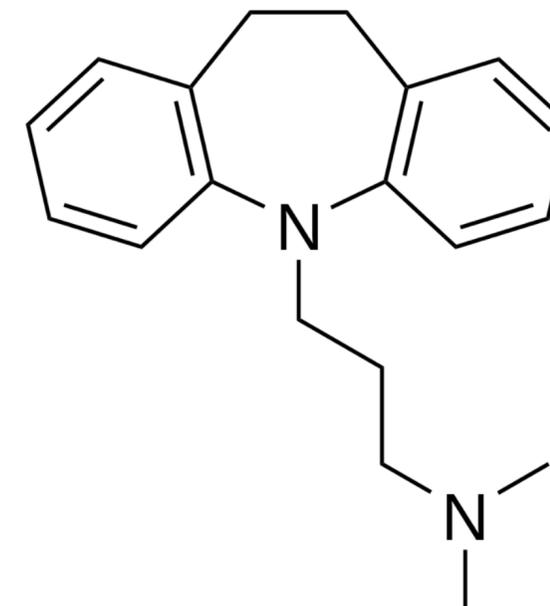
- Venlafaxine (Desvenlafaxine), Duloxetine
- 可用於
 - 抑鬱症
 - 焦慮症
 - 經常焦慮症
 - 創傷後焦慮症
 - 神經痛楚
 - 驚恐症
 - 社交焦慮症

5- 經色胺(5-HT)和去甲腎上腺素再攝取抑制劑 (SNRI)

- Venlafaxine (Desvenlafaxine), Duloxetine
- 藥物副作用
 - 血壓、心跳
 - 腸胃不適
 - 飯後服用
 - 長效藥物
 - 需要整粒吞服

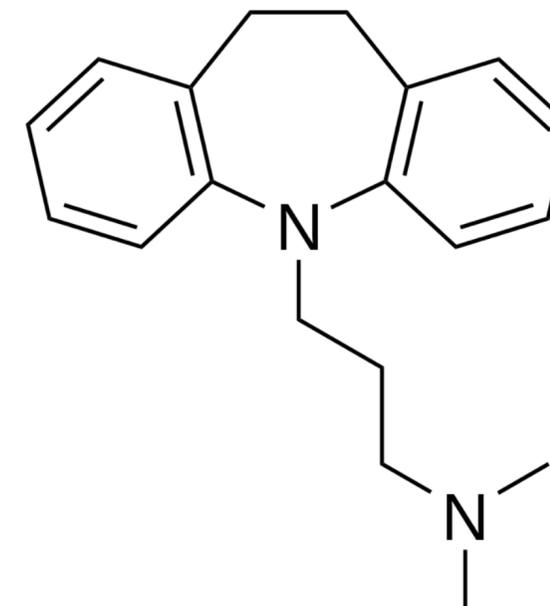
三環類抗抑鬱藥 (TCA)

- Amitriptyline, Clomipramine, Dothiepin, Doxepin, Imipramine, Nortriptyline
- 可用於
 - 抑鬱症
 - 神經痛楚
 - 預防偏頭痛



三環類抗抑鬱藥 (TCA)

- ▶ 副作用較SSRI多
 - ▶ 除了抑制5-HT及NA外
 - ▶ H1受體
 - ▶ 容易疲倦
 - ▶ Muscarinic受體
 - ▶ 視力模糊
 - ▶ 口乾
 - ▶ 便秘
 - ▶ 眼壓上升（青光眼）



其他

- Agomelatine
- Mianserin
- Mirtazapine
- Moclobemide
- Reboxetine
- Trazodone
- Vortioxetine

抗抑鬱藥

▶ 選藥準則?

▶ 新藥 = 更好?

▶ 副作用較少?

▶ 例子: MAOB Inhibitors — Cheese Reactions

▶ 例子: TCAs

抗抑鬱藥

- ▶ 選藥準則?
 - ▶ 新藥 = 更好?
 - ▶ 未為人知的副作用?
 - ▶ 例子: Citalopram - QT Prolongation

FDA Drug Safety Communication: Revised recommendations for Celexa (citalopram hydrobromide) related to a potential risk of abnormal heart rhythms with high doses

This update provides additional information related to a previous [FDA Drug Safety Communication \(posted 8/24/2011\)](http://www.fda.gov/Drugs/DrugSafety/ucm269086.htm) (<http://www.fda.gov/Drugs/DrugSafety/ucm269086.htm>): Abnormal heart rhythms associated with high doses of Celexa (citalopram hydrobromide).

[\[en Español \(/Drugs/DrugSafety/ucm298752.htm\)\]](http://www.fda.gov/Drugs/DrugSafety/ucm298752.htm)

[Safety Announcement](#)

[Additional Information for Patients](#)

[Additional Information for Healthcare Professionals](#)

[Data Summary](#)

Safety Announcement

[3-28-2012] The U.S. Food and Drug Administration (FDA) is clarifying dosing and warning recommendations for

抗抑鬱藥

- ▶ 選藥準則?
 - ▶ 之前有效的藥物?
 - ▶ 其他疾病?
 - ▶ 副作用?
 - ▶ 藥物相互作用?
 - ▶ 過量用藥的風險?

抗抑鬱藥

- 藥物無效?
 - 頭兩星期
 - 改善胃口、活力及睡眠
 - 四至六星期
 - 情緒漸漸改進

抗抑鬱藥 — 小結

	SSRIs	SNRIs	TCA _s
PTSD	✓	Venlafaxine	Imipramine
Panic Disorder	✓	Venlafaxine	Imipramine
OCD	✓	?	✓
GAD	✓	✓	✓

抗抑鬱藥 — 小結

	SSRIs	SNRIs	TCA _s
MDD	✓	✓	✓
Bipolar	?	✗	✗

抗精神分裂藥物 ANTIPSYCHOTICS

- ▶ 第一代
 - ▶ Chlorpromazine, Haloperidol
- ▶ 第二代
 - ▶ Quetiapine, Risperidone, Ziprasidone
- ▶ 幫助穩定情緒

抗精神分裂藥物 ANTIPSYCHOTICS

- 第一代
 - Chlorpromazine, Haloperidol
 - 較多錐體外症候群 (EPSE)
 - 張力障礙 (Dystonias)
 - 靜坐不能 (Akathisia)
 - 帕金森 (Parkinsonism)
 - 運動障礙 (Tardive Dyskinesia)

抗精神分裂藥物 ANTIPSYCHOTICS

- ▶ 第二代
 - ▶ Quetiapine, Risperidone, Ziprasidone
 - ▶ 較多代謝綜合症
 - ▶ 血脂、血糖上升
 - ▶ 體重增加

抗癲癇藥 ANTICONVULSANTS

- 情緒穩定劑
 - Carbamazepine
 - Lamotrigine
 - Valproate

抗癲癇藥 ANTICONVULSANTS

- Carbamazepine
 - HLA-B*1502 — 皮膚過敏反應的指標
 - 尤其是亞洲人
 - 如有發燒、喉嚨痛，應儘早求診
 - 藥物相互作用
 - 購買藥物時應先諮詢醫生或藥劑師意見

抗癲癇藥 ANTICONVULSANTS

- Lamotrigine
 - 嚴重皮膚過敏反應
 - 與多種藥物有相互作用
 - Valproate
 - Carbamazepine
 - 需要特別的劑量調較

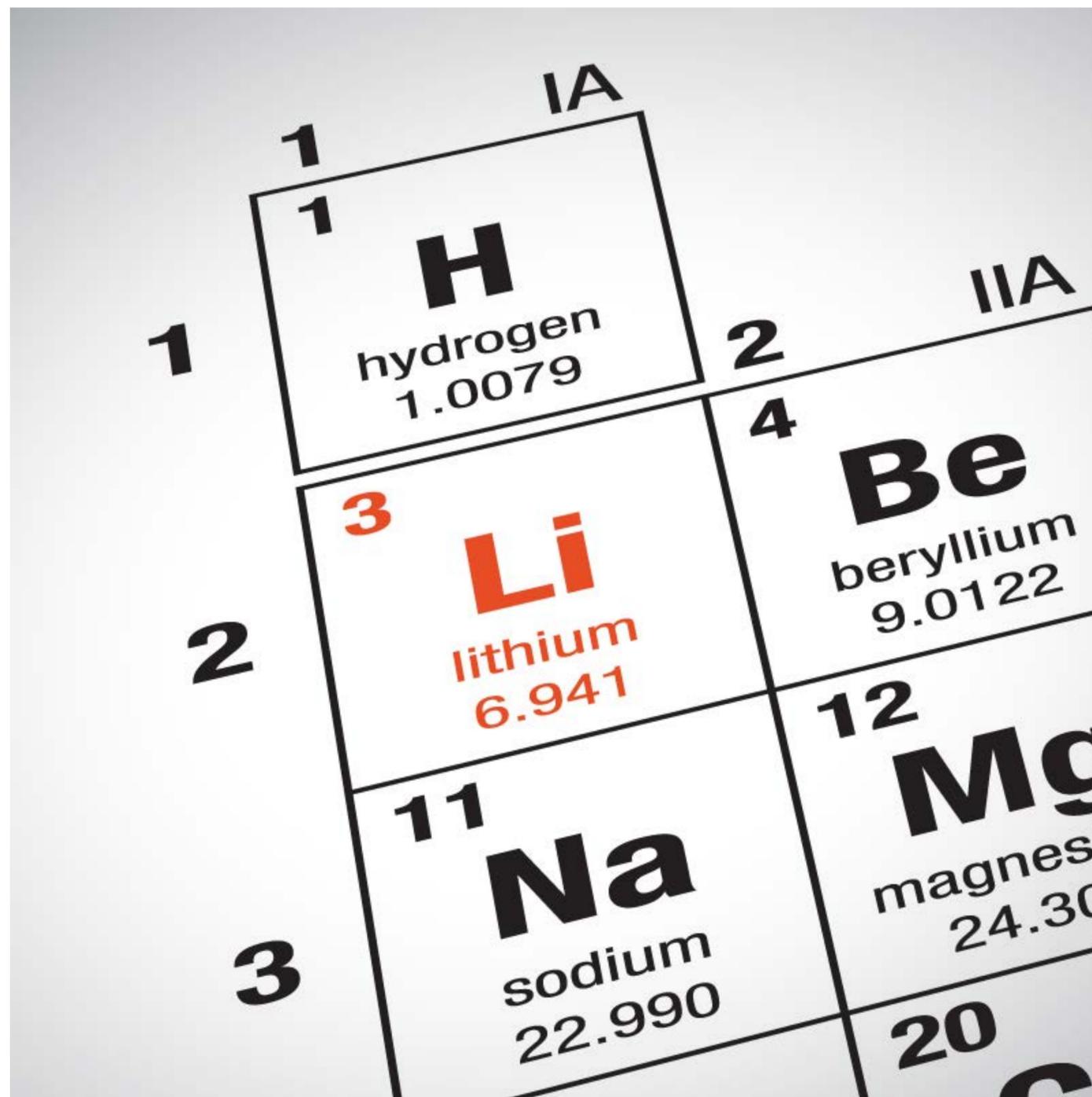
抗癲癇藥 ANTICONVULSANTS

➤ Valproate

- 增加食慾
- 有機會令肝、脾臟發炎
 - 需要定時監察
- 有機會減少血少板
 - 留意出血癍狀
- 過敏反應

其他

- Lithium
 - 作用機理?
 - 1949年開始使用



其他

➤ Lithium

➤ 治療範圍

➤ 0.5-1.2 mmol/L

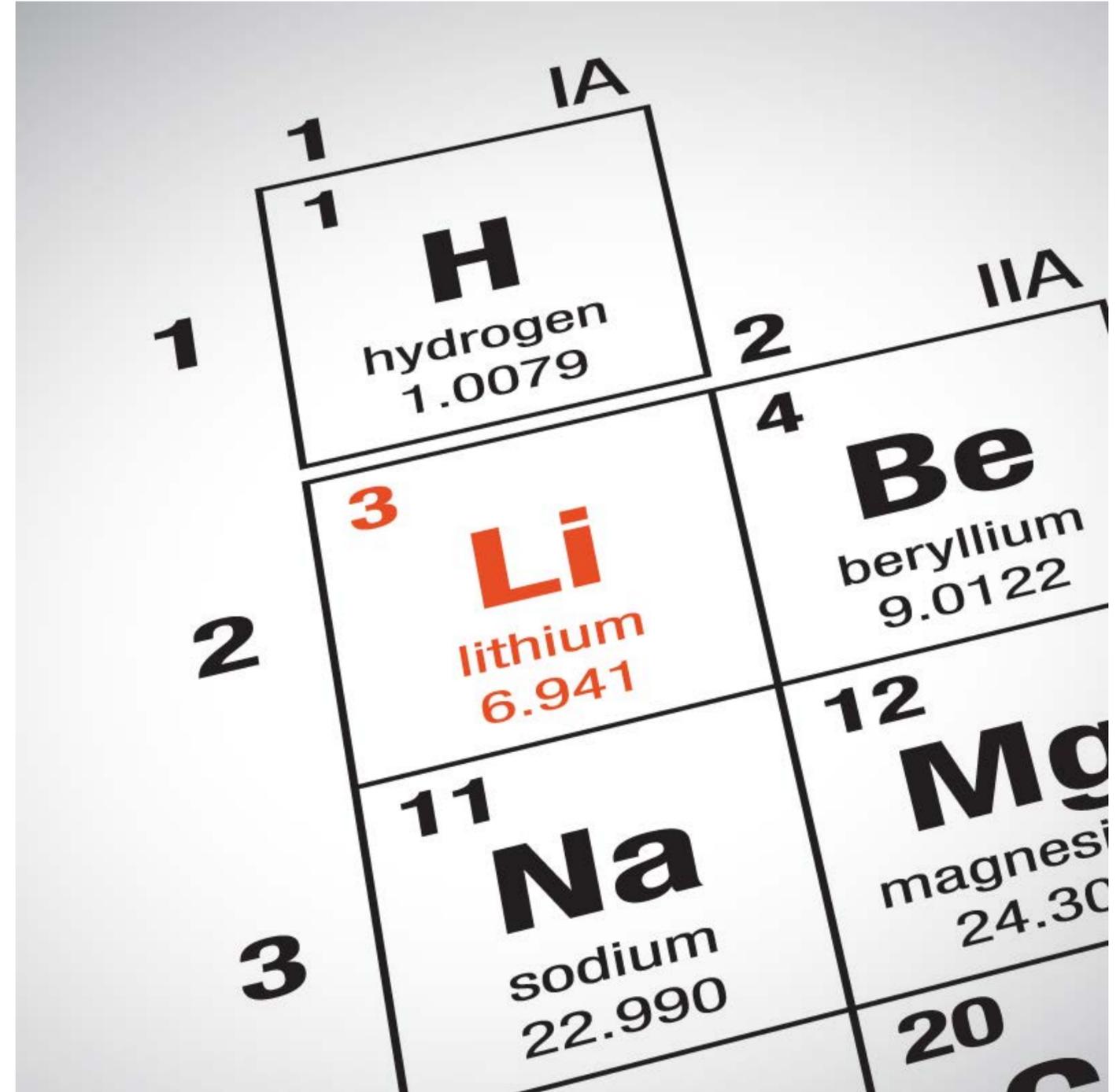
➤ 毒性癥狀

➤ > 1.5 mmol/L

➤ 腸胃上...

➤ 協調上...

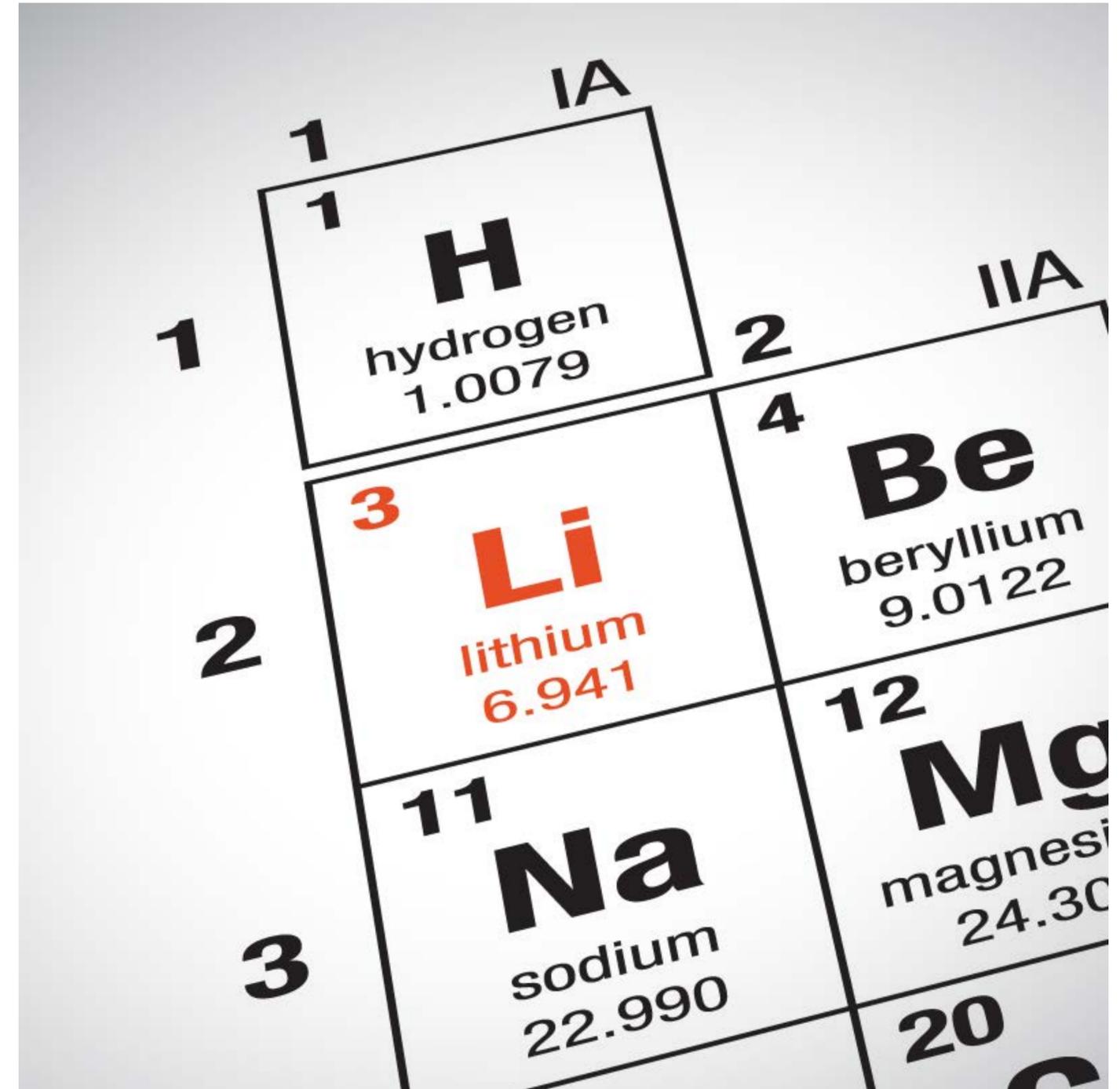
➤ 神智上...



其他

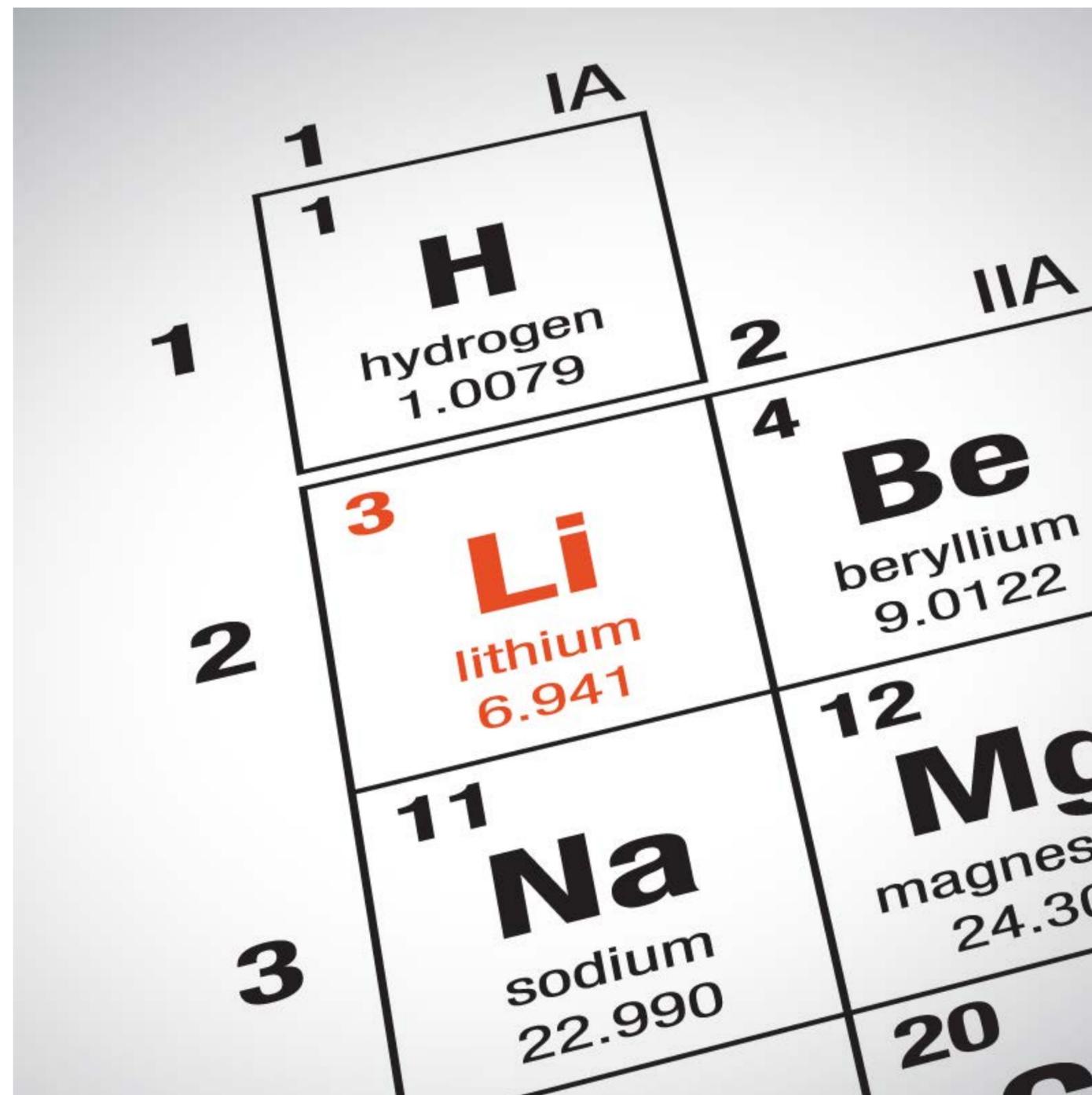
➤ Lithium

- 預防中毒 / 維持藥效
 - 定量的水份及鹽份
 - 血鈉會影響Li的排泄
- 定期抽血
- 藥物相互作用
 - 消炎止痛藥



其他

- ▶ Lithium
 - ▶ 其他副作用
 - ▶ 甲狀腺
 - ▶ 心臟
 - ▶ 腎臟
 - ▶ 尿崩症





單靠藥物？



非藥物治療

- 心理治療 Psychotherapy
 - 認知行為治療 (Cognitive Behavioural Therapy)
 - 辯證治療 (Dialectical Behaviour Therapy)
 - 人際關係治療 (Interpersonal Therapy)
 - 家庭治療 (Family-focused Therapy)
- Psychodynamic Therapy
- 光療 Light Therapy