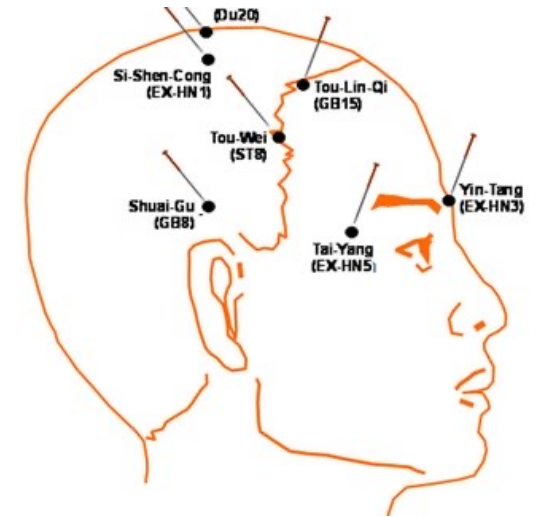


抑鬱症 中西醫結合分期分型診療

注冊中醫 洪鴻彬博士

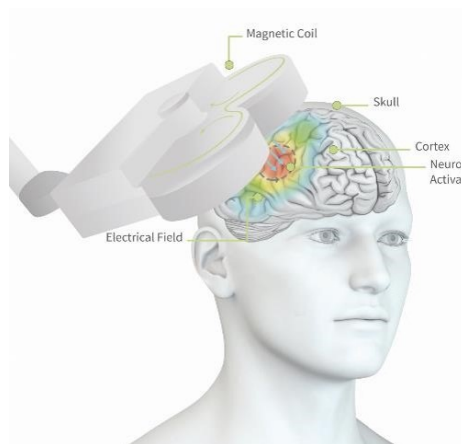
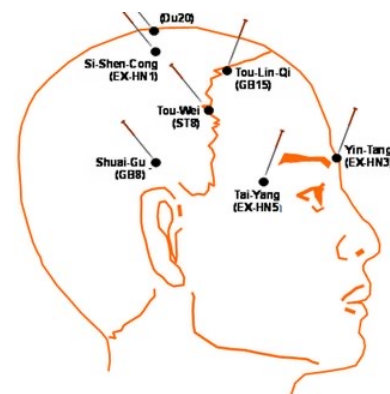
早期

- 可能抑鬱及輕度抑鬱
- 中藥治療為主，聯合心理疏導、針灸治療等。
- 療程：2-3個月。
- 若治療4周療效不明顯，或病情進展加重者，可考慮聯合應用抗抑鬱藥。

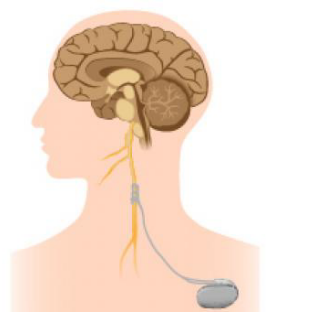


急性期

- **中重度抑鬱**：抑鬱症狀**急劇惡化**，明顯的**激越或痛苦**，且有顯而易見的**自殺危險**。
- **抗抑鬱藥治療**，聯合**中藥、針灸、物理**（rTMS, VNS, DBS）、**心理**等治療。
- 聯合**中藥治療**，**協同增效**，**減輕不良反應**。
- **療程2-3個月**。

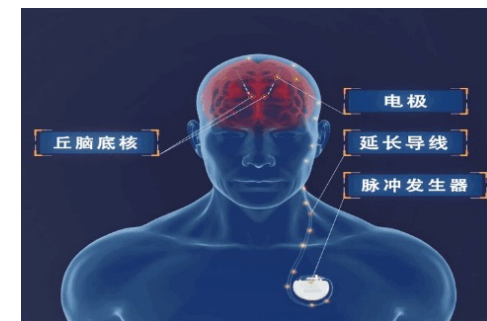


重複經顱磁刺激 (rTMS)



Vagus Nerve Stimulation

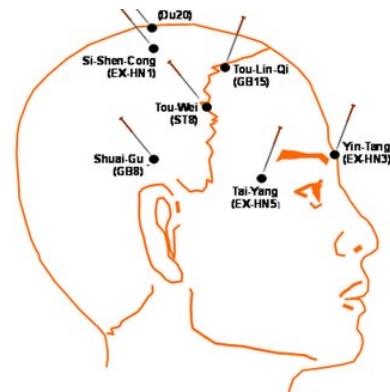
迷走神經刺激(VAS)



深部腦刺激(DBS)

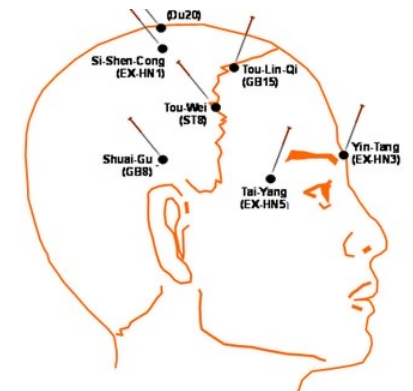
鞏固期（恢復期）

- 急性期治療後症狀明顯緩解，但病情不穩，復燃（症狀再現）復發（新發抑鬱）風險較大。
- 繼續使用急性期治療有效抗抑鬱藥4-9個月，並保持治療方案、藥物劑量、使用方法不變。



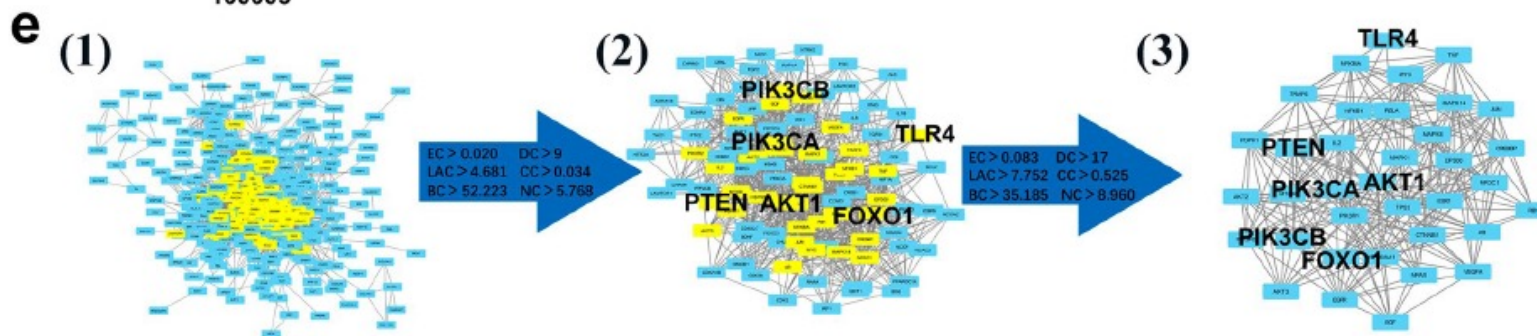
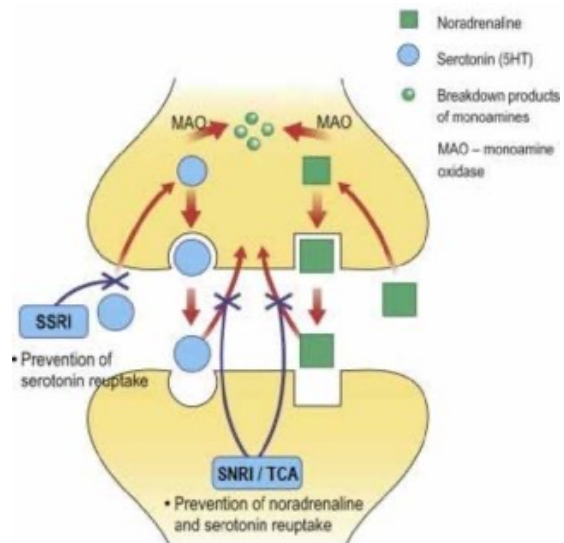
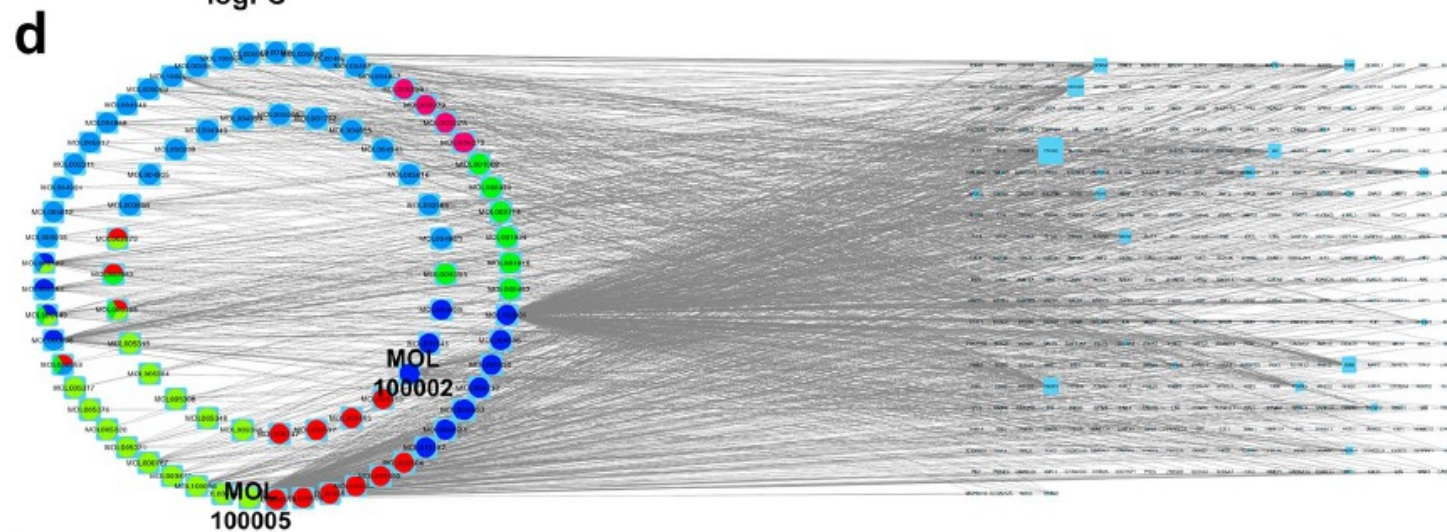
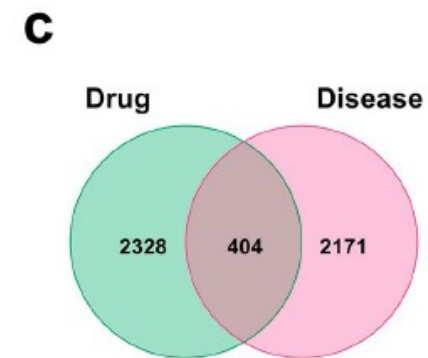
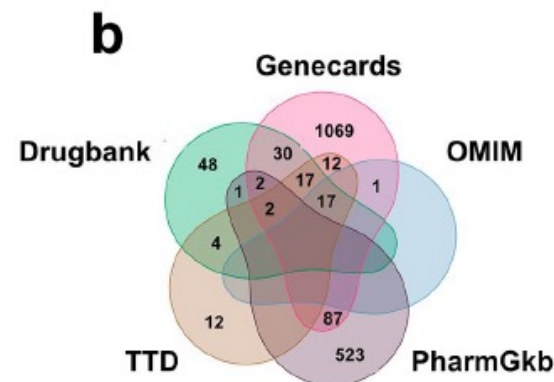
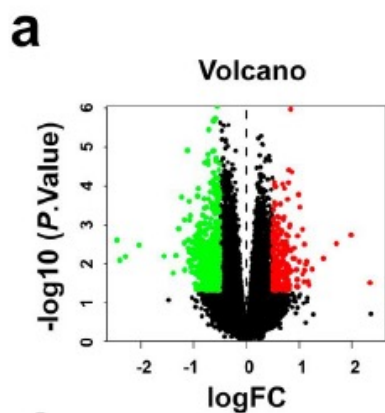
維持期（減藥終止期）

- **首次抑鬱發作**維持治療時間推薦為**6-8個月**。
- 有**2次復發**，特別是**近5年有2次發作者**；以及**青少年**發病，伴有**精神病性症狀(Psychotic symptoms)**、**病情嚴重**、**自殺風險大**、並有**遺傳家族史**的患者，維持治療時間推薦為**2-3年**。
- 維持治療結束後，病情穩定，可**緩慢減藥**，直至終止治療。
- 一旦發現有**復發早期徵象**，**迅速恢復原治療**。
- **多次復發者（3次以上）**以及有**明顯殘留症狀者**主張**長期維持治療**。



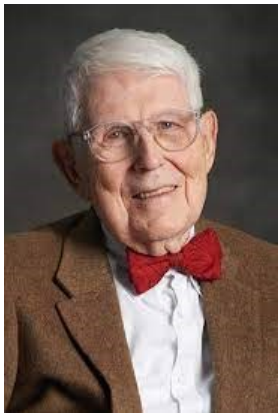
抑鬱症中醫分期辨證論治

證型	治則	方藥	穴位
肝氣鬱結證 (早期: 2-3月)	疏肝解鬱、理氣暢中	柴胡疏肝散加減；參苓白術散、痛瀉要方加減	主穴：印堂、百會 配穴：神門、內關、風池、合谷、太沖 + 肝俞、三陰交、膻中
痰熱擾神證 (急性期：2-3月)	清熱化痰、清肝瀉火、寧心安神	黃連溫膽湯、龍膽瀉肝湯加減	+ 豐隆、大陵、行間
心膽氣虛證 (急性期：2-3月)	益氣鎮驚、安神定志	安神定志丸加減	+ 心俞、膽俞、足三裡
心脾兩虛證 (鞏固期4-9月、維持期6月-長期)	健脾養心、補益氣血	歸脾湯加減	+ 三陰交、足三裡、脾俞
心腎陰虛證 (鞏固期4-9月、維持期6月-長期)	補益心腎、養陰安神	天王補心丹	+ 心俞、腎俞、三陰交



西藥作用機制: e.g SSRI,SNRI,TCA

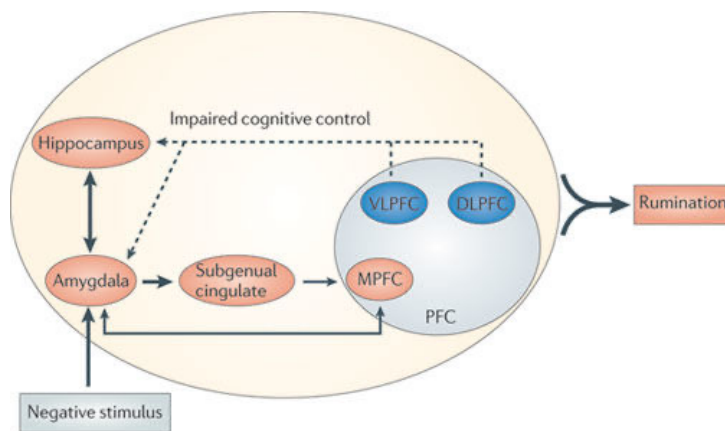
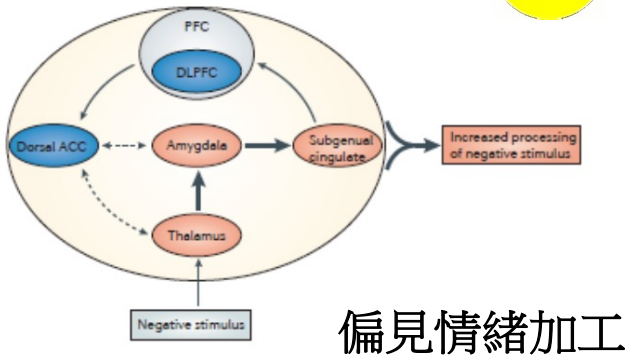
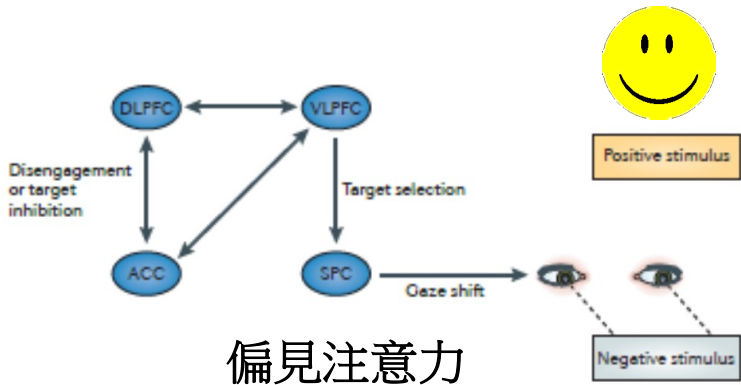
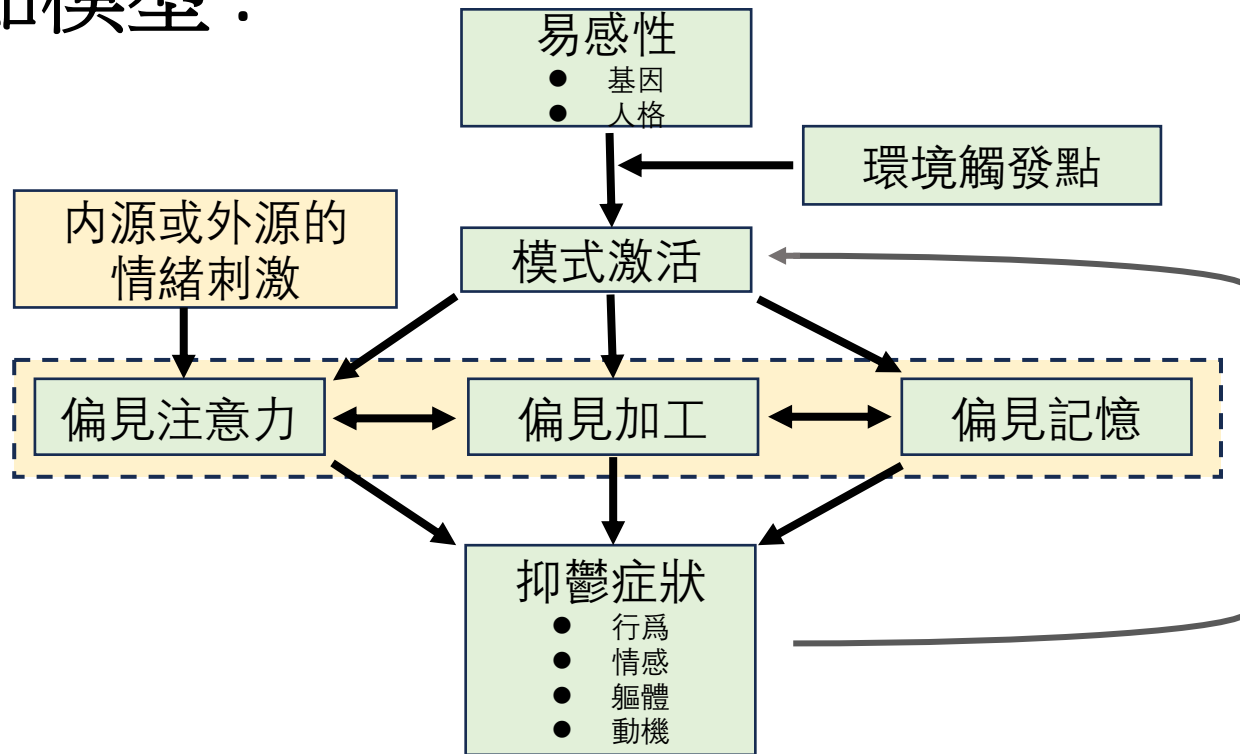
中藥作用機制 : e.g Kaixin Jieyu Granule (KJG)



Aaron Beck

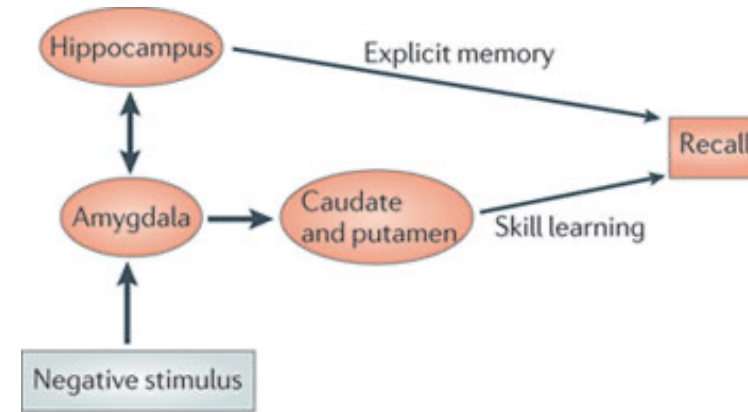


Beck's 抑鬱症認知模型： 訊息處理



反芻思考

Nature Reviews | Neuroscience



偏見記憶

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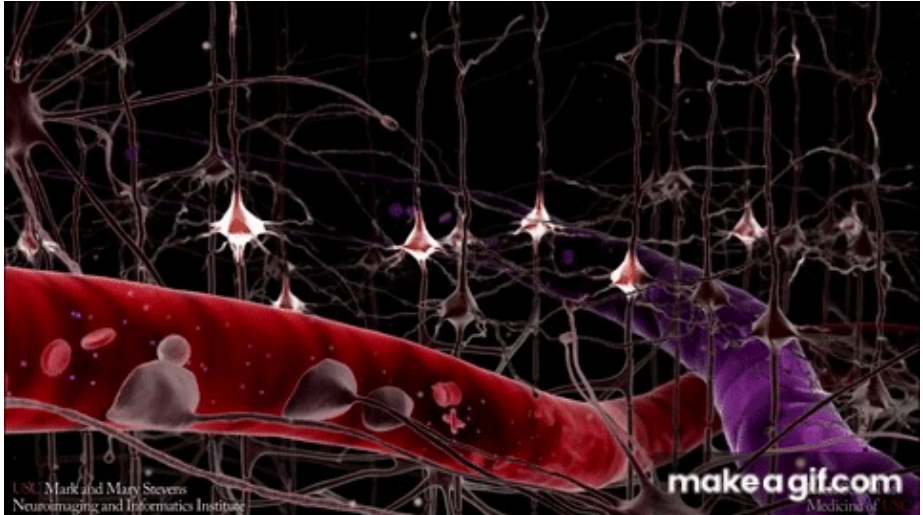
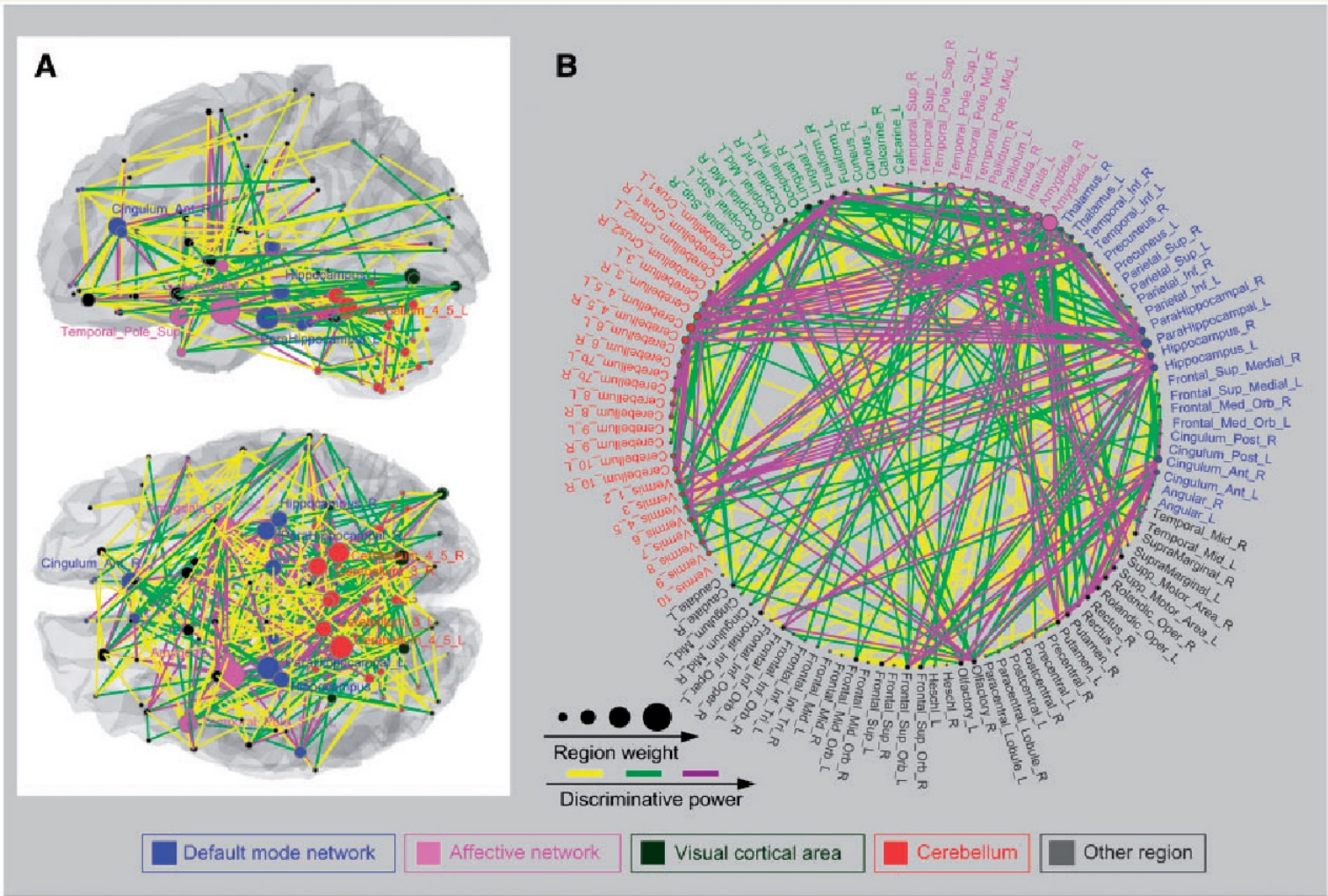
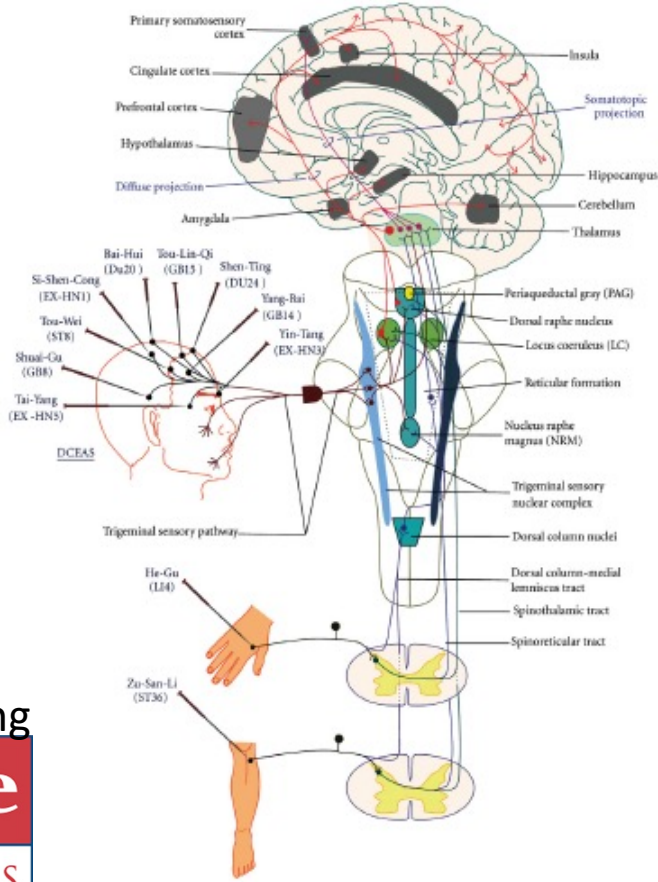


FIGURE 2. Schematic illustration of the central neural pathways that carry afferent (sensory) neural impulses following acupuncture treatment from various parts of the body. Brain areas that commonly respond in neuroimaging studies to acupuncture stimulation are indicated with gray shadow. DCEAS: dense cranial electroacupuncture stimulation. (Reproduced from 28, with permission from Hindawi Publishing Corporation.)



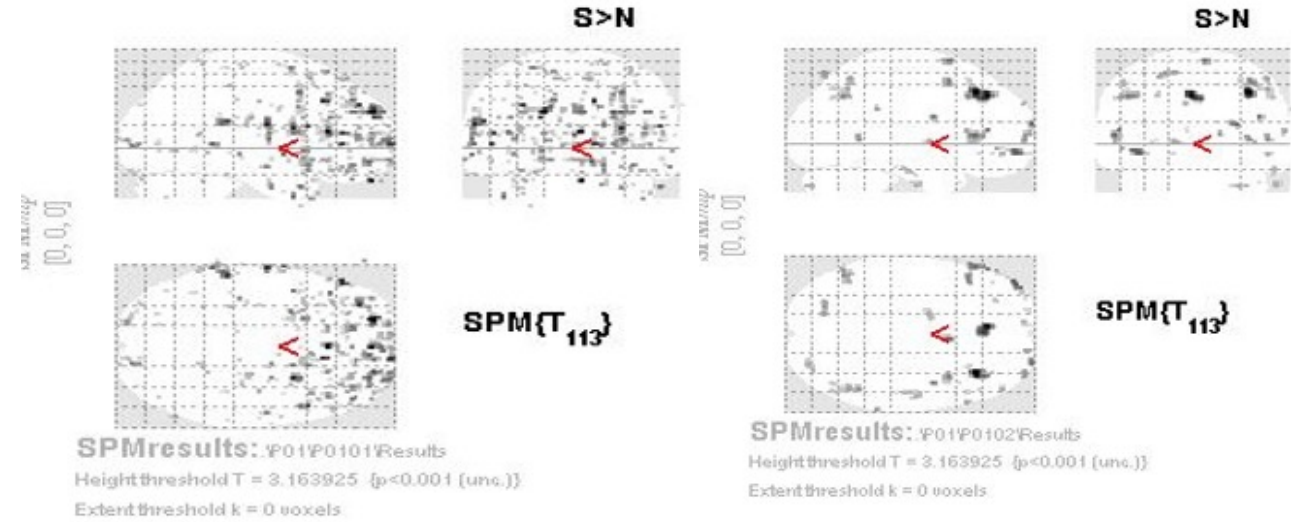
Zhang-Jin Zhang

Science



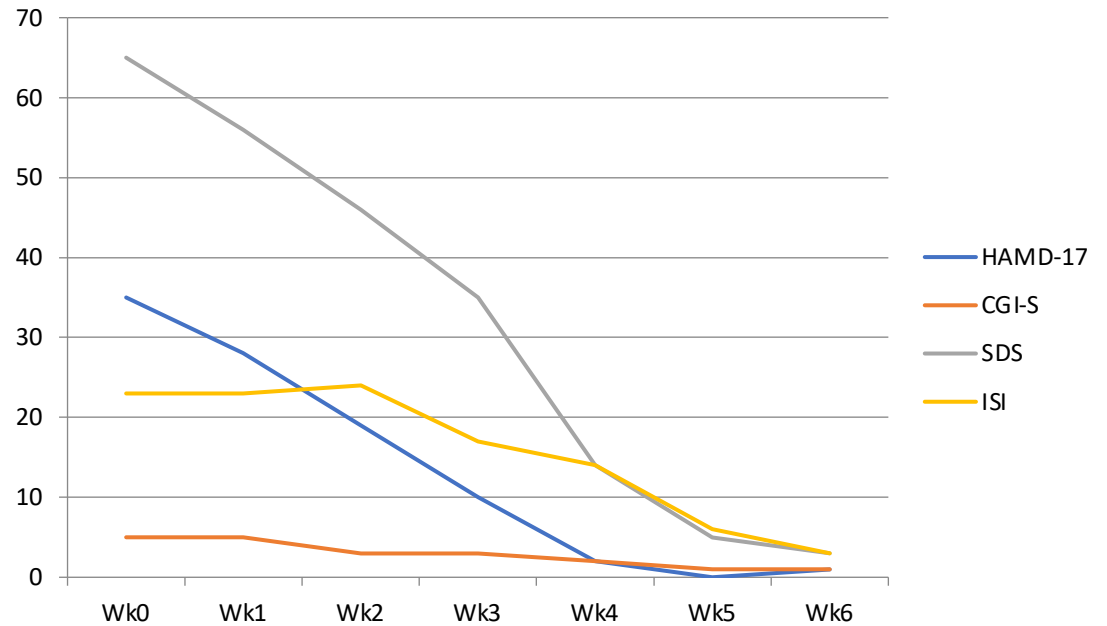
from keratinocytes (4-6) and possibly from Merkel cells, which contain high levels of ATP (7, 8); ATP has also been shown to be released from keratinocytes upon heating (9); (ii) immunohistochemical data demonstrating the presence of P2X3 receptors on sensory nerve fibers in the skin (10-12) and tongue (13); (iii) in an isolated tongue/lingual nerve preparation, mechanical activation of the tongue with De Frey hairs was shown to result in a discharge in the lingual sensory nerve fibers that was mimicked by ATP activation and blocked by P2X3 receptor antagonists (14); and (iv) both presynaptic inhibition via adenosine A₁ and P2Y receptors, and enhancement via P2X and A_{2A} receptors at synapses in

the central nervous system have been reported (15). Subsequent papers have built upon and extended evidence in support of purinergic signaling underlying acupuncture effects. Several studies have associated the skin cells affected by acupuncture techniques with purinergic signaling. For example, ATP has been shown to be released from human keratinocytes in response to mechanical stimulation by hypo-osmotic shock (16), as well as from keratinocytes in response to heat (17). Additionally, mast cells, which accumulate around the acupuncture needles, also release ATP in response to mechanical stimulation (18). Another skin cell type, human subcutaneous fibroblasts, can



治療前

治療後



SDS Q19 (suicidal rumination) 4分-> 0分

HAMD-17 Q3 (suicide) : 3分-> 1分