



台灣生物精神醫學

Newsletter

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理事長的話



就像小時候寫作文時的開頭，光陰似箭，又要迎向新的一年。去年學會事務在大家群策群力下，稱得上是豐盛的一年。會員們去年六月出席首爾CINP活動的人數與海報投稿篇數皆達到預期的數量，我們與台灣精神疾病臨床試驗合作聯盟(CMD)以及中華民國基礎神經科學會(NST)於十月在中研院舉辦的聯合學術討論會暨年會也圓滿落幕；而今年我們則要面對許多全新的挑戰。回顧當初第一任理事長張文和教授的訓誨：「立足台灣，放眼國際」，為了要達到這樣的目的，首先即是會員的人數與研究的品質必需有所提昇；再者，由於近年來廠商的贊助逐年遞減，在資源有限的情況下，為了維持一定的國際會議參與度與曝光率，我們在規劃學會活動時更要謹慎與符合經濟效益。

今年我們首次將春季研討會移師峇里島與5th Congress of AsCNP一起合辦，雖然參加的人員數量不如預期踴躍，但總是踏出第一步，不管成效如何，我們都會後續進行檢視與討論。除了今年六月哥本哈根的13th World Congress of Biological Psychiatry (WFSBP) 2017，大家也可以考慮九月時曼谷的Asian Congress of Schizophrenia Research，而明年維也納的CINP 2018大家也可以開始動身準備了。這些國際活動都是展現我們台灣軟實力的好機會，共同勉勵之！

理事長

林式毅

A randomized, double-blind, placebo-controlled add-on treatment of benzoate, a D-amino acid oxidase inhibitor, for schizophrenia.

作者：Lane HY, Lin CH, Green MF, et al (2013)

出處：JAMA Psychiatry 70:1267-1275.

IMPORTANCE:

In addition to dopaminergic hyperactivity, hypofunction of the N-methyl-d-aspartate receptor (NMDAR) has an important role in the pathophysiology of schizophrenia. Enhancing NMDAR-mediated neurotransmission is considered a novel treatment approach. To date, several trials on adjuvant NMDA-enhancing agents have revealed beneficial, but limited, efficacy for positive and negative symptoms and cognition. Another method to enhance NMDA function is to raise the levels of d-amino acids by blocking their metabolism. Sodium benzoate is a d-amino acid oxidase inhibitor.

OBJECTIVE:

To examine the clinical and cognitive efficacy and safety of add-on treatment of sodium benzoate for schizophrenia.

DESIGN, SETTING, AND PARTICIPANTS:

A randomized, double-blind, placebo-controlled trial in 2 major medical centers in Taiwan composed of 52 patients with chronic schizophrenia who had been stabilized with antipsychotic medications for 3 months or longer.

INTERVENTIONS:

Six weeks of add-on treatment of 1 g/d of sodium benzoate or placebo.

MAIN OUTCOMES AND MEASURES:

The primary outcome measure was the Positive and Negative Syndrome Scale (PANSS) total score. Clinical efficacy and adverse effects were assessed biweekly. Cognitive functions were measured before and after the add-on treatment.

RESULTS:

Benzoate produced a 21% improvement in PANSS total score and large effect sizes (range, 1.16-1.69) in the PANSS total and subscales, Scales for the Assessment of Negative Symptoms-20 items, Global Assessment of Function, Quality of Life Scale and Clinical Global Impression and improvement in the neurocognition subtests as recommended by the National Institute of Mental Health's Measurement and Treatment Research to Improve Cognition in Schizophrenia initiative, including the domains of processing speed and visual learning. Benzoate was well tolerated without significant adverse effects.

CONCLUSIONS AND RELEVANCE:

Benzoate adjunctive therapy significantly improved a variety of symptom domains and neurocognition in patients with chronic schizophrenia. The preliminary results show promise for d-amino acid oxidase inhibition as a novel approach for new drug development for schizophrenia.

感謝委員的青睞，非常榮幸獲得張文和理事長論文獎。

學界已將NMDA-glycine site致效劑，如D-serine 與 glycine，嘗試用於思覺失調症的輔助治療，但效果有限。我們的團隊探討 sodium benzoate (一種D型-胺基酸氧化酶 [D-amino acid oxidase] 抑制劑)，經由阻斷D-amino acid (如D-serine) 的代謝，增加D-serine的濃度，希望可以有效的促進NMDA的神經傳遞，以治療精神疾病。

Benzoic acid存在於許多植物和動物中，在美國與台灣，benzoic acid 和sodium benzoate也是合法的食品保存劑。在台灣benzoate也核准用於尿素循環代謝疾病(如：因先天性尿素合成異常所導致之高氮血症) 的治療。

在我們的研究中 (Lane et al., 2013)，benzoate輔助治療比安慰劑更能改善慢性思覺失調症患者的症狀，且可改善認知功能、整體功能、與生活品質。這表示benzoate可能為一種有效的NMDA促進劑，這也符合我們的假設。

中國醫藥大學

生物醫學研究所、精神科

藍先元

Peripheral and central glucose utilizations modulated by mitochondrial DNA 10398A in bipolar disorder.

作者：Li CT, Bai YM, Hsieh JC, Lee HC, Yang BH,
Chen MH, Lin WC, Tsai CF, Tu PC, Wang SJ, Su TP.

Abstract

Bipolar disorder (BD) is highly heritable and associated with dysregulation of brain glucose utilizations (GU). The mitochondrial DNA (mtDNA) 10398A polymorphism, as a reported BD risk factor, leads to deficient glycolytic energy production by affecting mitochondrial matrix pH and intracellular calcium levels. However, whether mtDNA-10398A has functional effects on the brain and how our body responds remain elusive. We compared peripheral and central glucose-utilizing patterns between mtDNA A10398G polymorphisms in BD and their unaffected siblings (BDsib). Since siblings carry identical mtDNA, we hypothesized that certain characteristics co-segregate in BD families. We recruited twenty-seven pairs of non-diabetic BD patients and their BDsib and 30 well-matched healthy control subjects (HC). The following were investigated: mtDNA, fasting plasma glucose/insulin, cognitive functions including Montreal Cognitive Assessment (MoCA), and brain GU at rest. Insulin resistance was rechecked in sixty-one subjects (19-BD, 18-BDsib, and 24-HC) six months later. We found that BD-pairs (BD+BDsib) carried more mtDNA-10398A and had higher fasting glucose, even after controlling for many covariates. BD-pairs had abnormally lower dorso-prefrontal-GU and higher cerebellar-GU, but only BD demonstrated lower medio-prefrontal-GU and MoCA. Subjects carrying mtDNA-10398A had significantly lower prefrontal-GU (FWE-corrected $p < 0.05$). An abnormal inverse pattern of insulin-GU and insulin-MoCA correlation was found in BD-pairs. The insulin-MoCA correlation was particularly prominent in those carrying mtDNA-10398A. mtDNA-10398A predicted insulin resistance 6 months later. In conclusion, mtDNA-10398A was associated with impaired prefrontal-GU. An up-regulation of glucose utilizations was found in BD-pairs, probably compensating for mtDNA-10398A-related energy loss.

KEYWORDS:

Bipolar disorder; Gene; Glucose homeostasis; Mitochondria; Polymorphism

雙極性疾患內隱表現型轉譯醫學研究

雙極疾患(bipolar disorder)是傾向於慢性化及高遺傳性的精神疾患。雙極疾患的個案常表現出情緒高高低低，高時能量充滿，低時有的患者連出門都有問題；即使情緒穩定時，患者常出現認知障礙(如：認知執行表現有缺損)，且此認知缺損常是影響個案社會職業功能最主要的因素。近來，有研究提到調控血糖能量的粒線體有問題，加上我們過去研究發現其腦部血糖代謝在許多腦區都有異常。因此，吾人做了這個了解雙極疾患內隱表現型(Endophenotype)的研究，目的為了解雙極疾患和其未罹病的手足在粒線體基因、腦部及週邊血糖代謝上、以及這些因子之間相關性是否與健康受試者有所不同，吾人發現雙極疾患其未罹病的手足，雖無認知功能上的缺損，但整體血糖調控上與雙極疾患患者同樣已出現異常，表現於禁食下的週邊靜脈血血糖上升，以及胰島素-腦部血糖關連性異常，與粒線體基因多型性的10398A也有顯著相關(Li CT et al., *Psychoneuroendocrinology*, 2015)，謝謝評審委員給與吾人的肯定，未來正達會再更加努力！

台北榮總精神部主治醫師 李正達

Reference:

1. Cheng-Ta Li, Ya-Mei Bai, Jen-Chuen Hsieh, Hsin-Chen Lee, Bang-Hung Yang, Mu-Hong Chen, Wei-Chen Lin, Chia-Fen Tsai, Pei-Chi Tu, Shyh-Jen Wang, Tung-Ping Su. Peripheral and Central Glucose Utilizations Modulated by Mitochondrial DNA 10398A in Bipolar Disorder. *Psychoneuroendocrinology*. 2015 May;55:72-80. (SCI)

Time distortion associated with smartphone addiction: Identifying smartphone addiction via a mobile application (App).

作者: Lin YH, Lin YC, Lee YH, Lin PH, Lin SH,
Chang LR, Tseng HW, Yen LY, Yang CC, Kuo TB.

Abstract

BACKGROUND:

Global smartphone penetration has brought about unprecedented addictive behaviors.

AIMS:

We report a proposed diagnostic criteria and the designing of a mobile application (App) to identify smartphone addiction.

METHOD:

We used a novel empirical mode decomposition (EMD) to delineate the trend in smartphone use over one month.

RESULTS:

The daily use count and the trend of this frequency are associated with smartphone addiction. We quantify excessive use by daily use duration and frequency, as well as the relationship between the tolerance symptoms and the trend for the median duration of a use epoch. The psychiatrists' assisted self-reporting use time is significant lower than and the recorded total smartphone use time via the App and the degree of underestimation was positively correlated with actual smartphone use.

CONCLUSIONS:

Our study suggests the identification of smartphone addiction by diagnostic interview and via the App-generated parameters with EMD analysis.

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KEYWORDS:

Empirical mode decomposition; Internet addiction; Mobile application; Smartphone addiction

我們的研究是領先全球的台灣之光嗎？

研究摘要：

本篇得獎論文「時間扭曲感與智慧型手機成癮：以手機程式（App）判斷手機成癮」，利用我們自行開發的App記錄滑手機時間，比自覺時間多5成；而且手機使用時間越長，低估實際使用的程度越大。這可以解釋許多人都有的人生經驗：開車等紅燈時滑手機，因為自覺使用時間被低估的「時間扭曲感」，使我們在紅燈轉為綠燈時仍無法察覺，而被後方車輛按喇叭催促。

由於對自覺手機使用時間的不準確性，用App來判斷「手機成癮」便成為理所當然，但極具挑戰的方式。我們發現App紀錄的手機使用頻率、一個月內頻率增加的趨勢都可以預測醫師臨床判斷的「手機成癮」。而「使用頻率」比「使用總時數」和「手機成癮」的關聯性更強。這有別於「大量的時間」上網、飲酒；「頻繁、短暫」地用手机更會影響作息，並降低學習與工作效率，「手機成癮」是種較獨特的成癮行為。

研究心得：

在我們第一篇「以手機程式（App）判斷智慧型手機成癮」論文被《精神醫學研究期刊》（Journal of Psychiatric Research）接受後，我們立即收到德國烏爾姆大學Christian Montag教授的來信希望能先睹為快。考量當時這篇論文的內容含有多項在各國申請的專利，直到兩個月後論文正式發表時，才將本文寄給Montag教授。不久Montag教授再次來信邀請我們為他將在2017年初再版的網路成癮教科書，撰寫「智慧型手機成癮」的章節。並表示這版的書名「網路成癮」最後會加上「包含智慧型手機成癮」，足見手機成癮已是當今成癮科學界最重要的議題之一。

論文發表四個月後，我看到Montag教授也發表一篇同樣是用他們所開發的App判斷成癮的學術論文。仔細研讀後，我認為我們的方法在創新與嚴謹性都遠勝Montag教授的論文，刊登在《精神醫學研究期刊》可謂實至名歸。當時蘋果日報也正以「國內醫界開發全球首款精算時間App」專文報導我們的研究成果。我更有自信地認為這項研究成果，確實可稱得上是領先全球的「台灣之光」。然而，在感到自豪的同時，我深深地感受到遠在地球另一端，一位素昧平生的大師級學者，因為欣賞我們的研究，帶來的敬意與純真的友誼；也對這位學術上競爭對手的胸襟所折服。這篇論文的緣分讓我領會到：在手機與網路加速全球化的年代，成為「台灣之光」的觀念早已落伍；「世界領先團隊」不再是學術成果的領先，而是具備「競爭式合作」的領先思維——創造更多的「競合」模式的開闊胸襟，與全世界的研究夥伴們接軌交流，一起享受求知道路上無國界的純真友誼。

台大醫院精神部 林煜軒

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