

## 1-6.

**Utility of TEMPS-A in differentiation between major depressive disorder, bipolar I disorder, and bipolar II disorder**

(精神医学分野)

○森下 千尋、梶屋 二郎、市来 真彦、  
井上 猛

【Background】 The association between temperament characteristics and mood disorders has gained much attention in recent years. The Temperament Evaluation of Memphis, Pisa, Paris and San Diego-autoquestionnaire version (TEMPS-A) is a self-rating scale measuring 5 affective temperament dimensions. In this study, we aimed to clarify whether each affective temperament of TEMPS-A is a differentiating factor between major depressive disorder (MDD), bipolar I disorder (BD-I), and bipolar II disorder (BD-II), and analyzed the utility of TEMPS-A in their differential diagnosis in a clinical setting.

【Methods】 A total of 346 patients (MDD, n = 176 ; BD-II, n = 112 ; BD-I, n = 58) filled out TEMPS-A. To assess the patients' mood state at the time of temperament assessment, Patient Health Questionnaire-9 (PHQ-9) and Young Mania Rating Scale (YMRS) were also conducted.

【Results】 Multivariable logistic regression analysis demonstrated that cyclothymic and anxious temperament scores were significant factors differentiating the diagnosis of BD-I and BD-II from the diagnosis of MDD, and hyperthymic temperament score was a specific factor for the differential diagnosis of BD-I versus the diagnosis of BD-II.

【Limitations】 Because the nature of the present study was cross-sectional, some MDD subjects in this study might have unrecognized BD-I/BD-II.

【Conclusions】 Cyclothymic and anxious temperament scores assessed by TEMPS-A might enable differentiation between MDD and BD, and hyperthymic temperament score on TEMPS-A might be useful in distinguishing between BD-I and BD-II.

## 1-7.

**Misalignment of toric intraocular lens after cataract surgery in patients with a history of trabeculectomy.**

(大学院博士課程 1 年 Tokyo medical university)

○脇田 遼

(東京医科大学：臨床医学系眼科分野)

水井理恵子、内海 卓也、瀬津 直也、  
小竹 修、丸山 勝彦、後藤 浩

【Purpose】 To evaluate the misalignment of toric intraocular lens (IOL) after cataract surgery in patients with a history of trabeculectomy.

【Methods】 We retrospectively analyzed 11 eyes with a history of trabeculectomy implanted with toric IOL in cataract surgery. The patients were aged 55.7  $\pm$  14.5 (30-72) [mean  $\pm$  SD (range)] years, the duration from trabeculectomy to cataract surgery was 47.5  $\pm$  29.3 (15-92) months, and preoperative intraocular pressure was 9.2  $\pm$  4.8 (1-16) mmHg. Before surgery, the steepest meridian of the corneal limbus was identified and marked with a toric IOL marker with the patient in seated position. A toric IOL was implanted in the capsular bag using an injector via a temporal clear corneal incision. The IOL was rotated to its final position by aligning the reference marks on the IOL with the limbal axis marks. The following IOL models were used: SN6AT3 (1 eye), SN6AT4 (2 eyes), SN6AT5 (3 eyes), SN6AT6 (2 eyes), SN6AT7 (2 eyes), and SN6AT8 (1 eye). The difference between the intended alignment axis and postoperative toric IOL axis was compared. The postoperative toric IOL axis was measured at 5.0  $\pm$  3.1 (2-10) months after cataract surgery.

【Results】 The average degree of misalignment was 3.8 $^{\circ}$   $\pm$  3.2 $^{\circ}$  (0.8-11.3 $^{\circ}$ ), including clockwise rotation in 7 eyes and counterclockwise rotation in 4 eyes. Although axial misalignment of more than 10 $^{\circ}$  occurred in one eye, none of the subjects required repositioning surgery.

【Conclusion】 Misalignment of toric IOL after cataract surgery in patients with a history of trabeculectomy is clinically insignificant. Toric IOL implantation to correct corneal astigmatism after trabeculectomy is

effective to improve visual function.

#### 1-8.

### **Long working hours indirectly affects psychosomatic stress responses, completely mediated by irregular mealtimes and shortened sleep duration.**

(社会人大学院博士課程3年麻酔科・ペインクリニック科)

○渡邊 天志

(東京医科大学 精神医学分野)

志村 哲祥、井上 猛

**【Background】** Long working hours are frequently focused upon as a problem which leads to physical and psychological problems. However, the relationship between long working hours and the onset of psychosomatic symptoms have remained under controversy, possibly due to the existence of unknown mediators between working hours and psychosomatic stress responses. We hypothesized that lifestyle habits regarding sleep and mealtimes were the mediators, and analyzed the associations between long working hours, sleep duration, mealtime regularity, and psychosomatic stress response in office workers.

**【Methods】** In 2017, we conveyed a survey on work-related stress, sleep, and eating habits using a questionnaire. Answers were obtained from 3559 employees from 17 offices in Tokyo. 3100 employees provided written consent on their answers' academic use, and were included in our analysis. We used path analysis to assess the effect of overtime work on psychosomatic stress via shortened sleep or irregular mealtimes.

**【Results】** Covariance structure analysis revealed that there was no direct effect of overtime work on psychosomatic stress responses (standardized path coefficient=-.019,  $p=0.277$ ). However, overtime affected sleep duration (-.108) and the irregularity of mealtimes (0.221) and the indirect effects completely mediated by the sleep duration (-.132) and the irregularity of mealtimes (0.297) on psychosomatic stress responses were discovered.

**【Conclusion】** Irregular mealtimes and shortened sleep

duration were shown to be the mediators of the effect of long working hours on psychosomatic stress responses.

#### 1-9.

### **Prevalence and associated factors of delayed sleep-wake phase disorder in Japanese young generation**

(社会人大学院博士課程2年精神医学講座、東京医科大学睡眠学講座)

○坂東 (富島) さやか

(東京医科大学睡眠学講座、公益財団法人神経研究所睡眠学研究室、睡眠総合ケアクリニック代々木)

谷岡 洸介、井上 雄一

(公益財団法人神経研究所睡眠学研究室、明治薬科大学リベラルアーツ)

駒田 陽子

(東京家政大学)

岡島 義

**【Background】** Delayed sleep-wake phase disorder (DSWPD) has been reported to be prevalent in young generation. However, the prevalence of DSWPD in Japan has not been determined. Furthermore, the impacts of changes in sleep phase on the daytime functioning and the factors associated with the development of the disorder have not been clarified.

**【Purpose】** To investigate the prevalence, impact on daytime function and associated factors of DSWPD in a large sample of Japanese youth.

**【Methods】** A web-based survey was conducted in October 2019 among youth aged 15-30 years. 7810 individuals (23.6% men) completed a questionnaire that assessed presence/absence of DSWPD by using Biological Rhythms Interview of Assessment in Neuropsychiatry (BRIAN), sleep habits, nighttime use of liquid display (LD), productivity loss (WHO Health and Work Performance Questionnaire, HPQ), and health-related quality of life (Health-Related Quality of life, HRQOL). DSWPD was defined by BRIAN  $\geq 40$  points and absenteeism  $\geq 4$  days/month. These variables were compared between DSWPD and non-DSWPD. The associated factors of DSPWD were examined by logistic regression analysis with a wide range of sociodemographic and life