

機構の解明につなげてゆきたい。

ポスター発表：1-1~1-3、2-1~2-3、3-I-1~3-I-5、3-II-1~3-II-6、4-I-1~4-I-3、
4-II-1~4-II-4、5-1~5-4、6-1

1-1.

Intraoperative real-time continuous vagus nerve monitoring in surgery for tumors around the jugular foramen

(脳神経外科)

○松島 健、河野 道宏、一柳 倫生

田中悠二郎、中島 伸幸

(東京警察病院脳神経外科)

吉野 正紀

Objective : Jugular foramen tumor surgery has risks of dysphagia and vocal cord palsy owing to injury to the lower cranial nerves, which enter the jugular foramen. For the treatment of tumors around the jugular foramen, long-term tumor control by maximum tumor resection while avoiding neurological damage is required. To accomplish this challenging goal, we developed intraoperative continuous vagus nerve monitoring and herein report our experience with this novel monitoring method.

Methods : During an 11-year period, 50 patients with a tumor around the jugular foramen (34 jugular foramen neuromas, 11 meningiomas, and 5 others) underwent microsurgical resection under continuous vagus nerve monitoring. In the 34 of 60 surgeries for jugular foramen neuromas (57%), monitoring was performed efficiently. The other 26 cases were excluded because of non-response owing to severe preoperative nervous damage or non-use of monitoring.

Results : The average resection rate was 96%, and no additional surgery was required in any of the patients during the follow-up period (average : 65.0 months). Extubation was performed by the next day in all patients and oral feeding was started within 10 days postoperatively in all but 1 patient with severe preoperative dysphagia. In 7 patients (14%), dysphagia and/or hoarseness was

mildly worsened after the surgery, but tracheostomy or gastrostomy was not required in any of them. Decreased amplitude preservation ratios of intraoperative vagus electromyograms correlated with these postoperative symptoms (cut-off value : 63%, sensitivity : 86%, specificity : 79%).

Conclusion : Intraoperative continuous vagus nerve monitoring enables real-time and quantitative assessment of neural conditions, and is essential to achieve sufficient tumor resection while avoiding permanent vagus nerve palsy in jugular foramen tumor surgery.

1-2.

Identifying subjective symptoms related to a psychomotor disturbance in melancholia : a multiple regression analysis study

(社会人大学院博士課程4年精神医学分野、虎の門病院分院精神科、虎の門病院精神科)

○玉田 有

(精神医学分野)

井上 猛

(慧真会ケイメンタルクリニック)

関根 篤

(防衛医科大学校精神科学講座)

戸田 裕之

(明心会柴田病院)

武島 稔

(虎の門病院精神科)

佐々木雅明、大前 晋

Backgrounds : Psychomotor disturbance (PMD) such as retardation and agitation, was one of the most critical features of melancholia. It was not only experienced subjectively but expressed as observable behavioral signs. Parker has developed the CORE measure that evaluates PMD as behavioral characteristics. He

showed that CORE scores could identify most patients diagnosed with melancholia using existing diagnostic criteria. His opinion suggested that observable PMD was related to subjective melancholic symptoms. Our purposes were to identify subjective melancholic symptoms linked to observable PMD.

Methods : One hundred six participants with major depressive disorder were examined by psychiatrists using the CORE measure and a list of historically suggested melancholic features. We analyzed the data using multiple regression analysis.

Results : Significant six independent variables predicted the total CORE score: 1) Loss of emotion; 2) Delusion of belittlement; 3) Bewilderment experienced by patients because they cannot understand the reason for depression; 4) Self-blame; 5) Indecisiveness; 6) Lack of aggression to others. The regression model explained 53.3% of the variance of CORE scores.

Conclusions : “Loss of emotion,” “Bewilderment,” and “Indecisiveness” reflected the retardation in the domain of emotion and will. Therefore, we concluded that internal retardation had a particular connection with external PMD. Our findings suggested that these six subjective symptoms could be an indicator of a mild form of melancholia, with no behavioral PMD.

1-3.

Direct and indirect effects of child abuse, life events perception and interpersonal sensitivity on anxiety state of adult volunteers from the communities

(社会人大学院博士課程3年精神医学分野)

○中澤 広

(精神医学分野)

井上 猛

【目的】 小児期虐待の不安症状に対する影響が指摘されている。また小児期虐待と対人関係感性の関連、対人関係感性と不安症状の関連、ライフイベントの評価と不安症状の関連の報告がある。しかし小児期の虐待と不安症状の関連に対する対人関係感性とライフイベントの媒介効果については報告がない。本研究では成人の不安症状に与える小児期虐

待の影響が、対人関係感性及びライフイベントの評価により媒介されているか共分散構造分析を用いて解析した。

【方法】 2014年1月～8月に成人ボランティアに自記式質問票を配布。同意と有効回答が得られた404名を対象とした。質問紙は、小児期虐待には Child Abuse and Trauma Scale を、ライフイベントの肯定的及び否定的評価には Life Experience Survey を、対人関係感性の評価には Interpersonal Sensitivity Measure を、状態不安の評価には State-Trait Anxiety Inventory form Y を用いた。統計処理には IBM SPSS Statistics を、共分散構造解析には Mplus を使用した。

【結果】 重回帰分析の結果、対人関係感性、ライフイベントの肯定的な評価、ライフイベントの否定的評価、小児期虐待(ネグレクト)、就労の5項目が状態不安の有意な説明変数となった。このことから共分散構造分析を行ったところ、状態不安に対する小児期虐待の影響を対人関係感性が媒介していた。また、状態不安に対する対人関係感性の影響をライフイベントの否定的な評価が媒介し、ライフイベントの否定的な評価に対する小児期虐待の影響を対人関係感性が媒介していた。

【考察】 成人ボランティアにおいて、状態不安に対する小児期虐待の影響を対人関係感性が媒介していることが示された。不安症状の診療において、小児期虐待による影響があっても、対人関係感性を評価し対人関係に焦点をあてた精神療法(対人関係療法など)を実施することで不安症状の改善が得られる可能性が示唆された。