

老人認知功能之研究

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摘要

老年人精神狀態與認知功能減退之研究，發現年齡、曾經頭部外傷和腦中風者是失智症及認知功能減退的危險因子。有運動習慣者精神狀態較正常，而失智症是最缺乏運動習慣者，患有腦中風者失智組最多。老年認知功能減退之調查中，第三年追蹤97位輕度知能減退（MCI）的有效樣本，滿兩年之後有29.9%演變成失智症（皆為疑似阿茲海默氏症）相當於Dr. Peterson表示的，平均每年12.37%演變成失智症（AD），有14.43%發展成憂鬱症；有9.28%恢復認知功能至正常狀態；有46.39%仍然呈現MCI。脂蛋白E4（ApoE4）對偶基因是影響認知功能退化成MCI及失智症的危險因子，ApoE4對偶基因在正常及憂鬱樣本的比率少於失智症的Odds ratio (OR)=5.74，亦少於MCI的OR =5.5。高密度脂蛋白膽固醇（HDL-C）的含量在失智症組低於MCI組及正常組，顯然對偶基因ApoE4的存在與HDL-C含量太低，可能是造成阿茲海默氏病的相關危險因子。經由AD-8極早期失智症篩檢，可以早期防治失智症等認知功能頹退的困擾。UBQLN1（Ubiquilin 1）基因的多態性（UBQ-8i）之研究，在187名受試者均具有AA同型基因，而沒有G對偶基因；因此我們推論UBQ-8i的單一核酸變異多樣性（基因突變點的變異）SNP並不符合Hardy – Weinberg定律，它在台灣是一種很稀有的突變。所有的受試者在rs12344615位置上的UBQLN1基因均為同型的A對偶基因；研判台灣人與白種人在UBQLN1基因的UBQ-8i位置上具有遺傳差異。輕度認知減退的介入性研究-藝術治療，有效樣本兩組的平均年齡沒有差異，各為82.83 ± 3.703（實驗組）與82.89 ± 3.367（對照組），P = 0.956。實施16週之視覺表達性藝術治療活動的成果顯示，參加藝術治療者認知功能只要四個月的活動時間，即可改善其認知功能達到統計上的意義，P = 0.009，特別是語言功能P = 0.001。

關鍵詞：認知功能減退、輕度知能減退、脂蛋白E4、阿茲海默氏症、藝術治療、失智症、單一核酸變異多樣性

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