

保健文摘

Health Digest

李峯 監製

華埠醫學進修會出版，免費贈閱

Spring 2016



目錄

CONTENTS

- 1. 丙型肝炎是否可以根治?p1
Can Hepatitis C be Cured ?
- 2. 何謂肝性腦病?p3
What is Hepatic Encephalopathy ?
- 3. 生活方式與結腸癌p5
Lifestyle and Colon Cancer
- 4. 胃癌須知p7
What Should I Know About Stomach Cancer ?
- 5. 便秘與瀉藥p8
Constipation and Laxatives
- 6. 加工肉食與兒童飲食p9
Processed Food and Infants' Diet
- 7. 高纖飲食與健康p10
High Fibre Diet and Your Health
- 8. 給病人和一線醫護人員的心理療法指引p12
A Psychotherapy Primer for Patients and
Primary Care Physicians
- 9. 健康短訊p17
Health Flash
- 10. 低血糖症p18
Hypoglycemia

PRODUCTION STAFF OF HEALTH DIGEST



From left to right - Back row: Dr. Kan Ying Fung, Dr. Kam Kong Mak, Dr. Michael Ho, Ms Stephanie Ho
Front row: Dr. King Fun Siu, Dr. Iris Chang, Dr. Fay Tang, Dr. Hannah Toong, Dr. King Sun Chan, Dr. Marshall Foo
Thanks to the support of our readers and our sponsors, we are celebrating the twentieth year of publication of Health Digest.



1. 丙型肝炎是否可以根治 ? Can Hepatitis C be Cured?

作者：黃家興醫生，腸胃肝臟科專家
Dr. David KH Wong MD, FRCPC
翻譯：馮根英家庭醫生
Dr. Kan Ying Fung MD



Abstract

Recently, there has been a lot of talk about hepatitis C on TV. They are saying that there is a cure! Is it right for me?

The answer is maybe – if you have hepatitis C. Hepatitis B is much more common in Chinese people. Hepatitis B is NOT hepatitis C. Although they are both infections that can damage the liver, hepatitis B and hepatitis C are very different viruses. This means that the treatments for hepatitis C will NOT help those who have hepatitis B.

Hepatitis C is an infection that is spread by contacting infected blood either through injections or through broken skin. For example, if someone with hepatitis C shares a tooth brush or razor blade or needle, they can spread hepatitis C to others. Hepatitis C is NOT spread through food or usual sexual practices.

Should I have the Hepatitis C test?

Anyone with evidence of liver injury should be tested for hepatitis C. So if your ALT blood test is not normal for more than 6 months, you have a chronic hepatitis – something is damaging your liver. Anyone who has risks for being infected with hepatitis C should be checked: if you had blood transfusion in Canada before 1991, if you ever shared a needle to use drugs, if you had tattoo that was not done in a professional establishment. If any of these are true, you should be tested for both hepatitis B and hepatitis C.

What are the tests for Hepatitis C?

The first test for hepatitis C infection is the anti-HCV antibody test. It is a very good test. If it is negative, you do not have hepatitis C. However, not everyone with a positive anti-HCV antibody test truly has hepatitis C infection. If the antibody test is positive, the hepatitis C infection must be confirmed by a second test. This second test, called HCV PCR & genotype, will not only let you know if you truly have hepatitis C infection, but what family of hepatitis C you are infected with. There are 6 major families of hepatitis C. The most common families of hepatitis C in Chinese people are type 1b and type 6.

If I have hepatitis C, should the rest of my family be tested?

Hepatitis C is not very infectious unless you have blood exposure. Just living in the same house is not a risk for infection. You can test the rest of your family members to give you peace of mind but it is unlikely that anyone else has the infection unless they also have risks for getting hepatitis C infection.

Is hepatitis C infection dangerous?

Hepatitis C is similar to hepatitis B in that it can cause liver damage over 20-30 years. However, everyone is different. Some people will never have liver damage while others have severe liver damage or scarring. The only way to know if there is a lot of scarring in the liver is if you test for it. Most people with bad scarring in the liver, even cirrhosis, feel perfectly well and have no symptoms.

If I have hepatitis C infection, what can be done? I heard that the treatment is very painful.

Not so long ago, the treatment for hepatitis C was hard to take. The treatment used weekly injections of a drug called interferon, that caused a lot of side effects. Fortunately, there are newer treatments now available that can cure most hepatitis C without many side effects. In general treatment is only for 8 to 12 weeks. These new treatments are very good for hepatitis C type 1b but not yet for type 6. They are also very expensive – generally over \$50,000 for 3 months of treatment.

Wow that is very expensive. How do I pay for treatment?

Well, if you are rich, you can just pay cash! Most people cannot pay cash. If you have a job, you sometimes have a drug plan – your insurance will pay for treatment. If you do not have such a job, the Ontario government will help pay for medications through programs called the Trillium Drug Program (for those under age 65). If you are over 65 years old, you do not use Trillium. People over 65 are covered through the Ontario Drug Benefit (ODB) Program. However, these programs will only pay for treatment if there is some damage in the liver. You do not need a lot of damage – just some damage.

How do I find out how much damage there is in the liver?

You need to find out how much scarring there is in the liver. The amount of scarring is scored on a scale from 0 to 4. Those with 0 and 1 have no damage in the liver. Those with 3 and 4 have a lot of damage in the liver. Those with 2 have at least some damage in the liver. For the job insurance or Ontario government programs to pay for treatment, you need to have a score of 2, 3 or 4. In the past, people had a liver biopsy to tell how much damage there was in the liver. Nowadays there are other ways. There is a blood test called FibroTest that can tell you how badly the liver is damaged. FibroScan is a special ultrasound machine that can also tell you how much damage there is in the liver. It only takes a minute or two and is not painful.

What are some of the medications that are currently available for treatment of hepatitis C?

There are now a few different medications available for hepatitis C treatment. All of them work very well for type 1b infection, but not for type 6 infection. The first medication approved in October 2014 is Harvoni – one pill once a day. Each pill contains two medications (sofosbuvir and ledipasvir). The next treatment approved in December 2014 is a bit more complicated – you take two pills at once in the morning (the pill contains three drugs: paritaprevir, ritonavir and ombitasvir). There is then another pill dasabuvir that you take twice a day. It works particularly well for type 1b infection. More recently, a third treatment was approved in 2016. It is also one pill once a day. Each pill contains two medications (elbasvir and grazoprevir). All three treatments are similar in that they have almost no side effects. The hardest thing about them is that you cannot miss any doses.

Wow – that is a lot of new information. What does it mean for me?

If you have abnormal ALT or if you have risk factors for getting hepatitis C infection, you should be tested. Your family doctor can do that for you. If you are positive for the anti-HCV antibody test, your family doctor should confirm that you really have infection by doing HCV PCR & genotype. That will confirm and let you know what family of hepatitis C virus you have. You can then discuss treatment with your family doctor. If your family doctor is not comfortable with these new treatments, they can refer you to a specialist centre for hepatitis C treatment.

最近，在電視上有很多關於丙型肝炎(丙肝)的討論。他們說這病是可以根治的! 這資料是否適用於我呢?

答案是，如果你是丙型肝炎患者，可能適合你的。乙型肝炎(乙肝)在中國人更為常見。乙型肝炎不是丙型肝炎。雖然兩種疾病都可損害肝臟，乙型肝炎和丙型肝炎是非常不同的病毒。這意味著，治療丙肝的方法不會幫助那些乙肝患者。

丙型肝炎是通過有傷口的皮膚接觸到或靜脈注射感染了丙肝的血液而傳播的。例如，如果丙型肝炎患者與其他人共用一個牙刷，剃刀刀片或針，可能會傳播丙肝給他人。丙型肝炎是不會通過食物傳播的。通過普通性行為傳播的機會也不高。

我應否測試丙型肝炎?

任何證實有肝受損者都應作丙型肝炎測試。所以如你的驗血報告顯示肝轉氨酶ALT超過六個月都是不正常的，你便有慢性肝炎，有些疾病正在損害你的肝臟。任何人有以下的風險者，應測試此病：如果您在1991年前在加拿大接受過輸血，如你曾與人共用針頭使用藥物，如你曾在不是專業的店鋪做過紋身。如果以上任何一項都發生過，你應該測試有否感染乙肝和丙肝。

怎樣測試有沒有丙型肝炎?

測試丙型肝炎病毒感染的第一個檢查是測試丙型肝炎病毒抗體 Hepatitis C virus antibody (anti-HCV or HepCAb)。這是一很有用的測試。如果是陰性反應，你便沒有感染過丙型肝炎。然而，不是每一個陽性反應的都感染了丙型肝炎的。如果抗體測試為陽性，必須通過第二樣測試來確認。確認的測試，稱為HCV PCR & genotype。這測試不僅可以讓你知曉你究竟有沒有感染了丙肝，也可分辨出你感染了那一類型的丙型肝炎。丙型肝炎分為六類型。在中國人最常見的類型是 1b 類型和第 6 類型。

如我有丙型肝炎，我的家人應否也需要進行測試?

丙型肝炎病毒的傳染性不高，除非你與家人有血液接觸或他們本身已有以上提過的感染丙型肝炎的風險。否則只是共同生活在一間屋裏是沒有感染的風險的。您可以測試你的家人讓你們安心，但他們感染的可能性不高。

感染了丙型肝炎是否很危險?

丙肝類似乙肝都可在20-30年中導致肝臟受損。但是，每個人是不同的。有些人肝功能永不受損，而其他人則有嚴重肝損害纖維化或疤痕。要知道在肝臟有沒有纖維化和疤痕的唯一方法是做一些測試。多數肝臟有纖維化或疤痕患者，甚至已肝硬化的，感覺良好，並且沒有什麼症狀。

如果我感染了丙型肝炎,可以做些什麼呢?我聽說治療是非常痛苦的。

不久前,治療丙型肝炎的藥物是難以接受的。使用者每週注射一種叫做干擾素(interferon)的藥物,此藥引起很多副作用。幸運的是,現在有新的治療可以根治大部分丙肝而且沒有太多的副作用。通常治療只須用藥8到12週。這些新的治療藥物對1b類型丙肝非常有效,但對第6類型則效果不甚佳。新藥價錢也很昂貴,一般治療三個月的費用是\$50,000。

嘩!這是非常昂貴的,那我該如何支付醫療費用呢?

如果你有能力的話,你可付現金!大多數人都不能負擔現金。如果你有一份工作,公司有時會有藥物保險計劃,公司保險可能會支付治療費用。如果你沒有藥物保險計劃的工作,通過申請政府的稱為延齡藥物補助計劃(Trillium Drug Program)(適合65歲以下人士)可能幫助你支付藥物費用。如果你是65歲以上,已有安省藥物補助計劃(Ontario Drug Benefit)(ODB),你便不需要延齡計劃。然而,這些計劃只支付已有肝臟損害的患者。但並不需要有大量的損傷,只要有損傷便可。

那我如何知道肝臟有多少損傷呢?

你需要測試在肝臟的纖維化和疤痕的情況。疤痕的程度分為五等。由0度至4度。0度和1度的肝臟沒有損害。3至4度的肝損害嚴重。評為2度的表示至少肝臟有一些損傷。肝的纖維化至少要在2,3或4度,公司的藥物保險或政府的藥物計劃才會支付藥物費用的。過去,患者需接受肝活檢細胞檢查,來決定肝臟的纖維化情況。現在有其他

方式。有一個叫FibroTest的血液測試,可以告訴你肝臟的受損程度。FibroScan是另一檢查。這檢查用特殊超音波儀器來看你肝臟纖維化的程度。只需要一兩分鐘及不痛的。

目前有哪些用於治療丙型肝炎的藥物?

現在有幾種不同的藥物用於治療丙型肝炎。這些藥用於治療1b型丙型肝炎效果顯著,但不適用於第6型丙肝感染。2014年10月,第一個獲批准的藥物是Harvoni。此藥每日服用一粒藥丸。每粒含兩種藥物(400mg索非布韋[sofosbuvir]和90mg ledipasvir)。2014年12月獲批准的第二種治療丙肝的藥的服用方法較複雜。早上一次服用兩粒藥丸(每一粒包含三種藥物:paritaprevir, ritonavir及ombitasvir)。另外還需要每天兩次加服一名為dasabuvir的藥丸。它也是對治療1b型感染有效。最近2016年,有第三種獲批准的藥物面市。也是每天一粒。每粒含兩種藥物(elbasvir和 grazoprevir)。這三種治療相似之處是它們幾乎都沒有副作用。最困難的事情就是你不能錯過任何劑量。

嘩!這包含了很多新的資料。對我有什麼影響呢?

如果你的肝轉氨酶ALT異常,或者如你有感染丙型肝炎的風險因素,你應該進行測試有沒有感染到丙型肝炎。你的家庭醫生可為你寫化驗單檢查。如果你的anti-HCV抗體呈陽性,你的家庭醫生可為你做HCV PCR & genotype測試來確診有沒有感染丙型肝炎。這檢查也可告訴你感染了什麼類型的丙型肝炎病毒,然後,您可以與您的家庭醫生討論治療。如果你的家庭醫生不熟悉這些新的治療方法,可以轉介你去專門治療丙型肝炎的治療中心。



2. 何謂肝性腦病?

What is Hepatic Encephalopathy?

作者: 馮樹渠醫生 腸胃肝臟科專家
Dr. Scott Fung MD, FRCPC

翻譯: 何文倩
Wendy He



Abstract

Hepatic encephalopathy (HE) is a neurologic disorder that occurs in one-third of patients with liver cirrhosis. It can be associated with significant morbidity and mortality. Patients with HE may not be able to work or function independently and may require help and supervision from family members or other caregivers. HE is a complication of liver disease that is usually precipitated by serious infections, gastrointestinal bleeding, excessive protein intake or ingestion of sedative/narcotic analgesic medications and often by constipation. HE can range in presentation from minor changes in sleeping patterns and personality in its early stages to coma and death (later stages). Effective treatment does exist and involves regular use of lactulose and a new antibiotic called rifaximin (Xifaxan) which can lead to complete resolution of all symptoms.

肝性腦病[Hepatic Encephalopathy(HE)]是一種神經系統疾病,30 - 40%的肝功能衰竭和慢性肝臟疾病造成的肝硬化患者可能有此情況。此病會有嚴重症狀及死亡率頗高。令患者可能無法工作或失去獨立生活的能力。這肝臟疾病的併發症可以自發性地產生,也可以是由於患者的數種肝臟疾病誘發而產生。請參閱以下的誘發因素,此疾病的症狀範圍很廣,發病時從初期症狀如細微的人格變化、睡眠模式的改變至末期呈現昏迷和死亡。與本病有關的高水平的氨(ammonia)和其他神經毒素往往在肝硬化患者的血液中可以找到。使用乳果糖(lactulose)和抗生素利福昔明(rifaximin)是有效的治療,可導致所有症狀完全消失。

肝性腦病一般來說是可逆的，但很多肝硬化的患者可能復發，需要長期的治療以防止復發。輕症病狀的癒後不錯，但已發展至嚴重肝臟疾病時肝性腦病的癒後就會很差。因此病隨時可能復發且其結果難以預料，必須告知病人不得駕駛汽車或操作重型的機械。

肝性腦病的誘發因素:

食道靜脈曲張或胃潰瘍造成的胃腸道出血；任何病毒感染，尤其是腹水的感染；電解質紊亂形成的低鈉血症（如低鈉血症）；腎功能衰竭；脫水和便秘；飲食中攝入過多的蛋白質；鎮靜劑（如安眠藥）或者麻醉鎮痛藥品的使用（如嗎啡，可待因）。

病理生理學

究竟是什麼因素導致肝性腦病，目前仍然不是很清楚，但或許是由多種因素的引導而造成了其形成的必要條件。肝性腦病的發生是由於在結腸中由細菌形成的毒素無法經由肝臟解毒或運離，而進入了中央循環系統中。一旦毒素如氨和各種脂肪酸存在於中央循環系統中，那麼也非常容易的到達腦和中樞神經系統。這些毒素冒充神經介質，引發正常腦功能嚴重受損：如個性的改變，睡眠和清醒週期的改變，記憶力下降，注意力不能集中，最終引起昏迷，導致死亡。肝性腦病的其他機理也涉及慢性肝病患者的異常肝血流分佈。

診斷

肝性腦病的診斷必需是臨床上的一個綜合診斷，因為沒有一個單一的血液測試可以明確診斷。雖然血清氨水平在肝性腦病患者的血液中經常升高，但僅此項驗血並不能準確的預測肝性腦病的存在。許多肝性腦病患者會有神經系統和精神病的症狀。最初，它的症狀可能是非常輕微的，極易被患者及其家屬所忽略。然而，隨著病情的發展，家庭成員將注意到該患者已變得不是“他或她”自己了。

在患者的床邊，醫師可以做“撲翼樣震顫”（asterixis）的測試：囑患者伸出前臂，展開五指，伸展腕部並固定不動時，病人掌，指及腕關節可能出現快速的撲翼震顫運動。其他的診斷包括被稱為“肝惡臭”的出現：由於肝功能衰竭，機體內含硫的氨基酸（amino acid）代謝中間產物如甲硫醇（mercaptan）、乙硫醇及二甲硫化物等經肺呼出或經皮膚排泄散發出的一種罕見的類似爛蘋果味、大蒜味、魚腥味等黴臭性的特徵性氣味。一般來說，肝性腦病可以有四個不同的發展階段（我們稱之為Westhaven標準）。第一階段表示疾病

的程度相對輕微，而第四階段表示疾病的最嚴重，並且癒後最差。

肝性腦病的各個階段的症狀和體癥如下：

1. 持續注意力時間短暫；睡眠倒錯：夜間睡眠不佳而白天嗜睡；煩躁，易怒和焦慮。
2. 嗜睡；時間和地點的定向障礙；較明顯的智能障礙。
3. 怪異的行為方式；不能控制自己的行為；易怒；思維混亂；妄想症；語言障礙。
4. 昏迷，對疼痛刺激沒有反應。

治療方案的選擇

肝性腦病的治療經常是在醫院的急診部門開始的，治療必須直接針對或扭轉肝性腦病的誘發因素。例如，如果檢測到感染，必須立即開始抗生素的對症治療。如果懷疑是胃腸道出血，則必須進行對症的藥物治療和實施內窺鏡的檢查及治療。立即停止所有其他不適合的藥物治療，其後進行監測跟蹤。患者的飲食必須仔細審查以確保沒有任何的過量蛋白質的攝入。指導飲食非常重要，因為可以避免蛋白質缺乏造成營養不良症。

對肝性腦病的主要藥物治療是口服乳果糖。這是一種身體無法製造及吸收的帶有甜味的合成雙醣液體性藥物。因此，它不會增加糖尿病患者的血糖水平。因為是口服藥物，每天甚至可以給患者2-4次之多。它的工作原理是通過改變糞便的酸鹼（pH）值和增加腸蠕動來有助於結腸排泄更多的氨和細菌。這不僅降低了體內氨的負荷，同時也可因此而提高肝性腦病與其他腦病的鑑別診斷率。

最近，一種名為利福昔明 rifaximin (Zaxine) 的新的抗生素已獲批准使用於預防肝性腦病。利福昔明是一種不可吸收的廣譜抗生素，在許多國家是用來治療旅行者的腹瀉的。它的副作用極小，每日口服兩次。在肝性腦病患者的一項大型臨床研究中，同時服用利福昔明和乳果糖比單獨使用乳果糖更有效於預防肝性腦病復發。此外，那些接受利福昔明治療的患者，其生命和生活的質量也隨之有了顯著的提高。

還有的一點是，肝性腦病患者一定要定期見您的家庭醫生和肝病專科醫師，這是非常重要的。為了更好的治療潛在的肝硬化和促使肝性腦病的逆轉，在某些情況下，儘早的進行肝臟移植的評估可能是必要的。



3. 生活方式與結腸癌 Lifestyle and Colon Cancer

作者：連達衡醫生, 腸胃科專家

Dr. Edward Lin MD, FRCPC

翻譯：蕭景勳醫生

Dr. King Fun Siu MB BS, FCFP



Abstract

In Oct, 2015, the International Agency for Research on Cancer (IARC) reported that processed meat is a carcinogen which causes colon cancer and probably causes stomach cancer. The experts concluded that each 50 gram portion of processed meat eaten daily increases the risk of colorectal cancer by 18%.

IARC also concluded that red meat (beef, veal, pork, lamb, mutton, horse, and goat) probably causes colon cancer and may cause pancreatic cancer. Each 100 g of red meat eaten daily may increase the risk of colorectal cancer by 17%.

Colon cancer is the third most common cause of cancer in Canada (35/100,000 person per year) and the sixth most common cause of cancer in China (16/100,000 persons per year). The more recent immigrants from China will have a cancer rate similar to those living in China while those who have lived in Canada longer will have a higher rate.

The lifetime risk of colon cancer is about 5% in North America. If 50g of processed meat (any smoked or preserved or salted meat) are eaten daily, the colon cancer risks would only increase to 5.9%. Therefore, by just avoiding processed meat you will not decrease your colon cancer risk by very much.

The difference in colon cancer rate between developed countries and less developed countries suggests that lifestyle are important.

It is commonly recommended that exercise and eating healthy offer protection against the development of colon cancer.

The following table is a summary of certain lifestyle and their effect on colon cancer risks.

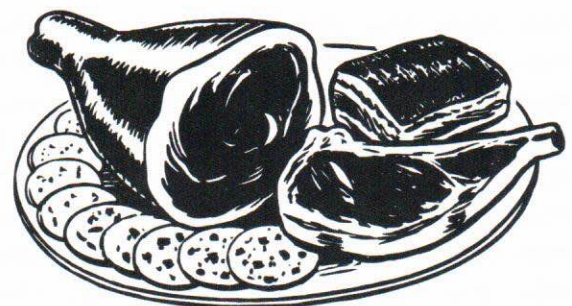
In summary, certain lifestyle are beneficial in reducing the risk of colon cancer.

Following these lifestyle recommendations from medical journal published in Denmark in 2010 seemed reasonable:

- no smoking.
- physically active ≥ 30 minutes/day or have a job with light-heavy manual activity.
- limit alcohol intake ≤ 7 drinks/week for women and ≤ 14 drinks/week for men.
- waist circumference < 88 cm (35 inches) for women and < 102 cm (40 inches) for men.
- consume a healthy diet
 ≥ 600 g fruit and vegetables daily,
 ≤ 500 g red/processed meat weekly,
 ≥ 3 g dietary fiber/megajoule [239 Cal] of dietary energy, $\leq 30\%$ of total energy from fat.

In addition: Follow the recommendation for regular colon cancer screening after the age of 50 using stool testing for blood or colonoscopy. These interventions should reduce the chance of colon cancer by more than 50%. For patients that are over 50 years of age and with a family history of colon polyp or cancer, they should speak with their family doctors for guidance.

Lifestyle factor	Beneficial/ Harmful	Effect
Body Mass Index (BMI)	Harmful When Elevated	BMI < 23 baseline BMI > 25 risk increases from baseline: men 18% women 27% ; BMI > 30 risk increases from baseline: men 43% women 30% ; BMI > 40 risk increases from baseline: men 127% women 48%
Alcohol	Harmful	1 drink/d : increase risk by 7% 2-3 drinks/d: increase risk by 20% 4 or > drinks : increase risk by 38%
Smoking	Harmful	Increase risk by 27%
Physical activity: 30 minutes vigorous exercise daily	Beneficial	Up to 27% risk reduction
Diet		
Fruits and Vegetable (200-800 g/day)	Beneficial	No benefit to 26% risk reduction
Fish	Beneficial	No benefit to 21% risk reduction
Tomato, garlic, garlic supplement, onions, leeks, chives, scallions	No benefit	No effect
Total dietary fiber (10g/day) or whole grains (90g/day)	Beneficial	10-17% risk reduction
Vitamins and Minerals		
Magnesium	Beneficial	Higher intake may reduce cancer risks in Japanese men but not Japanese women.
Selenium	Beneficial	41%
Vitamin B6	Beneficial	10-20%
Beta-carotene, vitamin A, Vitamin C, Vitamin E, Vitamin D Folic acid, Calcium	No benefit	No effect



2015年10月，國際癌病研究機構(International Agency for Research on Cancer[IARC])報告指出加工的肉類是可以引發大腸癌和可能引發胃癌的致癌物。專家的結論是每天進食每50克份量的加工肉類，即可增加結腸癌的風險達18%。

國際癌病研究機構同時指出紅肉(牛肉、小牛肉、豬肉、羊肉、馬肉和山羊肉)可能引發結腸癌，甚至胰線癌。每天進食100克紅肉有可能增加結腸癌的風險達17%。

結腸癌是全加拿大第三種最常發生的癌症(每年每100,000人有35宗)，亦是全中國第六種最常見的癌症(每年每100,000人有16宗)。那些剛從中國移民過來的，結腸癌的發病率會跟其他在中國生活的人一樣；但那些在加拿大生活較久的，則會有較高的發病率。

在北美洲，結腸癌的終身發病率約為5%。如果每天進食50克的加工肉類(任何煙熏，醃製，或鹹製肉類)，結腸癌的發病率會增加至5.9%。所以，只靠避開加工肉類的話，結腸癌的風險也不能下降太多。

達國家和發展中國家兩地裏結腸癌發病率的差異，顯示了生活方式可能是引致結腸癌的一個重要成因。所以，一般都會建議以定時運動和健康的飲食來防止結腸癌的發生。

以下的總結指出一些生活方式對結腸癌的發病的影響。

生活方式因素	有利或有害	作用
身體質量指數 Body Mass Index (BMI)	有害	BMI <23 為底線 BMI >25 風險比底線增加,男性 18%, 女性 27% BMI >30 風險比底線增加,男性 43%, 女性 30% BMI >40 風險比底線增加,男性 127%, 女性 48%
喝酒	有害	每天 1 杯: 增加風險 7% 每天 2-3 杯: 增加風險 20% 每天 4 杯或以上: 增加風險 38%
吸煙	有害	增加風險 27%
運動 每天三十分鐘劇烈運動	有利	減少風險 27%
食物		
水果和蔬菜(每天 200 至 800 克)	有利	減少風險 0-26%
魚類食物	有利	減少風險 0-21%
蕃茄,大蒜,洋蔥,韭菜,香蔥	沒有利或害	沒有利或害
總食物纖維(每天 10 克)或全穀物(每天 90 克)	有利	減少風險 10-17%
維他命和礦物質		
鎂(magnesium)	有利	增加攝入量可能減少日本男性的癌病風險,但對女性則無效
硒(selenium)	有利	減少風險 41%
維他命 B6	有利	減少風險 10-20%
Beta-胡蘿蔔素, 維他命 A,C,D 和 E 葉酸, 鈣	沒有利或害	沒有利或害

很多生活方式都可以幫助減少大腸癌的發生。以下的生活方式曾在2010年丹麥的醫學報告中發表，是合理的方法:

- 不抽煙。
- 每日做最少三十分鐘的運動或從事中輕至重量的體力工作。
- 控制喝酒量：每週女性不超過7杯，男性不超過14杯。
- 保持腰圍：女性在35吋(88cm)以下、男性在40吋(102cm)以下，
- 健康飲食：每天不少於600克水果和蔬菜，每週少於500克紅肉和加工肉類，每兆焦耳(megajoule)(239千卡路里)的膳食能量應含超過3克的食物纖維，每天的總能量應少於30%來自脂肪。

跟從定期普查大腸腫瘤的指引，五十歲後定時做便血檢查或結腸內窺鏡檢查。這些措施應該可以把患結腸癌的發病機率減少50%。五十歲以上人仕，家族史有結腸息肉或腫瘤病史者，應與其家庭醫生商量，以決定所需要的定期檢查。





Abstract

Cancer of the stomach is uncommon in Canada generally, and the overall risk has been falling since 1975. About 3000 cases present each year, with 1800 deaths (Canadian Cancer Statistics 2015). However, stomach cancer is one of the most common cancer diagnoses in Asia. Japan and China have some of the highest rates in the world – about 10 times higher than Canada's. Worldwide, there are about 930,000 cases and 700,000 deaths per year due to stomach cancer.

There are thought to be both genetic (familial) and environmental factors determining the likelihood of developing stomach cancer. On the environmental side, exposure to the bacterium *H. Pylori* is linked with an elevated risk. Additionally, certain foods including smoked or pickled foods are also associated with an increased risk. People who were born in high-risk areas such as China, but later come to live in lower risk areas such as Canada, have a risk of developing stomach cancer that is intermediate between their country of origin and their country of residence.

In high risk regions, screening for stomach cancer with regular xrays and confirmatory upper gastrointestinal endoscopy may be recommended. However because of the low incidence in Canada, this is not a common Canadian practice. Patients who have a family history of stomach cancer should notify their doctor, as endoscopy may be recommended in certain cases.

Cancers diagnosed at an early stage (for example, as a superficial lesion on the lining of the stomach) may be appropriate for minimally invasive surgery using an endoscopy procedure. However, most stomach cancers present with more extensive disease, often including lymph node involvement. Provided there is no spread of the disease to distant organs such as the liver or lungs, such patients can benefit from a combination of surgery ("gastrectomy") with chemotherapy or chemotherapy and radiation.

Previous research showed a survival benefit of about 10% relative to surgery alone, when additional ("adjuvant") treatment was added. A study in the United States showed this benefit using a strategy of radiation and chemotherapy given together after the operation. A separate study in the United Kingdom showed a similar survival benefit using chemotherapy alone, given both before and after the operation.

The Princess Margaret Cancer Centre is currently participating in an international two-arm clinical trial assessing whether the best approach is to use chemotherapy alone before and after surgery, or a combination of both chemotherapy and radiation before the surgery, with chemotherapy afterwards. This study, called TOPGEAR (Trial of Preoperative Therapy for Gastric and Esophagogastric Junction Adenocarcinoma), is being led by investigators in Australia and New Zealand, with participation across Canada, several European countries, and in Singapore. It opened in Canada in January of 2014 and is expected to continue for several more years.

For some people, a diagnosis may not be made until the cancer has already spread to other organs. In most cases, this situation will not be curable. However, a number of newer drugs are now available that can extend the survival and/or improve the quality of life for people living with stomach cancer.

What can you do to reduce your own stomach cancer risk? Most evidence has suggested that eating plenty of fresh fruit and vegetables, getting regular exercise, and avoiding smoked/salted foods, avoiding smoking and excessive alcohol intake can be protective. Ask your doctor for advice personalized to your situation.

胃癌在加拿大通常不是很常見，自從1975年以來其發病的危險普遍下降(根據2015年加拿大癌症的統計數字)。目前每年約有3,000病例，而其中約有1,800人因而死亡。然而在亞洲，胃癌卻是最常見的癌症之

一，其中以日本及中國的發病率佔世界上的首位，比加拿大高出10倍。全世界每年約有930,000病例，其中有700,000人因而死亡。

一般認為導致發胃癌可能有兩個因素。一為基因(家族方面)，另一個是環境的因素。環境因素如接觸細菌如螺旋桿菌(*H. Pylori*)是可以增加危險的。另外某些食物如煙熏的食物、腌過的食物，泡菜等也有增加致病的危機。有許多人出生在癌症危機高的地區如中國，後來移民到危機低的國家如加拿大，這樣的人其風險居於高發病危機及低發病危機之中間。

在一些發病率高的地區利用周期性X-ray和胃鏡作為普查是值得推薦，但在加拿大發病率低的地區通常不會建議用上述的方法。如果任何人家族有胃癌史者，應該通知他的醫生，在某種情況下也會建議用胃鏡檢查。

如斷症時是早期胃癌的話(如病灶點限於胃的內膜)，胃鏡作手術可能是合適的。很不幸多數的胃癌在斷症時病情已擴散波及淋巴結。只要疾病沒有轉移到其他器官如肝及肺，手術(胃切除)加上化療或化療及放射性治療，對這種病人有幫助。

過去研究發現，治療胃癌於手術再加上其他輔助療法，生存率會多10%，這數據是美國一研究發現在手術後給予化療及放射性治療顯示出來的。另外一個在英國的研究在手術前後用化療也有相似的效果，增加病人生存率。

多倫多瑪加烈公主癌症中心最近加入國際性的雙線的臨床試驗，比較(a)手術前後單用化療或(b)手術前用化療加上放射性治療，手術後單單用化療的療效。這個名稱叫TOPGEAR (Trial Of Preoperative Therapy for Gastric and Esophagogastric Junction Adenocarcinoma)，這個試驗是由澳洲、新西蘭研究者為首的，其他如加拿大幾個歐洲國家及新加坡也參與。加拿大於2014年1月已經開始這臨床試驗，預期還要過幾年才完成。

有些患者當被診斷有胃癌時，癌細胞已經轉移到其他器官，這種情形大多數不可能治愈。可幸現在有新的藥物可以幫助延長生命，和可改善生存者質量。

如何可以降低得到胃癌的風險呢？很多跡象建議吃大量的新鮮水果及蔬菜、經常有規律運動、避免吸煙、避免進食太鹹的食物和經過煙熏的食物、避免酗酒有幫助減輕致病的風險。當然每個人情形不一樣，你可以諮詢你的醫生。



5. 便秘與瀉藥

Constipation and Laxatives

作者：傅永安藥劑師
Benjamin Fu Bsc Pharmacy

便秘的原因：

1. 缺乏運動
2. 沒有足夠水份及纖維。
3. 緊張憂慮。
4. 長途旅行，晚間工作令飲食失調。
5. 懷孕，帕金森病藥物，甲狀腺功能減退症，結腸癌，多發性硬化症，老人等都常有便秘問題。
6. 可待因 (Codeine) 止痛藥，補血丸及抗抑鬱藥等都會有便秘的副作用。
7. 大便催促時不去大便。



瀉藥的種類：

選用瀉藥前請先和藥劑師或醫生商量找出原因才可使用。通常飲食多水份、多纖維及多運動都會減少便秘。

1. 擴容量劑：例如 Metamucil 含水溶性纖維，吸水後可令糞便容量增加，腸道受刺激後強迫糞便排出，大約要12至72小時才有效。這藥效果比較自然，是最常用便秘藥，過量使用會影響維他命及礦物的吸收，這藥不需要處方，若有處方，安省耆老醫藥保險包付，長者不要付錢，高收入者要付墊底費。
2. 大便軟化劑：例如 Docusate Calcium 或 Docusate Sodium，它令水份容易透入大便使大便軟化容易排出，需要大約12至72小時才生效。這藥對偶然的便秘最有效，不需要處方，若有處方，醫保包。
3. 潤滑劑：例如礦物油 (Mineral Oil) 口服能使糞便潤滑，在腸內移動及排出，大約需6至8小時見效，不需要處方，醫保不包。另有 Fleet Enema 灌腸劑肛門用有相似作用，只需15分鐘，不需要處方，有處方，醫保包。
4. 高滲劑：例如 a. 甘油塞劑 (Glycerin Suppository) 吸收周圍的水份到腸內，增加大便的水份至腹瀉，不需要處方，醫保不包。b. 乳果糖 (Lactulose) 若有處方，醫保包。c. 聚乙二醇 Polyethylene glycol (PEG) 是驗腸時使用。有處方，醫保包。

5. 刺激性劑：例如 a. 蕃瀉葉 (Senokot)，此要影響腸對電解質的運輸和刺激消化系統功能，使大便排出，需要大約6至12小時。對偶然便秘有效，對疾病或藥物引起的便秘無效。通常是睡前服，早上就有大便。若果服後沒有作用要通知醫生。不需要處方，有處方，醫保包。b. 比沙可啶 (Bisacodyl)，刺激結腸腸壁被波浪式般收縮令大便排出，需要大約6至12小時有效。服後如有胃抽筋或嚴重腹瀉要立刻通知醫生。不需要處方。有處方，口服劑醫保包，塞劑不包。
6. 刺激和滲透壓合劑：例如 Pico-Salax 是結腸鏡檢查前用，有醫生處方，醫保包。
7. 滲透壓劑：例如 菲力士鎂乳 (Philips Milk of Magnesia)，是增加腸內的水份，使大便暢通，不需要處方，醫保不包。

便秘與腸癌：

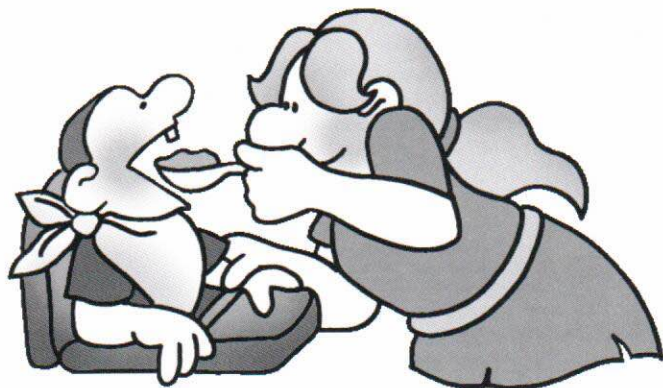
便秘會導致痔瘡脹大和腸癌，因為大量的糞便會刺激及損傷腸的粘膜，損傷肛管及產生大量毒素。慢性便秘會剝掉大腸的粘膜，進而息肉的形成，導致結腸癌。世界衛生局最近發表食紅肉如牛、羊、豬肉及加工肉如臘肉、熏製肉、香腸、火腿、意大利臘腸等會增加腸癌風險，因為這些肉含有血紅素。血紅素在身體內轉為N亞硝基復合，這化學物損傷腸的內層，腸細胞複製為愈合這些損傷，過度的複製便形成息肉，癌症的第一步。高溫煮食如燒烤會形成有害化學物，也會增加腸癌風險。

本刊文章屬參考性質，
詳情請向閣下醫生查詢。
版權所有，不得翻印。

Information in this publication is for
reference only. Please contact your own
physician for advice. All rights reserved.



兒童成長期父母對其影響深遠，應趁機會建立他們健康飲食習慣，減少將來患慢性疾病及退化疾病的機會。



對加工肉食 (Processed meat) 的建議

2015年世衛組織 World Health Organization(WHO)發表對紅肉及加工肉的評估及研究，指出有幾種癌病與食紅肉及加工肉有關。雖然危險不大，但值得關注，因低收入及中產國家食紅肉及加工肉有上升的趨勢。

世衛組織提倡食肉人士減少食加工肉以減少患大腸癌的機會。其他膳食提議少食紅肉及加工肉是針對肉中脂肪及鈉過多，會引致心血管病及癰肥問題，對兒童健康亦有不良影響。

加工肉食包括加鹽醃製、發酵、煙熏或其他過程以改變味道或保存食物。多數加工肉包括豬肉、牛肉、雞肉、內臟或肉的副產品如血。加工肉包括熱狗、火腿、香腸、Corned Beef、Pepperoni、牛肉乾、罐頭肉、肉醬等。肉在高溫或加工過程中產生亞硝基烴 (N-Nitroso-hydrocarbon)，這些化學物質也存在其他食物及污染的空氣，可能是致癌的，不過未明白致癌的過程。

世衛組織認為有足夠證據證明進食加工肉食會引致直腸癌，至於進食紅肉則未有足夠證據。

正餐及小食的建議

小童通常喜愛四組健康食物除了蔬菜，通常他們喜愛較淡味、不太全熟、脆口、顏色鮮艷及容易進

食的菜及不太熟的、不太濃味的如紅蘿蔔、青豆、粟米會較西蘭花等受歡迎。較滑食物如燕麥、薯蓉、豆花、蛋花湯也較易入口。

害怕試新食物也很普遍。不妨輕鬆建議小孩在餓時試少分量的新食物，尤其是成人正享用的以引起小孩的好奇心。不要強迫或賄賂孩子嘗試新食物，因可引致反效果。

小孩會喜歡少份量的食物，坐在小枱上，用細小餐具。父母適宜投其所好。有時小孩會有喜愛或不喜愛食物。不必強求，因成人也如此。不要強求兒童吃清碟子上所有食物，不顧本身胃口，不然會超重過肥。

健康小食以簡單方便為主，例如奶、芝士、餅乾、水果、蔬菜條、酸奶、全麥早餐穀、三文治、腸粉、雲吞、水餃等。避免易引起窒息的食物如圓形的提子、硬殼果仁、熱狗、肉乾、爆米花 (Popcorn) 或花生等。同時家長應鼓勵孩子坐下飲食，不要跑跳。

家長也應與孩子一同準備餐食以增加親子關係及培養兒童自信心，增加他們成功感及對食物的認識及處理技巧。家長也宜以身作則，這對兒童有正面的影響。

營養元素缺乏會影響兒童的發育及行為

在美加多數營養元素的缺乏不大明顯。英國研究發現四成兒童只進食五成建議的維他命D、鈣、鐵、鎂、錫、鋅及其他礦物質。研究員給這些小孩營養補充品及作智力測試，發現有進食補充品的兒童的智力測試分數較沒進食的要高。研究員認為缺乏某些營養元素可能影響腦的運作。

缺乏鐵質情況常見於兒童及青少年。缺鐵會影響行為、情緒、注意力及學習能力。缺鐵質孩子可能會易發脾氣、退縮，容易被人認為過度活躍、情緒低落或不受歡迎。醫護人士宜作評估以改變營養缺乏問題。



7. 高纖飲食與健康

High Fibre Diet and Your Health

資料提供：趙宛梅註冊營養師

Stella WM Chiu R D

編摘：馮根英家庭醫生

Dr. Kan Ying Fung MD

便秘的定義

有些老人對便秘有誤解，往往認為每天都有排便才算健康。其實便秘的客觀定義如下：

1. 一星期少過三次排便；
2. 一連三天沒有排便；
3. 平均每天排出的糞便少於35克；
4. 排便時有困難，出現痛楚或出血的狀況。

有些人平常大便正常，偶然未能天天如廁，便趕快使用瀉藥。濫用瀉藥往往引致惡性循環，因瀉藥引起傾瀉作用。令翌日不能正常如廁，於是又再重複使用瀉藥，破壞腸胃正常運作及控制的頻律。

舒緩便秘的癥狀除了用瀉藥外，增加膳食纖維及水份也是舒緩便秘的良方。它有重要的輕瀉作用。也可減輕憩室症導致的癥狀，改善老人生活質素，減低醫療經費。纖維亦有幫助控制血糖和降低血膽固醇的功效。適當的蔬果纖維亦可減少結腸癌的發病率。

膳食纖維的定義

膳食纖維的定義是不易被人體消化系統的酵素消化的植物細胞部分。根據構造和溶解性，纖維可

分為非水溶性及水溶性兩種。燕麥，蔬果多含不溶於水的纖維。這些纖維吸取腸內水份，膨脹成濕軟的糞便。脹大後增加壓力，刺激結腸內壁，產生規律性的蠕動，增強結腸排力。

建議的纖維進食量

既然纖維有這麼多生理功能及營養價值，我們每天應攝取多少膳食纖維才足夠呢？有營養學會建議：成人每天應進食20至35克膳食纖維；或於每1000卡路里食物中，應提供10至13克纖維。而世界衛生組織則以每天不少於16克為目標。假如耆老人仕每天進食約1500千卡路里，膳食纖維便應在16至20克之間。

建議的水份飲用量

美國食物營養局建議，每人每天攝取1卡路里熱量，需相應提供1.0至1.5毫升水份配合。例如每天進食1500千卡路里熱量的食物，便應飲用1500至2200毫升水份。大約6至9杯水。這些水份除提供尿液排泄流失量外，亦作為補償水份從皮膚，呼吸系統，排便各方面的流失。照這些計算，平均每人每天需要飲用1500至2000毫升的液體以保健康。

附表一是長者高纖維餐單的一周樣本。

	星期一	星期二	星期三	星期四	星期五	星期六	星期日
早餐	粟米草菇糙米粥*	雜菜火腿芋絲通粉	蛋花鮮奶麥皮	肉茸雪耳粥	肉片菜心湯麵	椰菜魚茸粥 豆漿	蒸菜肉飽
午餐	西芹甘筍肉丁* 白飯 鮮橙	涼瓜黃豆炒牛肉* 糙米飯* 蘋果	蕃茄勝瓜炒雞絲* 白飯 香蕉	西蘭花炒雞球* 白飯 啤梨	麻婆豆腐* 紅米白米飯 鮮橙	牛丸時菜湯米 香蕉	泰式肉茸燴茄子* 白飯 啤梨
下午茶點	消化餅 脫脂奶	消化餅 奶茶	全麥多士 杏脯提子露*	消化餅 脫脂奶	鮮奶麥皮	全麥多士 蘋果無花果露 脫脂奶	紅豆沙*
晚餐	青紅蘿蔔豬脰湯* 金針雲耳炒雞柳* 甘筍炒玉豆 白飯 雪梨	合掌瓜肉片湯 薯仔甘筍炆雞 蠔油菜心 白飯 鮮橙	蘋果雪耳瘦肉湯 腰豆粟米肉丁* 椒絲炒通菜 紅米白米飯 鮮橙	羅宋湯 青紅珍珠炒肉片 涼拌五纖* 白飯 鮮橙	冬瓜薏米瘦肉湯* 茄汁豆燴豬柳* 蒜蓉白菜 白飯 雜果杯	赤豆粉葛瘦肉湯 珍珠甘筍雞柳* 蓮年好合* 糙米飯 鮮橙	木瓜魚尾湯 金針雲耳蒸雞 什錦蛋* 炒西蘭花 紅米白米飯 蘋果
小食	全麥多士 蘋果無花果露*	燉西梅*	麥米花生粥*	全麥多士 蘋果無花果露	消化餅 杏脯提子露	燉西梅	牛奶麥皮

*：提供食譜

第一天高纖維營養餐 (每人一天總進食量計)

		份量	纖維含量(克)	
早餐	粟米草菇糙米粥	1大碗(500毫升)	3	
	加燕麥	13克	2	
午餐	西芹甘筍肉丁	肉丁60克 西芹甘筍90克	}	2
	白飯	1中號碗		1
	鮮橙(中號)	1個		2
下午茶點	消化餅	2塊		2
	脫脂奶	1杯		—
晚餐	青紅蘿蔔豬脰湯	青紅蘿蔔各60克 豬脰40克	}	1
	金針雲耳炒雞柳	雞柳60克 金針雲耳共15克		}
	甘筍炒玉豆	甘筍玉豆各60克		
	白飯	1中號碗		1
	雪梨(中號)	1個(連皮)		2
小食	全麥多士	1片		2
	蘋果無花果露	3湯匙		4
纖維總含量				26

附表二根據餐單，用第一天的食物做例子，計算出這餐單食物所包含的纖維量。第一天餐單食物所包含的纖維量為26克。供各讀者參考。其餘六天的餐單，每天所包含的纖維量也是接近26克的。

總包括來說，增加食物纖維可能減少不需要的服用瀉藥，為耆老提供健康效益。促進排便通暢，增加生活舒適度，減少對藥物的依賴及副作用，減少醫療費用，對減低血糖及膽固醇有幫助。大便通暢，甚至對減低腸癌發病率，也可能有幫助。



大多倫多中華文化中心
Chinese Cultural Centre of Greater Toronto

健康關注日 Health Awareness Day

5183 Sheppard Ave E., Scarborough, ON M1B 5Z5
Tel: (416) 292-9293

2016年9月11日星期日

Sunday Sept 11, 2016

10 am to 5 pm

免費入場

健康知識講座

健康測試

展覽攤位



本刊由星島日報協助發行，
特此鳴謝。

We wish to acknowledge
the assistance of Sing Tao
Daily in the distribution
of this publication.





Abstract

When treating mental health and emotional difficulties, psychotherapy or “talk therapy” can be effective, especially for those with milder symptoms. In more severe cases, one may undergo psychotherapy in combination with psychotropic medications (e.g. antidepressants). Several specific types of therapy have a strong research evidence-base for being effective for certain types of conditions. This article will discuss some of the most commonly used psychotherapies.

COGNITIVE BEHAVIOURAL THERAPY (CBT)

Cognitive Behavioural Therapy is a first line treatment for conditions such as depression, anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, binge-eating disorder, bulimia and insomnia. It can be as effective as medications for mild-to-moderate depression and is also helpful for maintaining long-term gains after symptoms improve. CBT emphasizes the inter-relationship between one's thoughts (cognitions), behaviours/activities and mood; thus, by learning skills to change one's thoughts or behaviours, one can improve one's feelings.

For example, persons who are depressed often have negative thought patterns or cognitive distortions -- maladaptive ways of thinking which may be extreme or inflexible, and which contribute to worsening mood, anxiety and sleep. Examples of distortions include the following:

- a. jumping to conclusions e.g. “My friend cancelled our lunch plans, so that means she hates me”
- b. black-and-white/all-or-nothing thinking e.g. “If I'm not perfect, then I'm a failure”
- c. should statements e.g. “I should have gotten 100% on that test”
- d. labelling e.g. “I am a complete loser”

CBT teaches the individual to question his/her own thoughts -- to learn to be more objective by looking for evidence that either supports or opposes the thought, and then trying to develop a new perspective that is more realistic, based on the facts. CBT also highlights how critical words like “should” or “must” cause unnecessary feelings of guilt or frustration with others.

As another example, persons who are depressed often stop participating in enjoyable hobbies, exercise, and seeing friends. But by scheduling in activities -- rather than staying at home in bed -- one can develop skills and confidence, and then have improvement in mood. For an individual who is anxious and avoids activities or people, CBT can be used to develop a plan to gradually increase exposure to these feared situations, so that one develops tolerance and therefore becomes more comfortable approaching anxiety-provoking situations.

CBT is a short-term therapy, lasting 8-16 sessions. It requires the patient to do work collaboratively with the therapist to set goals and ‘homework’ tasks to do outside of sessions. CBT focuses on current difficulties and may not necessarily include in-depth exploration of one's past.

CBT Self-Help Books & Websites:

- For depression:
 1. D Greenberger & C Padesky. *Mind Over Mood*, 2nd ed. 2015.
 2. MoodGYM Training Program: <http://moodgym.anu.edu.au>
 3. Antidepressant Skills Workbook: <http://www.comh.ca/antidepressant-skills/adult/>
- For anxiety: JR White. *Overcoming Generalized Anxiety Disorder: A Relaxation, Cognitive Restructuring, and Exposure-Based Proto*

col for the Treatment of GAD: Client Workbook. 1999.

- For bulimia nervosa: RE McCabe. *The Overcoming Bulimia Workbook*. 2003.

CBT Providers/Therapists: (not exhaustive list)

- Psychology Today - Therapist Search
<https://therapists.psychologytoday.com/>
- Cognitive & Interpersonal Therapy Centre
<http://www.citcassociates.com>
- CBT Associates
<http://www.cbtassociates.com>
- General Practice Psychotherapy Association – Family Physicians who have had extra training in psychotherapy (may require physician referral)
<http://gppaonline.ca/links>

INTERPERSONAL THERAPY (IPT)

Interpersonal therapy is also a first line psychotherapy option for acute depression. For those with bipolar disorder (who are treated primarily with medication), IPT can be an add-on treatment option. It has also been used in group therapy formats. IPT focuses on the role of relationships and interpersonal issues which can affect one's mood, while also considering one's biological vulnerability to illness and psychological factors (such as one's personality and attachment style).

A course of IPT treatment often focuses on one of the following 4 areas:

- a. dealing with transitions e.g. divorce, marriage, starting school.
- b. a dispute e.g. marital difficulties, problems with work colleagues.
- c. a recent loss e.g. death, miscarriage.
- d. interpersonal deficits i.e. difficulties with social and communication skills.

IPT also emphasizes strengthening one's social network and understanding one's impact on others, including how one's feelings may be conveyed or generated through non-verbal means.

IPT is usually a short-term therapy, lasting 8-16 weeks. Unlike CBT, there is no ‘homework’, and the focus is on current relationship patterns, not cognitive distortions or past relationships.

IPT Providers/Therapists: (not exhaustive list)

- Psychology Today - Therapist Search
<https://therapists.psychologytoday.com/>
- Cognitive & Interpersonal Therapy Centre
<http://www.citcassociates.com>
- Mount Sinai Hospital IPT Clinic (physician referral required)
<http://www.mountsinai.on.ca/care/psych/patient-programs/general-psychiatry/interpersonal-psychotherapy>

DIALECTICAL BEHAVIOURAL THERAPY (DBT)

Dialectical Behavioural Therapy is a first line treatment for individuals who have difficulty regulating their emotions: persons who have very intense emotions that change quickly, which then cause problems in various relationships and/or in their occupation. DBT is also used to address impulsivity in relationships, behaviours (e.g. substances, eating) and/or self-harm and/or suicidal behaviours.

DBT is based on a dialectical philosophy, which means that an individual learns to embrace two seemingly opposed ideas. The in-

dividual learns to accept some of his/her experience and is also trying to change him/herself to reduce dysfunctional behaviours or emotions. DBT also helps one understand how emotional vulnerability and impulsivity may result from being in an invalidating environment (e.g. where one is dismissed or punished for expressing emotions, or where one is abused)

DBT teaches 4 skills areas:

- a. Mindfulness – to balance the use of one's emotional and intellectual minds.
- b. Distress tolerance - learning how to cope in times of "crisis" and learning how to accept some situations.
- c. Emotional regulation – labelling emotions and reducing to emotional reactivity.
- d. Effectiveness in relationships – being able to make requests of others, say no, and maintain self-respect.

A comprehensive DBT program involves 1 year of treatment with 4 parts: individual therapy, group sessions to learn the skills mentioned above, a "phone coach" to help apply skills, and support for therapists themselves. Because such a standard DBT program can require many resources and funding, some therapists or treatment may offer only individual therapy or skills groups, or may offer a program of shorter duration. There is ongoing research about the effectiveness of such variations.

DBT Resources

- Brantley, Wood & McKay. The Dialectical Behavior Therapy Skills Workbook: Practical DBT Exercises for learning mindfulness, interpersonal effectiveness, emotion regulation & distress tolerance 2007.
- "Facing Your Feelings: Overcoming Distress Intolerance" (Centre for Clinical Interventions)
http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info_ID=54
- Dialectical Living (Peer support for skills-learning)
<http://www.dialecticalliving.ca/>

DBT Providers/Therapists: (not exhaustive list)

- Broadview Psychology (6 month program)
<http://www.broadviewpsychology.com/dbt.html>
- Davenport-Perth Neighbourhood and Community Health Centre – "Surfing Tsunamis" (20 week group)
<http://dpnchc.com/programs/health-programs/>
- Centre for Addiction and Mental Health - Borderline Personality Disorder Clinic
[http://www.camh.ca/en/hospital/care_program_and_services/specialty_clinics/Pages/Borderline-Personality-Disorder-\(BPD\)-Clinic.aspx](http://www.camh.ca/en/hospital/care_program_and_services/specialty_clinics/Pages/Borderline-Personality-Disorder-(BPD)-Clinic.aspx)

PSYCHODYNAMIC PSYCHOTHERAPY

Psychodynamic psychotherapy or psychoanalytic psychotherapy is a form of therapy which is insight-oriented, for individuals who are self-reflective and open to exploring their unconscious psychological motivations and defence mechanisms. It is a second or third line treatment for acute depression. Therapy focuses especially on the patient-therapist relationship, the patient's feelings towards the therapist, and how this may relate to other relationships in the patient's life or early life experiences. This type of therapy has broader goals of increasing a sense of self-agency and self-esteem, creating an integrated sense of identity, and fostering mature dependency in relationships.

Psychodynamic Psychotherapy takes place weekly or twice a week, and there are short- and long-term models. This is less intensive than psychoanalysis, which includes therapy sessions 3-5 times per

week.

Since this form of therapy is less structured than CBT, IPT, and DBT, individuals who benefit the most need to be psychologically minded, with a capacity to scrutinize him/herself, think with analogies or metaphors, tolerate uncertainty and a variety of emotions, and form a long-term relationship. Psychoanalytic therapy is not suitable for those who are severely depressed, psychotic, suicidal/self-harming, or misusing substances in a dangerous manner.

Psychoanalytic Psychotherapy Training Institutes which offer dynamic therapy:

- Toronto Institute for Relational Psychotherapy
<http://www.tirp.ca>
- Toronto Institute for Contemporary Psychotherapy
<http://www.ticp.on.ca>
- Toronto Psychoanalytic Society & Institute
<https://torontopsychoanalysis.com>

When looking for a therapist, consider factors such as the following, regardless of treatment modality:

a. Therapist licensure and regulation

Clinical psychologists, registered social workers, psychiatrists, and GP psychotherapists each belong to their own regulatory colleges, while the College of Registered Psychotherapists of Ontario has recently been developed to regulate therapists not from these disciplines.

b. Therapist training

Therapists can have varied clinical and training backgrounds, so they can not necessarily provide all types of therapy

c. Commitment

Pursuing therapy requires commitment of time, money, and motivation. Be realistic about what you are willing to commit to.

d. Fees

1. GP psychotherapists and psychiatrists are OHIP-covered, while other therapists require the patient to pay out-of-pocket or using insurance coverage.
2. Many therapists will require a referral from a family physician to ensure that there is a primary care giver to coordinate care, including safe use of medications. Referral from a physician may also be required to qualify for insurance coverage.
3. Some therapists may offer a sliding scale for individuals with a lower income, or may offer a free in-person consultation (which one would need to pay for if deciding to continue working with the therapist)

e. Fit

It is important to feel comfortable with a therapist. While one may see a few therapists to help find a good fit, it is not recommended to change therapists frequently. Most therapists are happy to try to understand your therapy experience and see how your sessions can be adapted to meet your needs.

在診治各種心理健康問題和有情緒困擾的病人時，尤其是對於癥狀不甚嚴重的患者而言，單就採用心理療法(俗稱談話療法)每亦有所奏效。但對於處理病情比較嚴重的患者，除了要提供心理療法外，不時亦需要附加上服用適當的藥物(例如抗抑鬱藥之類)，幾種特定療法有肯定的研究證據支持，對治療某些類型的疾病有效。以下本文將會討論一些最常用的心理治療法，並扼要加以闡述。

認知行為治療 Cognitive Behavioural Therapy (CBT)

認知行為治療可作為以下列出之心理病的第一選用療法，例如：抑鬱症、焦慮症、強迫性神經失調（Obsessive Compulsive Disorder）、創傷後應激障礙（Post-traumatic stress disorder）、暴食症（Binge Eating Disorder）、貪食症（Bulimia）和失眠。採用這種療法，醫治輕度至中度嚴重性的抑鬱症，其收效程度跟服用藥性溫和之抗抑鬱病藥不分伯仲，而且在癥狀改善以後，對於穩定該患者的病情會有較持久的效益。認知行為治療法的重點是建立在一連串相附相成和互相影響之因素之中，這些因素是包括思維（認知）行為/行動和心情。這種治療法可使病者領悟到藉著通過學習各種方法/技能，便可啟迪自己的思維或行為，最終更可改善自己的情緒。

例如患上抑鬱症的人，往往對事物有負面的看法或在其思維中含有扭曲的成份，故此便會採取不恰當的思維和抱著極端或固執的態度去處事接物，其結果便會導致心情惡化，更引致焦慮和失眠。認知/思維扭曲的例子包括以下情況：

a. 輕率武斷

例如：“我的朋友取消了我們的午餐約會，這表示他/她惱恨我。”

b. 非黑即白/全有或全無的想法

例如：“如果我不完美，那我就失敗者。”

c. 過多作“應該”之聲述

例如：“那次考試我應該得到一百分。”

d. 莽加標籤

例如：“我是一個徹頭徹尾的失敗者。”

認知行為主要是開導人對自己的思維要提出疑問，透過尋找對思維正反兩面的引證上，使自己走進一個新的視野境域，基於事實從而對事物有一個比較客觀和現實的看法。認知行為治療更強調使用“應該”和“必須”之類等關鍵詞語可引起不必要的內疚和失敗的感覺。

再舉一個例子，一個患上抑鬱症的人往往停止參與愉快的業餘活動、健身活動和與朋友保持聯絡。要安排活動而非整天躲在家裡，躺在牀上，施展他的潛能和增強自信，那樣他的情緒也會隨著好轉。對於一個焦慮和有逃避活動和不大願與人交往的患者而言，通過認知行為治療來組定一套漸進的計劃，盡量

讓該患者多置身於會使他產生懼怕的場合裡，從而培養他對這些場合的容忍力，使他日後在同樣的場合中得以應付自如。

認知行為治療是一項短期性治療，治療師和患者約作8至16次的面授研討。患者又要和治療師合作商確一個治療的目標。在面授研討外，治療師又可製定一些使患者可自行實踐而對治療有所裨益的附帶作業。認知行為治療只是針對目前的癥狀，對患者過往的心理狀況可能不會作深入的探討。

認知行為治療自助書籍和網址

• 關於抑鬱癥

1. D Greenberger & C Padesky. Mind Over Mood, 2nd ed. 2015.

2. MoodGYM Training Program: <http://moodgym.anu.edu.au>

3. Antidepressant Skills Workbook:

<http://www.comh.ca/antidepressant-skills/adult/>

• 關於焦慮症

JR White. Overcoming Generalized Anxiety Disorder. A Relaxation, Cognitive Restructuring, and Exposure-Based Protocol for the Treatment of GAD: Client Workbook, 1999

• 關於貪食症

RE McCabe. The Overcoming Bulimia Workbook, 2003.

提供認知行為治療機構/心理治療師 (未盡錄)

• Psychology Today - Therapist Search

<https://therapists.psychologytoday.com/>

• Cognitive & Interpersonal Therapy Centre

<http://www.citcassociates.com>

• CBT Associates

<http://www.cbtassociates.com>

• General Practice Psychotherapy Association-Family Physicians who have had extra training in psychotherapy (may require physician referral)

<http://gpaaonline.ca/links>

人際心理治療 Interpersonal Therapy (IPT)

對於急性抑鬱病來說，人際心理治療亦可作為第一選用的治療方法。至於那些患上兩極性雙情感障礙的病人，（這裡是指用藥療為主者）人際心理治療亦可充作為一項附加的療治。這療法又曾經以群體治療之形式進行。人際心理治療是側重於能影響患者心情之感應關係和人際問題，同時又考慮到有些人因俱有生理和心理上的某種因素（例如其天生之個性和對事物愛癡的程度和形式）而致令他們比較容易有患上

心理病的傾向。

大致上人際心理治療是針對以下所列出的四種情況之一種：

- a. 過度時期之處理：例如離婚、結婚、開始入學。
- b. 爭論：例如婚姻出現問題、與同事之糾葛。
- c. 近期的一項挫失：例如死亡、流產。
- d. 人際關係處理上有缺陷：例如社交的運用和溝通技巧上有困難。

人際心理治療也強調人要擴增自己的社交網絡，並且要明白自己對他人的影響，更要體會到自己心底裡所生的各種情緒可能於不經意間無需透過言語之表達，亦能在別人面前流露出來。

人際心理治療通常是短期性的，其療程大約持續8至16個星期。它與認知行為治療有些不同。患者是不需要做如前述之“家課”即對治療有裨益的附帶作業。而且其重點是放在患者當前對人和處事上採取的態度和模式，而非針對認知上的扭曲和他過往感情聯係的問題。

提供人際心理治療機構/心理治療師 (未盡錄)

- Psychology Today - Therapist Search
<https://therapists.psychologytoday.com/>
- Cognitive & Interpersonal Therapy Centre
<http://www.citcassociates.com>
- Mount Sinai Hospital IPT Clinic (physician referral required)
<http://www.mountsinai.on.ca/care/psych/patient-programs/general-psychiatry/interpersonal-psychotherapy>

辯證行為治療 Dialectical Behavioural Therapy (DBT)

辯證行為治療是對控制自己的情緒有困難的人之第一選用療法。這些人通常有十分強烈而又變化急劇的情緒，這些情緒往往會給他們帶來多種人際感情關係和職業上的煩惱。辯證行為治療也可用來處理人際感情關係和行為（例如濫用藥物和進食病症）方面有衝動表現的病人，再者對於有自殘和自裁傾向的患者，此療法亦可適用。

辯證行為治療是以辯證哲學為基礎，它引導一個人嘗試去認同兩個看起來好像是相反的觀念，個人學習接受從個往體驗嘗試改變自己和減少不正常的行為和情緒。辯證行為治療還能幫助患者理解到他脆弱

容易受創傷或過於衝動的情緒可能是由於他曾處身一個對他不大合適而又無法作為的環境所形成的。（例如在這環境中表達情感而不獲理會或者會遭人責罰，甚至會被辱罵和虐待。）



下列是辯證行為治療教導之四個技巧：

- a. 意識之警覺：
在情感與智力的思維上要取得平衡。
- b. 對苦惱的耐力：
學習陷於“危難”和“困境”時怎樣去應付和怎樣去接受某些情況。
- c. 對情緒的節控：
將自己的情緒歸納分類，並且要降低受情緒反應所影響之程度。
- d. 有效地去處理人際感情關係：
於恰當的情況下，能夠和自己交往的人提出合理的要求，而更要懂得如何拒絕別人，從而保持自主和自尊。

一個綜合性的辯證行為治療約需時一年，其內容可分為四個部份：個別治療、分組學習和研討上述之技巧、通過電話聯絡治療師來引導患者如何去應用上述之技巧及對治療師提供支援。

由於這樣一個標準辯證行為治療程序可能需要大量的資源和資金，故此有些心理治療師或治療機構只可能給與患者作個別治療或分組作上述技巧之學習，甚且會提供一項較短之治療計劃，對於這幾種不同安排的治療法，其療效如何，正在研究中。

辯證行為治療資源

- Brantley, Wood & McKay. The Dialectical Behavior Therapy Skills Workbook: Practical DBT Exercises for learning mindfulness, inter personal effectiveness, emotion regulation & distress tolerance 2007.
- “Facing Your Feelings: Overcoming Distress Intolerance” (Centre for Clinical Interventions)
http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info_ID=54
- Dialectical Living (Peer support for skills-learning)
<http://www.dialecticalliving.ca/>

提供辯證行為治療機構/心理治療師 (未盡錄)

- Broadview Psychology (6 month program)
<http://www.broadviewpsychology.com/dbt.html>

- Davenport-Perth Neighbourhood and Community Health Centre
“Surfing Tsunamis” (20 week group)
<http://dpnchc.com/programs/health-programs/>
- Centre for Addiction and Mental Health - Borderline Personality Disorder Clinic
[http://www.camh.ca/en/hospital/care_program_and_services/specialty_clinics/Pages/Borderline-Personality-Disorder-\(BPD\)-Clinic.aspx](http://www.camh.ca/en/hospital/care_program_and_services/specialty_clinics/Pages/Borderline-Personality-Disorder-(BPD)-Clinic.aspx)

心理動力精神治療(Psychodynamic Psychotherapy)

心理動力精神治療又稱為心理分析精神治療。它是一個重視自我領悟的療法，同時患者又要能夠衷心探索自己的無意識心理動機和防禦機制。對於急性抑鬱症來說，它可作為第二或第三線的選用療法。這療法又著重於病者與治療師之溝通關係，和病人對於治療師之感情。透過這些患者與治療師所建立之關係，可使病人懂得怎樣聯想到自己一生中所經歷過的種種感情關係。這種治療法之廣泛目的為增強自主和自尊的心態，從而建立一個整體的自我，並能培養出一個成熟又可信賴和依靠的感情關係。

心理動力精神治療是每週或每週進行兩次，而且有短期和長期治療的模式。跟大約每週進行3至5次之心理分析療法相比較，這療法不算得為那麼深入和緊湊。

由於這種治療法在結構和體系上都不及前所闡述之CBT，IPT及DBT三種心理治療法來得那麼嚴謹，故此要從這療法中取得最大療效的話，患者是要俱有心理學的觀念，並且要有體察自己的能力，又要懂得怎樣運用類比或隱喻來作思維，對事態之無常和多變的情緒要有容忍的耐力，從而使自己可以得到一個能夠維持長久的感情關係。心理分析治療是不適用於去治理患上嚴重抑鬱症，極度精神錯亂，有自殘或自殺傾向和帶有危險成份來濫用藥物的病人。

下列為提供心理動力治療的心理分析精神治療訓練所

- Toronto Institute for Relational Psychotherapy
<http://www.tirp.ca>
- Toronto Institute for Contemporary Psychotherapy
<http://www.ticp.on.ca>
- Toronto Psychoanalytic Society & Institute
<https://torontopschoanalysis.com>

無論你需要接受哪一種心理治療形式，在選用心理治療師時主要考慮下列之幾個因素：

a. 心理治療師執照和監管

臨床心理學家，註冊社會工作者，精神病科專家和家庭醫生心理治療師都有他們各自監管之學院。安大略省註冊心理治療師學院 (College of Registered Psychotherapists) 最近已成立一制系來監管那些並非屬於上列之治療師。

b. 心理治療師的培訓

心理治療師在臨床經驗和訓練背景各不相同，所以他們不一定能夠提供所有類型的服務。

c. 對自己的承諾

接受心理治療是需要時間、金錢和動機方面作出自我之承諾。以現實的態度去考慮到自己是否真的能夠實踐這些承諾。

d. 費用

1. 家庭醫生心理治療師和精神病科專家的診費是由安大略省醫療保險計劃支付的，但其他治療師之費用則需由病人自付或通過其它保險公司支付。
2. 許多心理治療師需要病人的家庭醫生之轉介，這樣一方面確保病人有醫生和心理治療師取得治療的協調，其中包括藥物的安全服用，再者如果治療師之費用是由保險公司繳納的話，需要家庭醫生之轉介信作證明的。
3. 對於低收入者，有些心理治療師可能會提供一個浮動的收費計算法減低病人之負擔，又或可能給與病人一次免費的評估 (如果病人決定繼續由該治療師診治的話，便要支付評估費用)。

e. 對治療師的選用之合適程度

有一點很重要的是你要覺得你和治療師能夠相處融洽。可多見幾位心理治療師，尋選認為最合適的一位。不過我們不建議頻頻轉換治療師，因為大多數的治療師都樂於盡力去了解患者在過往治療程序中之感受和效應，籍此以考慮和根據患者之病情去安排將來之診治方針，務求達到符合病人治療的需求。



Abstract

In March 2016, Canadian Communicable Disease Report (CCDR) published by the Public Health Agency of Canada featured an article entitled *Hepatitis C in Canada and the importance of risk-based screening*. The importance of screening and recommendations on whom to screen were discussed. The screening tool is by performing a Hepatitis C virus antibody (Anti-HCV) blood test.

In the article they discussed the updated guideline released in the United States by the Centers for Disease Control and Prevention (CDC) and the US Preventive Services Task Force (USPSTF) in 2012 on Hepatitis C virus screening, recommending that all adults born between 1945 and 1965 (also known as “baby boomers”) should receive baseline screening for hepatitis C virus (HCV) as cohort screening. The Public Health Agency of Canada and the Canadian Task Force on Preventive Health Care (CTFPHC) are still examining, conducting review of Canadian Data to determine the applicability of different screening approaches in Canada.

Current screening recommendations for hepatitis C in Canada are based on the assessment of risk factors. Risks associated with the acquisition of HCV include activities that involve any risk of exposure to contaminated blood or products including:

- Injection Drug Use (IDU) or sharing contaminated drug equipment, even once.
- Receipt of health care or personal services, where there is a lack of infection prevention and control Practices.
- Receipt of a blood transfusion, blood products or organ transplant before 1992 in Canada.
- Birth or residence in a region where hepatitis C is more common (prevalence >3%), including Central, East and South Asia; Australasia and Oceania; Eastern Europe; Sub-Saharan Africa; and North Africa/Middle East.
- Other Risks:
 - Sharing personal care items with someone who is HCV-positive.
 - Participating in risky sexual activity.
 - Being born to a mother who is HCV-positive.

Please consult with your own physician to determine if you need to be screened. For readers that wish to learn more details, please consult the following website:

CCDR: volume 42-3, March 3, 2016: Infectious Disease as Chronic Disease-Public Health Agency of Canada

<http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/16vol42/dr-rm42-3/ar-02-eng.php>

2016年3月, 由加拿大公共衛生局 Public Health Agency of Canada 印刊的加拿大傳染病報告 Canadian Communicable Disease Report (CCDR) 刊登了一名為**加拿大丙型肝炎與基於風險率篩查的重要性**的文章。其中討論到篩選丙型肝炎病毒的重要性和誰應被篩查的建議。篩選的方法是抽血進行丙型肝炎病毒抗體 (anti-HCV) 血液測試。

在這篇文章中, 他們討論到在2012年美國的疾病控制和預防中心 (Centers for Disease Control and Prevention) (CDC) 和美國預防服務工作組 (US Preventive Services Task Force) (USPSTF) 發佈了更新的丙型肝炎病毒篩查指引, 建議1945-1965年之間出生的成年人 (被稱為“嬰兒潮”的一代) 是應接受丙型肝炎病毒的篩查群組。加拿大公共衛生局和加拿大預防保健工作組 (Canadian Task Force on Preventive Health Care) (CTFPHC) 正在研究, 審查加拿大的統計數據, 以確定在加拿大適合不適合實行其他國家與加拿大不同的篩選標準?

目前加拿大應否篩查丙型肝炎病毒 (Hepatitis C virus) (HCV) 的建議是根據評估其個人的風險因素來決定的。感染丙型肝炎病毒的風險與參加任何可能接觸到受感染的血液或產品的活動或行為有關, 包括:

- 注射毒品 (injection drug use) (IDU) 或共用受污染的注射器材, 甚至只有一次。
- 在一些缺乏預防和控制感染的機構接受醫療保健或個人服務。
- 在1992年之前在加拿大接受過輸血, 血製品或器官移植的病人。
- 在丙型肝炎病毒感染較多(個案率 > 3%)的地區出生或居住的人群, 包括中亞, 東亞和南亞; 澳大利西亞和大洋洲; 東歐洲; 撒哈拉以南非洲; 北非洲/中東。
- 其他風險:
 - 與HCV陽性者共用個人護理用品。
 - 參與危險性交活動。
 - 母親是HCV 陽性的子女。

請向您自己的醫生諮詢, 以確定閣下是否需要進行篩查。如各讀者希望了解更多細節, 請瀏覽以下網站:

CCDR: volume 42-3, March 3, 2016: Infectious Disease as Chronic Disease-Public Health Agency of Canada

<http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/16vol42/dr-rm42-3/ar-02-eng.php>



10. 低血糖症 Hypoglycemia

資料提供：Merck 藥廠



Abstract

Hypoglycemia may be caused by some medications for type 2 diabetes.

Who is at risk for hypoglycemia?

Anyone with type 2 diabetes taking insulin or oral medications such as insulin secretagogues is at risk for hypoglycemia.

What is hypoglycemia?

Hypoglycemia happens when your blood sugar falls too low. Hypoglycemia is a blood sugar level of less than 4 mmol/L.

What are some of the symptoms of hypoglycemia?

Symptoms may differ based on the level of your blood sugar. The symptoms can include shaking, sweating, anxiety, feel hunger, nausea, difficulty concentrating, confusion, weakness, drowsiness, blurred vision, headache and dizziness. If hypoglycemia is severe (blood sugar less than 2.8 mmol/L), the person might require the assistance of another person. Unconsciousness can also occur.

Treatment tips

If you are experiencing hypoglycemia, test your blood sugar. If blood sugar is less than 4 mmol/L, eat or drink 15 grams of carbohydrates such as: sugar tablets, 3 teaspoons of table sugar dissolved in water, ¾ cup of juice or regular soft drink, 1 tablespoon of honey or 6 LifeSavers candies.

Wait 15 minutes. Retest your blood sugar level and if it is still less than 4 mmol/L, consume another 15 grams of carbohydrate. Once this episode of hypoglycemia has passed, eat your next meal at its regular time. If that meal is more than 1 hour away, eat a snack that contains 15 grams of carbohydrate, such as 1 slice of bread, ½ cup of cereal or 7 crackers and protein such as one piece of cheese, ¼ cup of nuts or 2 tablespoons of peanut butter.

某些2型糖尿病藥物可能導致

低血糖癥

哪些人有可能患上低血糖癥？

任何服用胰島素或胰島素促泌劑等口服藥物的2型糖尿病患者都有患低血糖癥的風險。

甚麼是低血糖癥？

當你的血糖降得太低時，就會出現低血糖癥。低血糖癥是指血糖值小於4mmol/L。

低血糖癥有哪些癥狀？

根據你的血糖水平，癥狀可能會有所不同。如果是嚴重的低血糖癥（血糖低於2.4mmol/L），患者可能需要他人協助。也可能出現神志不清的情況。

血糖值

8 mmol/L
5 mmol/L
4 mmol/L
3 mmol/L
2 mmol/L
1 mmol/L



出現低血糖癥的治療提示

1. 測試血糖。
2. 如果你的血糖低於4mmol/L，應吃下或喝下15克的碳水化合物，如：



3. 等待15分鐘
4. 重新測試你的血糖，如果仍然低於4mmol/L，再攝入15克碳水化合物。
5. 當低血糖癥狀消失後，按照正常時間進食下一餐。如果距離這一餐的時間超過1小時，可以吃含有15克碳水化合物的零食，如下列食品之一：



LifeSavers® 是加拿大商標公司的註冊商標。

安康藥房

ON CARE PHARMACY LIMITED

耆老特惠八折優待
傅永安, 肖小燕 註冊藥劑師

精通英語國語及粵語

481 Dundas St. W., Toronto, Ont. Tel: (416) 598-4009
481 登打士西街 (登打士街夾士巴達拿街 加拿大帝國商業銀行側)
電話: (416) 598-4009



GILEAD

Advancing Therapeutics.
Improving Lives.



LUPIN



厚泰印刷

BEST DEAL
GRAPHICS AND PRINTING
www.bdprint.com

Tel: (416) 299-8568



出版者 Publisher: 華埠醫學進修會 **Journal Club of Chinatown Physicians**

地址 Address: 280 Spadina Ave., Ste. 312, Toronto, Ontario M5T 3A5

編輯 Editors:	陳壽彬醫生	Dr. Patrick Chan
	何肇松醫生	Dr. Michael Ho
	陳景新醫生	Dr. King Sun Chan
	馮根英醫生	Dr. Kan Ying Fung
	李永昌醫生	Dr. Dominic Li
	蕭景勳醫生	Dr. King Fun Siu

製作小組 Production Team:	董楊映麗醫生	Dr. Hannah Toong
	鄧靜暉博士	Dr. Fay Tang
	張惠琴醫生	Dr. Iris Chang
	傅子正醫生	Dr. Marshall Foo
	麥錦江醫生	Dr. Kam Kong Mak

分配 Distribution: 李福東先生 Mr. Roger Lee

封面設計 Cover Design:	潘煜昌醫生	Dr. Wendell Poon
	何嘉穎小姐	Miss Stephanie Ho

攝影 Photographers:	黃漢華醫生	Dr. Hon Wah Wong
	林若波醫生	Dr. Bill Lim

出版日期 Date: 2016年4月

