Abstracts Translations (Chinese)

Informal Caregiving for Elderly People with Mental Illnesses and the Mental Health of the Informal Caregivers

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照顾患有精神疾病的老年时
非正规照料者的心理负担
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摘要

研究目的：照料者往往给非正规照料者造成很大负担，这对于他们自身的健康和幸福可能是一个威胁。本研究有两个目的：(1) 分析当照料者患有精神疾病时，照料者是否因非正规照料而增加了精神负担，(2) 分析正规保健服务的利用是否有助于减少这种负担。

方法：资料来源于一个疾病基金的照料 65 岁以上失能老年人的非正规照料者的常规资料，使用聚类 logit 模型进行分析。

结果：对照料有精神疾病和没有精神疾患的失能老年人的非正规照料者，我们发现，他们面临的精神紧张风险有重要差异，然而，除了非正规服务外，提供正规服务降低了这种紧张。

讨论：从结果中可以得到的政策启示有：首先，已经存在的居家正规服务系统应当扩大。第二，在决定哪种服务形式更恰当并最大可能减少非正规照料者的负担时，应当对服务需要者的健康状况给予特别关注。

The Adoption of Pharmaceutical Innovation and Its Impact on the Treatment Costs for Alzheimer’s Disease in Taiwan

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采用创新药物对台湾阿尔茨海默氏病
治疗费用的影响

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摘要

背景：随着人口老龄化的发展，阿尔茨海默氏病（AD）患病人数不断增加。1999年到2006年间，台湾批准将4个治疗此病的新药纳入保险覆盖范围。

研究目的：我们研究使用这些新药对卫生保健支出的不同影响。而且评价是否采用新药产生了“抵消”作用，也就是说，卫生保健费用一个组成部分的增加是否被另一个组成部分的减少抵消了。

方法：本研究中，AD 病人是按照ICD-9-CM 代码 331.0 诊断的。根据队列保险费用申请资料，我们确定了1088名最初在1997年到2007年之间的AD病人。在去除了每一个病人AD诊断之前的阶段后，发现4629个病人的观察值构成了本研究中使用的不平衡的小组资料。我们利用相关随机影响分位数回归(CREQR)方法以明确控制未观察到的异质性，并考虑采用新药对卫生费用条件分布函数不同点上的不同的影响。

结果：我们的研究结果与以往研究证据一致，即接受药物创新是昂贵的。具体来说，支出增加的影响主要反映在门诊药物费用增长。此外，我们发现了重要的抵消作用的证据，即新药使用者倾向于使用住院服务。结果，采用创新药物的净影响对不同的AD病人来说是不同的：对于卫生保健费用分布在75分位数以下的病人来说，新药的使用使费用增长而对于在75分位数以上的病人来说，新药的使用在费用上是持平的，也即药物费用的增长几乎完全被减少的住院费用抵消了。

讨论：使用新药治疗AD病人对较高费用的病人有重要的抵消作用。结果还表明CREQR方法对传统的普通最小二乘法
Association between Quality of Life and Treatment Response in Children with Attention Deficit Hyperactivity Disorder and their Parents

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Children with Attention Deficit Hyperactivity Disorder (ADHD) often experience difficulties in daily life due to the disorder's impact on their quality of life (QoL). Effective treatment can improve QoL, but the relationship between QoL and treatment response remains unclear. This study aimed to investigate the association between QoL and treatment response in children with ADHD and their parents.

Methods: A cross-sectional study was conducted with children aged 6-12 years with ADHD and their parents. The children's QoL was assessed using the KIDSCREEN-10 questionnaire, which measures various dimensions of QoL. The treatment response was evaluated using the ADHD Rating Scale (ARS) and the Conners' Parent Rating Scale-Revised (CPRS-R). The relationship between QoL and treatment response was analyzed using regression analysis.

Results: The study included 100 children with ADHD and their parents. Children with higher ARS scores (indicating poorer treatment response) had lower KIDSCREEN-10 scores (indicating poorer QoL). The regression analysis showed a significant negative correlation between ARS scores and KIDSCREEN-10 scores (β = -0.5, p < 0.01).

Discussion: The findings suggest that children with ADHD who experience poorer treatment response may have lower QoL. The study highlights the importance of considering the child's QoL in treatment planning to ensure the best possible outcomes.

Conclusion: Further research is needed to explore the factors influencing the relationship between QoL and treatment response in children with ADHD.
A Roadmap to Parity in Mental Health Financing: The Case of Lebanon

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Abstract

The aim of this research is to present a roadmap to parity in mental health financing, focusing on the case of Lebanon. The authors discuss the current challenges faced by the mental health sector in Lebanon, including limited access to mental health services and difficulties in financing mental health care.

Methods: The authors采用了文献回顾的方法，分析了黎巴嫩在精神卫生保健方面的政策和实践。研究还考虑了黎巴嫩政府和国际合作伙伴在精神卫生保健领域的合作和努力。

Results: The results of the study suggest that Lebanon has made progress in improving mental health financing, but there is still a long way to go to achieve parity. The authors recommend that Lebanon should continue to invest in mental health services and infrastructure, and work towards achieving parity in mental health financing.

Discussion: The authors conclude that Lebanon needs to prioritize mental health financing and make it a priority in the national budget. They also recommend that Lebanon should continue to work with international partners to improve mental health financing and services in the country.

Keywords: Mental health financing, Lebanon, Parity, Mental health services