

한국형 양극성 장애 약물치료 알고리즘의 적용 가능성(I) : 전반적 평가

김찬형¹ · 민경준² · 신영철³ · 윤보현⁴ · 조현상¹ · 전덕인^{1,5} · 김영기⁵ · 권준수⁶
박원명⁷ · 한국형 양극성 장애 약물치료 알고리즘 적용 가능성 연구그룹⁸

¹, ², ³, ⁴, ⁵, ⁶ 가 ⁷, ⁸

ABSTRACT

Feasibility of Korean Medication Algorithm for Bipolar Disorder(I) : Global Assessment

Chan-Hyung Kim, MD,¹ Kyung Joon Min, MD,² Young Chul Shin, MD,³
Bo-Hyun Yun, MD,⁴ Hyun-Sang Cho, MD,¹ Duk-In Jon, MD,^{1,5}
Young Kee Kim, MD,⁵ Jun Soo Kwon, MD,⁶ Won-Myong Bahk, MD,⁷ and
Feasibility of Korean Medication Algorithm for Bipolar Disorder Project Group⁸

¹Department of Psychiatry, Yonsei University College of Medicine, Seoul,

²Department of Neuropsychiatry, College of Medicine, Chung-Ang University, Seoul,

³Kangbuk Samsung Hospital, Department of Psychiatry, School of Medicine, Sungkyunkwan University, Seoul,

⁴Naju National Hospital, Naju,

⁵Department of Neuropsychiatry, Ilsan Hospital, National Health Insurance Corporation, Goyang,

⁶Department of Psychiatry, Seoul National University College of Medicine, Seoul,

⁷Department of Psychiatry, College of Medicine, Catholic University, Seoul,

⁸Korean College of Neuropsychopharmacology and Korean Academy of Schizophrenia, Korea

Objective : The Korean College of Neuro psychopharmacology and the Korean Academy of Schizophrenia developed the Korean algorithm project for bipolar disorder to aid clinical decisions. The purpose of this study was to assess the feasibility of Korean Medication Algorithm for Bipolar Disorder (KMAP-BP) in clinical settings in Korea. **Methods** : A total of 126 bipolar patients were enrolled at 17 centers. Among them, 92 patients were treated according to the algorithm. All subjects were assessed over a 4-month period. Prescribing investigators were able to change the recommended treatment strategies of the algorithm if necessary. **Results** : Overall ratings were favorable, with investigators stating that the overall quality of this algorithm was “good” or “no need to

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교신저자 : , 150 - 713 62 가
: (02) 3779 - 1250, 1051 . : (02) 780 - 6577 E - mail : wmbahk@catholic.ac.kr

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revise". Of manic patients, the majority (79%) showed treatment response (YMRS improvement 50%) at the first stage. **Conclusion** : These results suggest that this algorithm can be useful in clinical practices. However, some problems should be solved in the next version of KMAP-BP. (Korean J Psychopharmacol 2005;16(3):225-233)

KEY WORDS : Bipolar disorder · Korean Medication Algorithm · Feasibility.

서 론

(evidence - based)

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‘The Expert Consensus Guideline Series - Medication Treatment for Bipolar Disorder 2000’⁸⁾

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1)

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· Texas Medication Algorithm Project

(TMAP)

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2,3)

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2002

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4

6

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4

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가

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가

가

3. 약물치료의 진행

1

가

가

가

가

가

critical decision point(CDP)

가

4

4

(

가

CDP

2, 4, 6

가

Young Mania Rating Scale

(YMRS)⁷⁾

가

4

(no responder)

YMRS responder)

25%

(partial

YMRS (responder)

25%

50%

YMRS

50%

CDP

가

4

가

(

2, 4, 8

CDP

Hamilton Rating Scale for Depression

(HAM - D)⁸⁾

4. 환자의 평가

가 YMRS, HAM - D, Clinical Global

Impression⁹⁾

4 - Brief Po-

sitive Symptom Scale(BPRS)¹⁰⁾ 가

CDP

가 YMRS HAM -

D Global Assessment

of Function(GAF)¹¹⁾ 가

가

drug attitude inventory(DAI),¹²⁾ patients preference

scale(PPS),¹³⁾ LUNBERS,¹⁴⁾ UKU¹⁵⁾

Structured Clinical Interview for DSM -

IV(SCID)¹⁶⁾/Composite International Diagnostic In-

terview(CIDI)¹⁷⁾

5. 약물의 이상반응과 대처

(

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(

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6. 공존 질환 및 병용약물

가

가

34 . 가

가

() 가 13 (38.2%)

가 , ‘

가 8 (23.5%) (72.2%)가

(2). CDP 가 1 가 36 , 2

3. 알고리즘 사용에 대한 연구자들의 전반적 만족도 가 35 , 3 가 32 , 4 가 40 , 5 가

8 가(4 가) 37 .

가 37

4. 알고리즘 적용의 시작 단계와 이동

1

3 (16.7%) ,

가 가 1 (5.6%) (79%)가

가 , 1 (

6 , ‘ 3 , ‘ 9

가 가

(4).

가 12

고 찰

Table 3. Investigator's satisfaction for Korean algorithm

	1	2	3	4	5
	0	3	13	2	0
	0	1	13	4	0
	0	0	13	5	0
	0	6	9	3	0
	2	10	6	0	0
	0	0	8	7	3
	0	7	9	2	0
	0	1	4	10	3

1 : totally agree, 2 : agree, 3 : neutral, 4 : disagree, 5 : totally disagree

Table 4. Starting stage of Korean algorithm in patients with bipolar mania

	Euphoric	Mixed	Psychotic	Rapid cycling
Stage 1	30	10	22	1
Stage 2	1	0	0	0
Other	1	4	2	0
Unknown	2	1	1	0

가

별 본 :

중심 단어 :

가

한국형 약물치료 알고리즘 적용 가능성 연구그룹(가나
 다순) : (), (), ()
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참고문헌

1) Suppes T, Swann AC, Dennehy EB, Habermacher ED, Mason M, Crismon ML, et al. *Texas medication algorithm project: development and feasibility testing of a treatment algorithm for patients with bipolar disorder. J Clin Psychiatry* 2001;62:439-447.

2) Rush AJ, Prien RF. *From scientific knowledge to the clinical practice of psychopharmacology: can the gap be bridged? Psychopharmacol Bull* 1995;31:7-20.

3) Gilbert DA, Altshuler KZ, Rago WV, Shon SP, Crismon ML, Toprac MG, et al. *Texas Medication Algorithm Project: definitions, rationale, and method to develop medication algorithms. J Clin Psychiatry* 1998;59:345-351.

4) 한국형 양극성장애·정신분열병 약물치료 알고리즘 개발 위원회. *양극성 장애 약물치료에 대한 한국형 알고리즘 지침서*. 서울: 중앙문화사;2002.

5) Sachs GS, Printz DJ, Kahn DA, Carpenter D, Docherty JP. *Expert consensus guideline series: medication treatment of bipolar disorder 2000. Postgrad Med Special Report*;2000. p.1-104.

6) American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders. 4th ed. Washington DC: American Psychiatric Press*;1994.

7) Young R, Biggs J, Meyer D. *A rating scale for mania: reliability, validity, and sensitivity. Br J Psychiatry* 1978;133:429-435.

8) Hamilton MA. *A rating scale for depression. J Neurol Neurosurg Psychiatry* 1960;23:56-62.

9) Guy W. *ECDEU Assessment Manual for Psychopharmacology, revised. DHEW Pub. No. (ADM) 76-338. Rockville, MD: National Institute of Mental Health*;1976.

10) Overall JE, Gorham DR. *The Brief Psychiatric Rating Scale. Psychol Rep* 1962;10:799-812.

11) First MB. *GAF report for the Global Assessment of Functioning Scale, window version: User's Manual. Toronto: Multi Health System Inc.*;1996.

12) Hogan TP, Awad AG, Eastwood R. *A self-report scale predictive of drug compliance in schizophrenics: Reliability and discriminative validity. Psychol Med* 1983;13:177-183.

13) Bauer MS, Callahan AM, Jampala C, Petty F, Sajatovic M, Schaefer V, et al. *Clinical practice guidelines for bipolar disorder from the Department of Veterans Affairs. J Clin Psychiatry* 1999;60:9-21.

14) Morrison P, Gaskill D, Meehan T, Lunney P, Lawrence G, Collings P. *The use of the Liverpool University Neuroleptic Side-Effect Rating Scale (LUNERS) in clinical practice. Aust N Z J Ment Health Nurs* 2000;9:166-176.

15) Lingjarde O, Ahlfors UG, Bech P, Dencker SJ, Elgen K. *The UKU side effect rating scale. A new comprehensive rating scale for psychotropic drugs and a cross-sectional study of side effects in neuroleptic-treated patients. Acta Psychiatr Scand* 1987;334 Suppl: 1-100.

16) First MB, Spitzer RL, Gibbon M, Williams JBW. *Structured Clinical Interview for DSM-IV Axis Disorder (SCID)*. New York: New York State Psychiatric Institute, Biometrics Research;1995.

17) World Health Organization. *The Composite International Diagnostic Interview (CIDI)*. Gebebra: World Health Organization;1997.