〔 論文・著書 〕

＜神経筋疾患＞

1. Heterogeneity of patients receiving artificial nutrition in Japanese psychiatric hospitals: a cross-sectional study

Hirao A, Abe K, Takayama K, Kondo K, Yokota O, Sato Y, Norikiyo T, Sato S, Nakashima T, Hayashi H, Nakata K, Asaba H, Tanaka K, Tanaka R, Morisada Y, Itakura H, Honda H, Okabe N, Oshima E, Terada S; Middle Western Japan-Dementia Study (mid-Dem study)

Psychogeriatrics. 2016 Jan 12. doi: 10.1111/psyg.12173. [Epub ahead of print]

AIM: Artificial nutrition, including tube feeding, continues to be given to dementia patients in numerous geriatric facilities in Japan. However, the clinical characteristics of patients receiving artificial nutrition have not been fully investigated. Therefore, we tried to evaluate the clinical features of those patients in this study. METHODS: Various clinical characteristics of all inpatients at 18 of 20 psychiatric hospitals in Okayama Prefecture, Japan, with a percutaneous endoscopic gastrostomy tube, nasogastric tube, or total parenteral nutrition were evaluated. RESULTS: Two hundred twenty-one patients (5.4% of all inpatients) had been receiving artificial nutrition for more than 1 month, and 187 (130 women, 57 men; 84.6% of 221 patients) were fully investigated. The mean age was 78.3 years old, and the mean duration of artificial nutrition was 29.8 months. Eighty-four patients (44.7% of 187 patients) were receiving artificial nutrition for more than 2 years. Patients with Alzheimer's disease (n = 78) formed the biggest group, schizophrenia (n = 37) the second, and vascular dementia (n = 26) the third. CONCLUSION: About one-fifth of the subjects receiving artificial nutrition were in a vegetative state. More than a few patients with mental disorders, including schizophrenia, also received long-term artificial nutrition. We should pay more attention to chronic dysphasia syndrome in mental disorders.

2. Comparison of QOL between patients with different degenerative dementias, focusing especially on positive and negative affect.

Kurisu K, Terada S, Oshima E, Horiuchi M, Imai N, Yabe M, Yokota O, Ishihara T, Yamada N.

Int Psychogeriatr. 2016 Aug; 28 (8): 1355-1361. doi: 10.1017/S1041610216000491. Epub 2016 Mar 29.

BACKGROUND: Quality of life (QOL) has become an important outcome measure in the care of dementia patients. However, there have been few studies focusing on the difference in QOL between different dementias. METHODS: Two-hundred seventy-nine consecutive outpatients with Alzheimer's disease (AD), dementia with Lewy bodies (DLB) or frontotemporal dementia (FTD) were recruited. The QOL was evaluated objectively using the QOL Questionnaire for Dementia (QOL-D).The QOL-D comprises six domains: positive affect, negative affect and actions, communication, restlessness, attachment to others, and spontaneity. General cognition, daily activities, and behavioral and psychological symptoms of dementia were also evaluated. RESULTS: The scores of positive affect of QOL-D of AD patients were significantly higher than those of patients with DLB or FTD (AD 3.1 ± 0.8, DLB 2.6 ± 0.9, FTD 2.6 ± 0.7). The scores of negative affect and action of QOL-D of FTD patients were significantly higher than those of patients with AD or DLB (FTD 2.0 ± 0.8, AD 1.4 ± 0.5, DLB 1.5 ± 0.6). The apathy scores of FTD and DLB patients were significantly higher than those of patients with AD. The disinhibition scores of FTD patients

were significantly higher than those of patients with AD or DLB. CONCLUSIONS: The apathy of FTD and DLB patients and depression of DLB patients might affect the lower positive affect of FTD and DLB patients compared to AD patients. The disinhibition of FTD patients might affect the abundance of negative affect & actions in FTD patients compared to AD and DLB patients.

3. **Behavioral variant of frontotemporal dementia: fundamental clinical issues associated with the prediction of pathological bases**

Miki T, Yokota O, Ishizu H, Kuroda S, Oshima E, Terada S, Yamada N

Neuropathology. 2016 Aug; 36 (4): 388-404. doi: 10.1111/neup.12290. Epub 2016 Mar 11.

Behavioral variant of frontotemporal dementia (bvFTD) is a clinical syndrome characterized mainly by behavioral symptoms due to frontal dysfunction. Major neurodegenerative bases of bvFTD include Pick's disease, frontotemporal lobar degeneration with trans-activation response DNA protein 43-positive inclusions, corticobasal degeneration, and progressive supranuclear palsy. Early disinhibition characterized by socially inappropriate behaviors, loss of manners, and impulsive, rash and careless actions is the most important clinical feature of bvFTD. On the other hand, it was reported that clinical presentations of some Alzheimer's disease cases and patients with psychiatric disorders (e.g., addictive disorders, gambling disorder and kleptomania) often resemble that of bvFTD. Although clinical differentiation of 'true' bvFTD cases with frontotemporal lobar degeneration (FTLD) pathology from mimicking cases without it is not always easy, evaluation of the following features, which were noted in autopsy-confirmed FTLD cases and/or clinical bvFTD cases with circumscribed lobar atrophy, may often provide clues for the diagnosis. (i) The initial symptoms frequently develop at 65 years or younger, and (ii) 'socially inappropriate behaviors' can be frequently interpreted as contextually inappropriate behaviors prompted by environmental visual and auditory stimuli. Taking a detailed history usually reveals various kinds of such behaviors in various situations in everyday life rather than the repetition of a single kind of behavior (e.g., repeated shoplifting). (iii) A correlation between the distribution of cerebral atrophy and neurological and behavioral symptoms is usually observed, and the proportion of FTLD cases with right side-predominant cerebral atrophy may be higher in a psychiatric setting than a neurological setting. Finally, (iv) whether the previous course and the combination of symptoms observed at the first medical visit can be explained by major evolution patterns of clinical syndromes in pathologically confirmed FTLD cases should be considered. These views may provide clues to differentiate FTLD from Alzheimer's disease and to predict a subsequent clinical course and therapeutic interventions needed in the future.

4. **The relationship between development of neuronal and astrocytic tau pathologies in subcortical nuclei and progression of argyrophilic grain disease.**

Ikeda C, Yokota O, Nagao S, Ishizu H, Oshima E, Hasegawa M, Okahisa Y, Terada S, Yamada N.

Brain Pathol. 2016 Jul; 26 (4): 488-505. doi: 10.1111/bpa.12319. Epub 2015 Nov 9.

Progressive supranuclear palsy (PSP) cases frequently have argyrophilic grain disease (AGD). However, the PSP-like tau pathology in AGD cases has not been fully clarified. To address this, we examined tau pathologies in the subcortical nuclei and frontal cortex in 19 AGD cases that did not meet the pathological criteria of PSP or corticobasal degeneration, nine PSP cases and 20 Braak NFT stage-matched controls. Of the 19 AGD cases, five

(26.3%) had a few Gallyas-positive tau-positive tufted astrocytes (TAs) and Gallyas-negative tau-positive TA-like astrocytic inclusions (TAIs), and six (31.6%) had only TAIs in the striatum and/or frontal cortex. Subcortical tau pathology was sequentially and significantly greater in AGD cases lacking these tau-positive astrocytic lesions, AGD cases having them, and PSP cases than in controls. There was a significant correlation between three histologic factors, including the AGD stage and the quantities of subcortical neuronal and astrocytic tau pathologies. Tau immunoblotting demonstrated 68- and 64-kDa bands and 33-kDa low-molecular mass tau fragments in PSP cases, and although with lesser intensity, in AGD cases with and without TAs and TAIs also. Given these findings, the progression of AGD may be associated with development of the neuronal and astrocytic tau pathologies characteristic of PSP.

5. Effect and tolerability of blonanserin in severe delusion with various types of dementia

Takaki M, Honda H, Terada S, Uchitomi Y.

Psychogeriatr. 2015 June; 15 (2): 144-146. doi: 0.1111/psyg.12090

Low-dose blonanserin was effective for treating severe delusions in six patients with various types of dementia, and it was also well tolerated. Delusion and hallucination scores, as measured by the Neuropsychiatric Inventory, improved, and extrapyramidal symptom scores, as measured by the Drug-Induced Extrapyramidal Symptoms Scale, were unchanged. Blonanserin has strong dopamine D2 receptor-, 5-hydroxytryptamine 2A receptor-, and dopamine D3 receptor-blocking activities and weak 5-hydroxytryptamine-2C, α 1 -, histamine H1 -, and muscarinic M1 -blocking activities. Its unique characteristics may make it suitable for treating severe delusions and hallucination in patients with dementia.

6. 精神医学と脳神経病理学，その歴史とこれからの展望 －精神科臨床の立場から－

天野直二，新井哲明，池田研二，小阪憲司，横田修，入谷修二

老年精神医学雑誌 2016; 27 (1): 97-110

7. 聴覚症状を伴う常染色体優性部分てんかん（ADPEAF）

麓直浩，池田昭夫

臨床てんかん学，兼本浩祐，丸栄一，小国弘量，池田昭夫，川合謙介編集，東京：医学書院，2015.11；436-437

8. 家族性側頭葉てんかん

麓直浩，池田昭夫

臨床てんかん学，兼本浩祐，丸栄一，小国弘量，池田昭夫，川合謙介編集，東京：医学書院，2015.11；451

9. 長期入院患者さんの急変時の指示

坂井研一

ALS マニュアル決定版！Part2，中島孝監修，月刊「難病と在宅ケア」編集部編，

千葉：（株）日本プランニングセンター，2016.2.15；23-26

10. 精神医学と神経学の境界領域　TDP-43 陽性封入体を有する前頭側頭葉変性症（FTLD-TDP）の臨床的特徴

横田修

精神医学 2015; 57 (10): 839-847

前頭側頭葉変性症（frontotemporal lobar degeneration；FTLD)とは，前頭葉と側頭葉に比較的限局した機能障害を来す病理学的疾患単位群の総称である。このうちリン酸化 TDP-43 蛋白が異常に凝集し蓄積した TDP-43 陽性封入体を有す FTLD は FTLD-TDP と呼ばれる。本稿ではその臨床像を主にピック病と比較しながら解説する。

11. QOL-D

寺田整司

精神・心理機能評価ハンドブック，山内俊雄・鹿島晴雄編，
東京: 中山書店，2015.5；469-470

12. 認知症患者の「生活の質」

寺田整司

精神科 2015 May; 27(5): 335-338

13. 自己免疫性小脳失調症の可能性が示唆された HIV 感染症の 1 例

長尾茂人，近藤誉之，中村敬，中川朋一，松本禎之

臨床神経学 2016; 56(4): 255-259

14. 脳変性疾患の臨床神経病理学から精神症状を再考する　その他の変性疾患の病理と精神症状　嗜銀顆粒病

長尾茂人，横田修，池田智香子，三木知子，大島悦子，寺田整司，山田了士

老年精神医学雑誌 (0915-6305) 2016; 27(1): 51-58

＜免疫疾患＞

15. Pneumococcal polysaccharide vaccination in rheumatoid arthritis patients receiving tacrolimus

Miqita K, Akeda Y, Akazawa M, Tohma S, Hirano F, Ideguchi H, Matsumura R, Suematsu E, Miyamura T, Mori S, Fukui T, Izumi Y, Iwanaga N, Tsutani H, Saisyo K, Yamanaka T, Ohshima S, Sugiyama T, Kawabe Y, Katayama M, Suenaga Y, Okamoto A, Ohshima H, Okada Y, Ichikawa K, Yoshizawa S, Kawakami K, Matsui T, Furukawa H, Oishi K

Arthritis Res Ther. 2015 Jun 3;17: 149. doi: 10.1186/s13075-015-0662-x

INTRODUCTION: In rheumatoid arthritis (RA) patients receiving immunosuppressive treatments, vaccination against Streptococcus pneumoniae is recommended. The objective of the study was to evaluate the effects of tacrolimus

(TAC) on immune response following administration of a 23-valent pneumococcal polysaccharide vaccine (PPSV23) in patients with established RA. METHODS: Patients with RA (n=133) were vaccinated with PPSV23. Patients were classified into TAC (n=29), methotrexate (MTX) (n=55), control (n=35), and TAC/MTX (n=14) treatment groups. We measured the concentrations of pneumococcal serotypes 6B and 23F by using an enzyme-linked immunosorbent assay and determined antibody functionality by using a multiplexed opsonophagocytic killing assay, reported as the opsonization index (OI), before and 4 to 6 weeks after vaccination. A positive antibody response was defined as at least a twofold increase in the IgG concentration or as at least a 10-fold increase in the OI. RESULTS: IgG concentrations and OIs were significantly increased in all treatment groups after PPSV23 vaccination. The TAC treatment group appears to respond in a manner similar to that of the RA control group in terms of 6B and 23F serotype concentration and function. In contrast, the MTX group had the lowest immune response. Patients who received a combination of TAC and MTX (TAC/MTX) also had a diminished immune response compared with those who received TAC alone. CONCLUSIONS: TAC monotherapy does not appear to impair PPSV23 immunogenicity in patients with RA, whereas antibody production and function may be reduced when TAC is used with MTX. Thus, PPSV23 administration during ongoing TAC treatment should be encouraged for infection-prone TAC-treated patients with rheumatic diseases.

16. **Opsonic and Antibody Responses to Pneumococcal Polysaccharide in Rheumatoid Arthritis Patients Receiving Golimumab Plus Methotrexate.**

Miqita K, Akeda Y, Akazawa M, Tohma S, Hirano F, Ideguchi H, Matsumura R, Suematsu E, Miyamura T, Mori S, Fukui T, Izumi Y, Iwanaga N, Jiuchi Y, Kozuru H, Tsutani H, Saisyo K, Yamanaka T, Ohshima S, Mori N, Matsumori A, Kitagawa K, Takahi K, Ozawa T, Hamada N, Nakajima K, Nagai H, Tamura N, Suenaga Y, Kawabata M, Matsui T, Furukawa H, Kawakami K, Oish K

Medicine (Baltimore). 2015 Dec; 94(52): e2184. doi: 10.1097/MD.0000000000002184

Vaccination against Streptococcus pneumoniae is recommended for rheumatoid arthritis (RA) patients receiving immunosuppressive treatments. The objective of this study was to evaluate the humoral response to 23-valent pneumococcal polysaccharide vaccination (PPSV23) in RA patients receiving methotrexate (MTX) alone or in combination with a tumor necrosis factor inhibitor, golimumab (GOM).PPSV23 was given to 114 RA patients, who were classified into three groups: RA control (n=35), MTX alone (n=55), and GOM+MTX (n=24). Before and 4 to 6 weeks after vaccination, concentrations of antibodies against pneumococcal serotypes 6B and 23F were measured using an enzyme-linked immunosorbent assay and antibody functionality was determined using a multiplexed opsonophagocytic killing assay, reported as the opsonization index (OI).The IgG concentrations and OIs were both significantly increased in all treatment groups in response to PPSV23 vaccination. In the GOM+MTX group, the IgG responses were lower than those in the MTX alone or control groups, whereas the OI responses were similar to those in the other 2 groups. Furthermore, discrepancies between the IgG and OI responses were found in GOM+MTX group. No severe adverse effect was observed in any treatment groups.OI responses indicate that antibody functionality rather than antibody quantity is important. The similarity of these measurements between all 3 groups suggests that RA patients receiving MTX+GOM still benefit from receiving the PPSV23 vaccination, even though they produce less IgG in response to it. These results can help clinicians to better schedule and evaluate pneumococcal vaccination for RA patients.

17. Effect of abatacept on the immunogenicity of 23-valent pneumococcal polysaccharide vaccination (PPSV23) in rheumatoid arthritis patients

Miqita K, Akeda Y, Akazawa M, Tohma S, Hirano F, Ideguchi H, Kozuru H, Jiuchi Y, Matsumura R, Suematsu E, Miyamura T, Mori S, Fukui T, Izumi Y, Iwanaga N, Tsutani H, Saisyo K, Yamanaka T, Ohshima S, Mori N, Matsumori A, Takahi K, Yoshizawa S, Kawabe Y, Suenaga Y, Ozawa T, Hamada N, Komiya Y, Matsui T, Furukawa H, Oishi K

Arthritis Res Ther. 2015 Dec 10; 17: 357. doi: 10.1186/s13075-015-0863-3

INTRODUCTION: Patients with rheumatoid arthritis (RA) treated with abatacept (ABT) are at increased risk for vaccine-preventable infections. The aim of the present study is to evaluate the humoral response to 23-valent pneumococcal polysaccharide (PPSV23) vaccination in RA patients receiving ABT. METHODS: The immunogenicity study was nested within a randomized, double-blind placebo-controlled study, designed to evaluate the efficacy of the PPSV23. PPSV23 was given to 111 RA patients, who were classified into three groups: RA control (n = 35), methotrexate (MTX) alone (n = 55), and ABT (n = 21). Before and 4-6 weeks after vaccination, we measured the patients' concentrations of antibodies against pneumococcal serotypes 6B and 23F using an enzyme-linked immunosorbent assay and determined their antibody functionality using a multiplexed opsonophagocytic killing assay, reported as the opsonization index (OI). RESULTS: The pneumococcal serotype-specific IgG concentrations and OIs were both significantly increased in all treatment groups in response to PPSV23 vaccination. In the ABT group, the IgG responses for the 6B serotype were lower compared with those in the MTX alone or control groups, whereas the OI responses were similar to those in the other two groups. In a subgroup analysis, the pneumococcal serotype-specific IgG responses were significantly lower in both serotypes (6B and 23F) in the ABT/MTX group; however, the OI responses in the ABT group were not different from the control group. There was no association between the pneumococcal serotype-specific IgG and OI responses for the 6B serotype in patients receiving ABT in contrast to the control or MTX alone patients. No severe adverse effects were observed in any of the treatment groups. CONCLUSIONS: OI responses indicate antibody functionality rather than simply their amount, so the similarity of these measurements between all three groups suggests that RA patients receiving ABT still benefit from receiving the PPSV23 vaccination, even though they produce less IgG in response to it. The results suggest an influence of ABT on the humoral response to PPSV23 vaccination under MTX treatment; however, preserved opsonin responses are expected in RA patients treated with ABT plus MTX.

18. アレルギー性疾患（気管支喘息）治療と予後

谷本安

新呼吸器専門医テキスト，日本呼吸器学会編，東京：（株）南江堂，2015.4.30；343-346

＜呼吸器疾患＞

19. Contrasting roles for the receptor for advanced glycation end-products on structural cells in allergic airway inflammation vs. airway hyperresponsiveness

Taniguchi A, Miyahara N, Waseda K, Kurimoto E, Fujii U, Tanimoto Y, Kataoka M, Yamamoto Y, Gelfand EW, Yamamoto H, Tanimoto M, Kanehiro A

Am J Physiol Lung Cell Mol Physiol. 2015 Oct 15; 309(8): L789-800.
doi: 10.1152/ajplung.00087.2015. Epub 2015 Aug 21

The receptor for advanced glycation end-products (RAGE) is a multiligand receptor that belongs to the immunoglobulin superfamily. RAGE is reported to be involved in various inflammatory disorders; however, studies that address the role of RAGE in allergic airway disease are inconclusive. RAGE-sufficient (RAGE+/+) and RAGE-deficient (RAGE-/-) mice were sensitized to ovalbumin, and airway responses were monitored after ovalbumin challenge. RAGE-/- mice showed reduced eosinophilic inflammation and goblet cell metaplasia, lower T helper type 2 (Th2) cytokine production from spleen and peribronchial lymph node mononuclear cells, and lower numbers of group 2 innate lymphoid cells in the lung compared with RAGE+/+ mice following sensitization and challenge. Experiments using irradiated, chimeric mice showed that the mice expressing RAGE on radio-resistant structural cells but not hematopoietic cells developed allergic airway inflammation; however, the mice expressing RAGE on hematopoietic cells but not structural cells showed reduced airway inflammation. In contrast, absence of RAGE expression on structural cells enhanced innate airway hyperresponsiveness (AHR). In the absence of RAGE, increased interleukin (IL)-33 levels in the lung were detected, and blockade of IL-33 receptor ST2 suppressed innate AHR in RAGE-/- mice. These data identify the importance of RAGE expressed on lung structural cells in the development of allergic airway inflammation, T helper type 2 cell activation, and group 2 innate lymphoid cell accumulation in the airways. RAGE on lung structural cells also regulated innate AHR, likely through the IL-33-ST2 pathway. Thus manipulating RAGE represents a novel therapeutic target in controlling allergic airway responses.

20. 喘息と気管支鏡

谷本安

気管支学 2016; 38(1): 1-2

＜血液疾患＞

21. Splenic diffuse red pulp small B-cell lymphoma の 1 例

藤原英世，吉田親正，竹内誠，岡大五，是澤里紗，西村広健，伊禮功，秋山隆，濱崎周次，定平吉都

診断病理 2016; 33(1): 81-85

60 歳代女性。腹部膨満感・体動時の息切れで受診した。採血上はリンパ球増加が目立ち，塗抹標本では有毛リンパ球を認めた。骨髄生検では小型リンパ球の類洞内浸潤が特徴的であった。脾腫が著明で，摘出脾では赤脾髄で小型リンパ球系細胞がびまん性に脾索・類洞内に増殖していた。塗抹標本，骨髄および脾臓の組織学的所見，免疫染色やフローサイトメトリーの結果を総合して splenic diffuse red pulp small B－cell lymphoma と診断した。脾臓を侵すＢリンパ球増殖性疾患はしばしば鑑別が困難であるが，骨髄生検検体における腫瘍細胞の類洞内浸潤形態が診断の契機となった。

＜内科＞

22. メタボリックシンドロームと睡眠時無呼吸症候群のこわい関係

山中隆夫

＜耳鼻科＞

23. von Willebrand 病 type2 型を有する慢性扁桃炎患者におけるコブレーター扁桃摘出術

福本晶，土井彰，小桜謙一，田村耕三，今井利，赤木博文

口腔・咽頭科 2016; 29(1): 133-137

症例は 32 歳男性。幼少期に von Willebrand 病 Type2 型の診断を受けている。咽頭違和感の継続と両側口蓋扁桃腫大のため当院紹介となった。この症例に対してコブレーターによる扁桃摘出術を行った結果、出血も少なくすみ、血液製剤の使用も最低限に抑えることが可能であった。本邦でも普及しつつあるコブレーターの特性を含め、止血困難が予測される血液疾患の症例に対して扁摘を行う際の注意、血液製剤の使用について考察する。

24. Ⅲ.口腔・咽頭領域　A.口腔疾患　5.舌炎のエビデンスに基づいた治療法は？

土井彰，赤木博文

EBM 耳鼻咽喉科・頭頸部外科の治療 2015-2016，池田勝久，武田憲昭，香取幸夫，原渕保明，丹生健一編集，東京：(株) 中外医学社，2015.05：315-318

25. 第 2 章検査法　V.扁桃

赤木博文

口腔咽頭の臨床 第 3 版，日本口腔・咽頭科学会監修，東京：医学書院，2015.09：20-21

26. 舌下免疫療法で，舐めてスギ花粉症を治しましょう　耳鼻咽喉科より

赤木博文

そよかぜ 2015; 19: 6

＜皮膚科＞

27. 皮膚科より

藤原愉高

そよかぜ 2015; 19: 6

＜看護部＞

28. 「今年中に終わらせたい」と話した ALS 末期患者との 6 ヵ月　患者の意思を尊重し共にいる看護を目指して

加藤元樹，尾畑晴彦，秋山恵子

中国四国地区国立病院機構・国立療養所看護研究学会誌 (1880-6619) 2016; 11: 17-20

筋萎縮性側索硬化症(ALS)の 50 代男性の事例を報告した。2011 年 ALS と診断され、2013 年自宅療養困難と

なり、入院となった。コミュニケーションは文字盤と「伝の心」を使用していた。胃瘻・人工呼吸器は拒否し、経口摂取の希望が強かったが、病状の進行に伴い食事中止となり、点滴開始となっていた。食事摂取困難になり、対象患者から「今年中に終わらせたい」と意思表示があった。死に向かいあった言葉を受け、対象患者の意思を尊重していくためのカンファレンスを行い、スタッフ全員の意識統一を図った。「スピリチュアルペイン」の看護を基に何ができるかを話し合ったところ、好きな曲を流す、誕生会を行うなどの意見が看護師からでた。11 月に 60 歳還暦の誕生日サプライズパーティーを行った。誕生会の終わりには、「貴重な時間を使っていただきありがとうございました。死に場所を求めてやってきた私にはもったいない話です」と対象患者が感情を表してくれた。

29. 低酸素脳症患児に対する成長発達へのアプローチ　抱っこを中心とした関わりを通して

橘高真美，目賀千晶，太西邦子，遠部泰子，白川智子

中国四国地区国立病院機構・国立療養所看護研究学会誌（1880-6619）
2016; 11: 151-154

6 歳の低酸素脳症である男児に対する「抱っこ」を中心とした成長発達を促す関わりを振り返り、対象児童にどのような影響があったのかについて検討した。人工呼吸器管理で口腔内分泌物常時吸引の状態であった。関節形成不全で脱臼状態であり、骨折の既往があった。遠城寺式乳幼児発達検査で月齢は 0 歳であった。母の面会が年に 2 から 3 回で時間は 5 から 20 分程度であった。「抱っこ」の実践は 20 分程度であった。「抱っこ」をすることは対象児童に負担になるのではないかという不安があったが、顔面紅潮や血色不良は見られず、筋緊張や痙攣が増強されることもなかった。SpO2 もほぼ 98 から 100%で安定していた。脈拍は緊張や入眠していた状態から落ち着いた状態になるなどリラックスできている様子も見られたが、評価できるほど明らかな変化は見られなかった。母親にも「抱っこ」を勧め、初めて病院で抱っこしてもらった。この抱っこ以来母の面接回数が増加し、ほぼ毎月面会に来られるようになった。

30. 呼吸コアナースの活動

大森裕美，今井優子，梶原直美，久米広美，川口晶子，花房人美，須間路子，西濱加代子

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