

mobile X-ray machines, mammography, bone densitometry, 8-slice CT scan, 16-slice CT (the second 64-row CT in Taiwan), 1.5-T MRI, a remote control X-ray machine, as well as the first MRI in Taiwan capable of ultrasound-guided treatment of uterine myoma, and so on.

Faculty (2009 July): See Chinese version

Distinctive Feature of Research

We have had a fruitful outcome in research: there were 8 published papers (SCI, 1) in 1996, 48 in 2000 (SCI, 18), and cumulatively to 2005 we had 143 (SCI, 76), and so far (2009) a total of 207 (SCI, 125) papers presented under the name of Department of Radiology, Taipei Medical University and affiliated hospitals. The results of our research have far exceeded the growth expected at founding; however, future research should move towards improvement, with more depth and innovation as the main goals.

Prospect

Since 2007, we have arranged for teachers from the United States to teach the fourth-grade medical students: for example, Professor Lee Chiu from UCLA first introduced the newly developed advanced technology of SWI in brain MRI; in the 2008 school year, Dr. Dillon Chen from Texas and Dr. Jim Wu from Harvard Hospital introduced musculoskeletal diagnostic imaging systems; these lectures have had very enthusiastic response from students, particularly because of their feelings of interacting with foreign teachers and having fun in the class. In addition, Professor Tsai Fong-yang, the first alumnus of our school, from the University of California, Irvine (UCI), often returns to our school for special lectures, in order to introduce cerebrovascular interventional technology to our students and guidance in up-to-date clinic technology to our radiology residents, and who makes unsparing efforts for us. In recent years, our College of Medicine has been promoting internships for

students to go abroad for a one-month clinical rotation. We can see that many students go abroad during the practicum period in order to broaden their horizons. In addition, we have accepted students from the Czech School of Medicine, the University of Pittsburgh School of Medicine, and Tokyo Medical University. During the rotating course in our department, Dr. Wing Chan has become the mentor of a student from the University of Pittsburgh. In 2001, the Department of Radiation Oncology at TMU Hospital, directed Dr. Chiu, obtained accreditation of the resident training program, and, in 2006, Radiation Oncology at Wan-Fang Hospital also achieved accreditation. Between 2003 and 2008, five residents being trained at our two affiliated hospitals became our specialist doctors. Radiation Oncology has regularly held international seminars, which have been successfully linked to the international society for 10 years. Since 1998, The Department of Nuclear Medicine has been set up to train residents, and now we have three specialist doctors responsible for our departments in three affiliated hospitals. (Wing-Pong Chan, Director/Associate Professor)

神經學科

簡史及概況

神經學科成立於西元 2003 年，神經學教師原隸屬於內科學科方改屬為神經學科教師。神經學科主任由附設醫院神經科袁瑞昱主任兼之。當時之教師大多數由校外專家擔任教學，專任教師則由附設醫院主治醫師具有部定資格者擔任。民國 92 年神經學科僅有許重義教授（前校長）及袁瑞昱副教授、許昭俊講師 3 位專任老師，經過醫學院評鑑委員會（TMAC）要求及袁瑞昱主任努力，神經學科人力漸漸充實，現學科內專任教師有副教授 1 名，7 名助理教授。除附設醫院、萬芳醫院、雙和醫院三院之主任外，尚有新光醫院、奇美醫院的醫師加入充實神經學科教學陣容。

教學目標

神經學科教學針對醫學生五、六、七年級訂定近、中、遠程的教學目標：近程教學目標旨在建立醫學生基礎之神經學概念及培養對於神經學之興趣。學習病史詢問，神經學理學檢查，以訓練未來臨床病患照顧的基本知識及技能。中程教學目標旨在讓醫學生親自接觸

病人，將學理轉化作臨床應用。針對病患的問題作思考及回饋，找出病患所面臨疾患的真正病理機轉。遠程教學目標旨在讓醫學生體認全人醫療之精髓。延伸病患的疾病至病患整理之困境，不僅是生理之病痛，更應著眼於病患心理之壓力及社會角色扮演之異常。協助病患及家屬共同面對因疾病所產生的各種問題。

教學特色

神經學科之症狀和疾病，往往差之毫厘，失之千里，看似相同的臨床表現，於病理機轉上卻大相逕庭。故學習訓練著重巨細靡遺的病史詢問和神經學理學檢查，以期探求病患所面臨之真症病因。加之以病人群

以年長者居多，或有行動不便，或有溝通障礙，或有多重疾患，於臨床照護上更需要十足的耐性。

於此教學環境下，我們強調讓醫學生從基礎的學識—神經解剖學，神經生理、病理學，以及神經藥理學等等，加之以臨床之病史及神經學理學檢查，推敲出病人實際的病況及問題所在，進而解決病患的問題。學科教學以循序漸近的形式，從小組教學學習，到教授級的臨床講座，最後讓學生實際接觸病人，並完成基本之臨床照護。同時藉由與病人一來一往之實際交流，參與病患因患病所面臨的各種問題，以培養醫病間之同理心，增進醫病關係。

師資

神經學科為了教學之需求，除延攬各次專學門大堂課及臨床教學師資外，並鼓勵教師積極參與教學能力提昇研討會，加速自我教學能力之改進。師資陣容如下表列：

專兼任別	職稱	姓名	最高學歷	專長	講授科目
專任	副教授	袁瑞昱	台北醫學大學醫學系	巴金森氏症、神經內科學	臨床神經診斷學、神經病態生理學
專任	助理教授	許昭俊	台灣大學職業醫學與工業研究所	週邊神經病變、職業神經疾病	神經學、神經生理解剖學
專任	助理教授	胡朝榮	台北醫學大學醫學系	神經分子生物學	神經學
專任	助理教授	陳威宏	台灣大學醫學系	神經內科學	神經學
專任	助理教授	林慧娟	美國哈佛公衛學院公衛碩士	一般神經醫學、流行病學、腦中風	神經學
專任	助理教授	宋家瑩	日本國立千葉大學神經病態學博士	腦血管疾病、失智症、頭痛	神經學
專任	助理教授	汪漢澄	臺灣大學醫學系畢業	巴金森氏症、不自主運動、動作障礙疾病	神經學
專任	助理教授	連立明	台北醫學大學臨床醫學研究所博士班	腦中風、神經內科學	神經學
兼任	教授	陳榮基	臺灣大學醫學系畢業	不自主運動、巴金氏症、腦中風、老人失智症	神經學
兼任	副教授	劉祥仁	台北醫學大學醫學系	腦血管疾病、失智症	神經學
兼任	副教授	鄧樂明	台北醫學大學醫學系	中樞神經感染症	神經學
兼任	助理教授	林高章	成大環境醫學研究所碩士	神經內科學、腦中風、環境醫學	神經學
兼任	助理教授	陳韋達	陽明大學醫學系	頭痛、頭暈、失智症、腦磁圖	神經學
兼任	講師	葉珀秀	臺灣大學醫學系畢業	神經內科學、癲癇	神經學
兼任	講師	詹金烈	台北醫學大學醫學系	行為神經學、	神經學

				神經精神學	
兼任	臨床教授	洪啟宗	台北醫學大學醫學系	神經復健、癲癇	神經學
兼任	臨床副教授	薛一鴻	高雄醫學大學醫學系	失智症、頭暈、頭痛	神經學
兼任	臨床講師	翁興裕	台北醫學大學臨床醫學研究所博士班	週邊神經病變、半邊顏面或眼瞼痙攣	神經學
未聘任		游家銘	台北醫學大學醫學系	一般神經醫學、腦血管疾病	神經學

研究特色

神經學科已陸續延攬各領域的國內外研究師資，預計成立腦中風研究團隊，2009 年之近 3 年研究重點如下。台灣地區多醫院腦中風登錄計畫

建立一個腦中風與血管性失智症之 mRNA 庫及尋找腦中風與血管性失智症病人之特異表達基因，特別是 PPAR- γ 相關基因 96-99 睡眠中 iNOS, PER1 表達與神經退化疾病病人記憶固化之影響 97.08-100.08 血管性巴金森症候群之臨床及 MTHFR 基因多型性研究 98.01-98.12

異戊二烯類黃酮(PPLs)用於輕度阿茲海默症輔助性治療之可行性分析 IRB: CRC-04-08-03 帕金森氏病人由非麥角多巴胺受體致效劑力必平劑量逐步調整為樂伯克後其藥效、安全性及抗憂鬱作用之比較 IRB:

CRC-06-08-03

(袁瑞昱 主任/副教授)

Department of Neurology

History and Overview

Department of Neurology was established in 2003. At that time the majority of teachers were from outside experts. In 2003, neurology had three full-time teachers, Professor Chung-Yi Hsu (former president), associate professor Rey-Yue Yuan, and lecturer Jan-Jiuan Sheu. The Director is Rey-Yue Yuan. Through the requirement of Taiwan Medical Accreditation Council (TMAC) and Director's efforts, the Department of Neurology enriches the teachers. Currently, we have 8 full-time teachers, one associate professor and seven assistant Professor. In addition to physicians from University Hospital, WanFang and Shuang Ho Hospitals, physicians from Shin-Kong Hospital, Chi-Mei Medical Center physicians join the teaching team.

Goal of Education

Neurology teaching for 5th to 7th medical students set short, medium, and long-term teaching goals: Short-term education aims at developing a neurological basis for medical students and fosters the concept of interest for neuroscience. Learning history taking and neurological examination train future clinical care of patients with essential knowledge and skills. Medium-term education aims for medical students to make personal contact with patients and the theoretical conversion for clinical application. For the patient's problems by thinking and feedback in order to identify patients' diseases pathogenesis. Long-term education aims for medical students to realize the essence of holistic health care. Extend a patient's disease to patients finishing the plight of not only physical pain, but should focus on the patient's psychological stress and social role-playing of the exception. To help patients and their families face various problems arising from the disease.

Distinctive Feature of Education

Neurological symptoms and disease are often that a hair's breadth difference misses miles, with seemingly the same clinical manifestations, but the pathological mechanism is different. Therefore, the training focused on learning a tremendous amount of history taking and neurological examination, with a view to explore the patients facing the real causes of disease. The neurological patients are mostly elderly, disable, communication disorders, and multiple disorders, the need for delicate clinical care in increasing.

Under this teaching environment, we emphasize to medical students to learn from basic knowledge – neuroanatomy, neurophysiology, neuropathology, and neuropharmacology, etc., in addition to learn the medical history and clinical neurological examination, hammered out the actual condition of patients and the problem, then solve the patient's problem. Teachings are ranging from small group teaching to professor's clinical lectures, let the students to the actual contact with patients, and complete the primary care. At the same time with the patient through to the actual one to one exchange, participation in patient illness facing the problems of both doctors and patients to foster empathy, increase doctor-patient relationship.

Faculty

For the demand of teaching and research in neurology, in addition to recruiting teachers we encourage teachers to actively participate in workshops to enhance teaching abilities and accelerate the improvement of self-teaching ability.

Distinctive Feature of Research

Neurology has started to recruit research faculty national and international in various fields in order to set up stroke research team. In recent years, research projects are as follows. Taiwan's multi-hospital stroke registry program

The establish of a mRNA database and search for patients with vascular dementia-specific gene expression, especially PPAR- γ -related genes in stroke and vascular dementia, 96-99
The impact of iNOS and PER1 expression in sleep on the fixation of neurodegenerative diseases 97.08-100.08

The clinical and MTHFR polymorphism studies in Vascular Parkinson's syndrome 98.01-98.12
The feasibility of Isoprene flavonoids for the adjuvant treatment of mild Alzheimer's IRB: CRC-04-08-03

The efficacy, safety and anti-depressant effect of the gradually adjust dose of non-ergot dopamine receptor agonist from ropinirole to pramipexole in Parkinson disease IRB:

CRC-06-08-03

(Rey-Yue Yuan, Director/Associate Professor)

精神學科

教學目標與教學特色

精神醫學科：強調生理-心理-社會-文化整體的醫學觀，涵蓋精神醫學、神經科學與社會人文，因此除臨床與基礎醫學之外，也介紹古今中外藝術與人文的相關知識。不只傳授專業知識，更以提升醫學生之心靈層次為己任。

大一~大二的通識教育：

李信謙助理教授主授「醫學史」、蔡尚穎教授主授「醫學典範與倫理實踐」與附設醫院同仁開設「精神疾病與藝術」課程。

大三~大四的基礎醫學教育：

蔡尚穎教授開設「醫學心理學」，著重全人治療的觀念。

大五進入臨床實習前：

推廣典範教育教導學生成為「替他人著想」的醫者，因此蔡尚穎教授藉圖書館同仁協助開辦「醫學典範與倫理教育學程」，並有追隨典範腳蹤之校外教學。

臨床教學的實習階段：

從「了解病患的背景」開始，建構醫病關係與促進溝通技巧以及倫理判斷的省思。而臨床教學多年來主要由台北市立聯合醫院松德院區（前台北市立療養院）與本校附屬醫院精神科，提供臨床資源以及專業師資而完成，歷年來學生對於本科之教學品質均一直保持相當高的評價。

師資

蔡尚穎教授/台北醫學院醫學系、北醫附設醫院精神科主任/躁鬱症之高齡化、免疫調節、預後與死亡。

李信謙助理教授/台北醫學院醫學系、美國哥倫比亞大學公衛碩士/署立雙和醫院精神科主任//睡眠醫學、大型資料庫分析

盧孟良助理教授/台灣大學醫學系醫學士，台灣大學公共衛生研究所碩士/台北醫學大學萬芳醫院精神科主治醫師/精神藥理學、精神流行病學

陳俊興助理教授/台大醫學院醫學系、台灣大學流行病學碩士、市立萬芳醫院精神科主治醫師/精神流行病學、物質使用疾患、精神藥物學

林進嘉助理教授/台灣大學醫學系、成功大學公衛研究所碩士、奇美醫院精神科主任/流行病學、自殺

鐘國軒講師/台北醫學院醫學系、北醫附設醫院精神科

研究特色

有鑒於精神疾患尚缺東西方國家之國際合作，故本科自 1999 年起，與國際間研究躁鬱症的重要中心美國辛辛那提大學醫學院精神科，藉由國科會與教育部補助建立合作關係，人員互訪並共同合作研究，且有論文持續發表。此外，由於高齡化將衝擊開發國家，自 2005 年與加拿大多倫多大學醫學院老人精神科亦進行國際合作與人員交流，目前亦合作進行研究中。至 2009 年 10 月之研究重點如下

1. 蔡尚穎：躁症合併細胞免疫力(cell mediated immunity)升高(Biol Psychiatry 1999)、躁鬱症患者自殺死亡高危險期為發病後 7~12 年或 35 歲前(J Clinical Psychiatry 2002)、躁鬱症自然死亡的危險因子為急性期之全身發炎反應以及非肝臟的組織傷害(J Clinical Psychiatry 2005)、急性躁症患者有顯著比率為高胰島素血症且與使用 beta-blocker 有關(Progress in Neuropsychopharmacology & Biological Psychiatry 2007)、高齡躁鬱症患者認知功能顯著障礙但罹患高血壓比率顯著低於正常老人(Am J Geriatric Psychiatry 2009)
2. 李信謙：重要研究發現與刊登處：重大精神疾病患有較高之身體病罹病危險 相關論文刊登於 Biol Psychiatry, Psychosomatic Medicine, Schizophrenia Research, and J Affect Disord。
3. 盧孟良：抗精神病藥物對於胰島素分泌與新陳代謝影響之探討(J Clin Psychopharmacology 2006)；針對抗精神病藥物導致新陳代謝異常進行介入治療(Prog Neuropsychopharmacology & Biological Psychiatry 2008)。
4. 陳俊興：綜合醫院非精神科病人合併酒精使用疾患的比例是 16.5-25.7%，然而只有 14.1-25.4%被醫療人員確認(Gen Hosp Psychiatry 2004)。在精神專科醫院的嚴重精神病患合併酒精使用疾患的比例為 9.8%，而被發現的比例只有 28.2%(Psychiat Clin Neurosci 2009)。
5. 林進嘉：燒炭自殺成為台灣特有自殺趨勢(J Clinical Psychiatry 2008)
6. 鐘國軒：憂鬱症狀與血中脂肪相關，可當作偵測症狀改變的指標(Psychiat Clin Neurosci 2007)。關於自殺議題，都市化程度高者傾向採用暴力型自殺方法(J Urban Health 2008)，

且近十年來，燒炭自殺在台灣呈現一種上升的趨勢(Canadian J Psychiatry 2008)

(蔡尚穎 主任/教授)

Department of Psychiatry

Goal and Distinctive Feature of Education

The missions of the Department of Psychiatry are not only to teach the knowledge of modern psychiatry and clinical skill but also to enrich the student's mind. Thus, as teachers of the medical university, our visions and characters focus on the integration of the psychiatry, neuroscience, psychology, social and behavioral science, and medical humanities for the purpose of more understanding human behavior and better treating the patients with medical or psychiatric illness. The Psychiatry faculty members are involved in teaching in the 2nd, 4th, and 5th-to-7th years of the 7-year medical school academic program, including the Medical History (by Dr Hsin-Chien Lee), Art and Psychiatric Disorder (by Dr. Kuo-Hsuan Chung & Prof. Shang-ying Tsai), Medical Paradigm and Ethical Practice (by Prof. Shang-ying Tsai), Medical Psychology (by Prof. Shang-ying Tsai), and Psychiatry as well as internship (by all faculties). In the past decades, the clinical psychiatric program are carried out in Taipei City Psychiatric Center along with Taipei Medical University Hospitals. Our teaching programs always get the very positive appraisal from the students.

Faculty

Shang-ying Tsai/Prof./ School of Medicine, Taipei Medical College/ Chair of Psychiatric Department of Taipei Medical University and Hospital/ Psychoimmunology, aging and neuroimage, mortality and outcome of bipolar disorder
Hsin-Chien Lee /Assistant Prof. / School of Medicine, Taipei Medical College, Taipei, Taiwan; M.P.H., School of Public Health, Columbia University, New York, U.S.A; Chief of Center of

Medicine, Taipei Medical University Hospital./ Sleep medicine, large-scale dataset analysis Mong-Liang Lu /Assistant Prof. / School of Medicine, National Taiwan University; MS, College of Public Health, National Taiwan University/ Attending Psychiatrist, Department of Psychiatry, Taipei Medical University-Wan Fang Hospital/ Psychopharmacology, psychiatric epidemiology Chun-Hsin Chen/ Assistant Prof. / School of Medicine, National Taiwan University; MS, College of Epidemiology,, National Taiwan University/ Attending Psychiatrist, Department of Psychiatry, Taipei Medical University-Wan Fang Hospital/ Psychiatric epidemiology, substance use disorder, psychopharmacology Kuo-Hsuan Chung/Lecturer / School of Medicine, Taipei Medical College, Taipei, Taiwan, Attending psychiatrist , Department of psychiatry, Taipei Medical University Hospital, Taipei, Taiwan// Psycho-oncology, mood disorders, suicide

Distinctive Feature of Research

In terms of racial and cultural difference in outcome of bipolar disorder between Western and Eastern countries, we have established international collaborative relationships with Department of Psychiatry, University of Cincinnati College of Medicine, USA since 1999 and Department of Geriatric Psychiatry, College of Medicine, University of Toronto, Canada since 2005. We have following research points till Oct 2009:

1. Tsai SY: Bipolar mania may be accompanied by state-dependent activation of cell-mediated immunity (Biol Psychiatry 1999). In bipolar disorder, the period at the highest risk to complete suicide is 7 to 12 years after illness of onset or under 35 years of age; The systemic inflammation and non-hepatic tissue damage during bipolar mania are associated with the excessive mortality from natural causes (J Clinical Psychiatry 2005). Use of beta-blocker are tightly associated with increased prevalence of hyperinsulinaemia in acute mania of bipolar disorder (Prog Neuropsychopharmacology & Biol Psychiatry 2007). Elderly bipolar patients exhibit worse cognitive function and have significantly lower comorbidity of hypertension compared to healthy elderly controls. (Am J Geriatric Psychiatry 2009).
2. Lee HC: Research Findings: the increased risks of physical disorders among patients with major psychiatric disorders (Biol Psychiatry, Psychosomatic Medicine, Schizophrenia Res, and J Affective Disord)
3. Lu ML: Antipsychotics might influence the function of pancreatic beta cells and consequently induce metabolic disturbance (J Clin Psychopharmacology 2006). The metformin can attenuate the antipsychotics-induced metabolic dysregulation (Progress in Neuropsychopharmacology & Biological Psychiatry 2008)
4. Chen CH: The prevalence of current AUDs among inpatients in general hospital was 16.5–25.7%. However, the detection rate was only 14.1–25.4% (Gen Hosp Psychiatry 2004) . The prevalence of AUD among severe mental illness inpatients was 9.8%, and the detection rate was likewise as low as 28.2% (Psychiat Clin Neurosci 2009) .
5. Lin JJ: The charcoal burning is a more common suicide method in Taiwan (J Clinical Psychiatry 2008) ; Association between the accessibility to lethal methods and method-specific suicide rates in Taiwan.(J Clinical Psychiatry 2006).
6. Chung KH: Serum lipid could be the marker of clinical symptom (Psychiat Clin Neurosci 2007) . As to suicide, people who had higher urbanicity level tend to commit suicide with violent method (J Urban Health 2008), and there seems an upward trend of charcoal-burning in recent ten years in Taiwan (Canadian J Psychiatry 2008). °