

請就下列短文回答問題：

- 一、請將以下短文譯成中文，並列舉您所知之其他類似藥品例。
請闡述此種知識之臨床應用。（17%）

Genetic Variation and Phenotype Characterization

The phenotype is an observed characteristic, such as drug clearance or rate of metabolism. The phenotype is influenced not only by a person's genetic makeup (*i.e.*, genotype), but also by other factors, including age, sex, disease state(s), smoking, alcohol, and diet. Initial observations suggesting the presence of polymorphic CYP-mediated oxidative metabolism were based on interindividual differences in an observed characteristic (*i.e.*, phenotype). An exaggerated response to the antihypertensive drug debrisoquine or the discovery of defective *N*-oxidation of sparteine, an antiarrhythmic and oxytocic drug, was reported in a small number of subjects being treated with one of these drugs. Subsequent studies revealed the genetic basis for these observations as being a polymorphism in the *CYP2D6* gene. These drugs were used later in large population studies to classify subjects on the basis of function (*i.e.*, enzyme activity) as being "poor metabolizers", "intermediate metabolizers", "extensive metabolizers", or "ultrarapid metabolizers". This is illustrated in estimated by the debrisoquine metabolic ratio, which varies 1,000-fold. Thus, in these studies, debrisoquine and sparteine served as "probe drugs" to characterize enzyme activity.

- 二、請將以下短文譯成中文，並請闡述 pharmaceutical care 意義及如何應用於社區藥事執業。（17%）

Community Pharmacy Practice: The Context of the System

As this pilgrimage continues toward asserting a role in optimizing the medication use process (*i.e.*, pharmaceutical care), community pharmacy is not yet there in its nascent measure of success. Progress has been made in cognitive services remuneration and some score carding based upon improvement in economic, clinical, and humanistic patient outcomes; however, the customary success metrics for community pharmacy remain focused upon the processing of Rx's rather than the outcome associated with appropriate medication management by pharmacists. Continuing in the classical metric tradition, in 2002 the 54,000 community pharmacies processed, on average, 56,550 Rx's per pharmacy at an average price of \$54. For the first time in recent history, the 2002 Rx market sagged compared to previous years. While a decade earlier Rx volume (both number of Rx's and revenue from Rx's) rose unabated at 8% to 10% per year, 2002 was flat with 2001.

三、請閱讀處方，並回答下列問題（24%）

- 請列出一個 competent 的藥師，調劑處方的標準流程。
- 請問這張處方缺乏哪些資訊，使其成為不完整處方？
- 除了完整的處方，你還需要哪些資訊才能真正保障病患用藥的安全與有效性？
- 有什麼方法可以讓你在繁忙的門診藥局迅速得到充分資訊？
- 請問此張處方有哪些問題？
- 請問你如何處理這張處方的問題？
- 解決問題後，請你為此病人書寫正確的藥品標籤。
- 請提供此病人用藥教育資訊。

臺大醫院 國立台灣大學醫學院附設醫院

⊕NTUH

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網址：<http://ntuh.mc.ntu.edu.tw>

94/03/18 1715

病患姓名 吳 XX

年齡 079 性別 M

科別 OPH (01)

診斷 402.11

台大醫院門診調劑單

先生

Kg 身份 N01

醫師 薛 XX

Benign Hypertensive

heart disease with

congestive heart failure

覆核藥師 朱 XX

領藥窗口 09

領藥號碼 L-9053

病患姓名 吳 XX

處方日期 94/03/18

病歷號碼 225xxxx

結帳號碼 530xxxx

第 次領藥

調劑藥師 陳 XX

共 06 種

Y 01	TAPAL (ASPIRIN TABLET)	PO 1 TAB QIDPC 28 TAB
Y 02	LANOXIN (DIGOXIN TABLETS)	PO 1 TAB QIDPC 28 TAB
Y 03	COZAAR (LOSARTAN 50 MG TABLETS)	PO 1 TAB QIDPC 28 TAB
Y 03	BAKTAR (TRIMETHOPRIM 80 MG/ SULFAMETHOXAZOLE 400 MG TABLETS)	PO 2 TAB BIDPC 28 TAB

第 01 頁 共 01 頁

- 四、一位 8 個月大小兒病人使用 phenytoin injection 5 mg/kg，3 天後測血漿濃度 8 mg/L，醫師將劑量調高為 6 mg/kg，結果血漿濃度降到 0 mg/L，請問你應考慮有哪些因素造成這樣的結果？(9%)

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五、Translate the text and answer the following questions.

Obesity is an excessive accumulation of body fat secondary to poor appetite regulation and decreased energy metabolism. Appropriate treatment of the overweight/obese patient requires assessment of the degree of overweight and overall risk status. The best method is to measure the BMI which is associated with total body fat content. The waist circumference is an independent predictor of risk factors and morbidity and correlates to abdominal fat contents. A comprehensive treatment approach to obesity includes a weight loss diet, exercise, supportive psychotherapy, and behavioral modification techniques. Medication should be considered only for patients with a BMI > 30 without risk factors or > 27 with an obesity-related risk factor. Anorectic medications or lipase inhibitors should not be considered a replacement for diet, behavioral modification, and exercise, but rather as add-on therapy. Obese patients should be evaluated for hypothyroidism because it is a potential cause of weight gain. However, use of thyroid hormones to cause weight reduction in patients with normal thyroid function is not recommended. (15 points)

Questions

- 1、What is the metric conversion formula of BMI? (4 points)
- 2、What are the obesity-related risk factors? (6 points)
- 3、What are the four main types of weight loss medications? List one for each type. (8 points)

試題隨卷繳回