

表 4 SCoRS-J 得点と BACS-J composite score (総合得点) 間の相関

		SCoRS-J 評価者用 全般評価得点	SCoRS-J 評価者用 20 項目平均得点
BACS-J composite score	全体	-0.33 **	-0.49 **
	徳島	-0.53 *	-0.47
	富山	-0.48 **	-0.48 **
	弘前	-0.38	-0.42

* $p < 0.05$ および ** $p < 0.01$

BACS-J: 統合失調症認知機能簡易評価尺度日本語版

を用いた認知機能測定の妥当性を示唆するものと考えられた。今後、さらにデータを増やしたうえで検討していきたい。

本稿の一部は、第 27 回日本精神科診断学会(徳島)、第 7・8 回精神疾患と認知機能研究会(東京)、第 105 回日本精神神経学会総会(神戸)で発表した。

文献

- 1) American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). American Psychiatric Association, Washington, D.C., 1994
- 2) Bellack AS, Sayers M, Mueser KT, et al: Evaluation of social problem solving in schizophrenia. *J Abnorm Psychol* 103: 371-378, 1994
- 3) Cronbach LJ: Coefficient alpha and the internal structure of tests. *Psychometrika* 16: 297-334, 1951
- 4) Green MF: What are the functional consequences of neurocognitive deficits in schizophrenia? *Am J Psychiatry* 153: 321-330, 1996
- 5) Green MF, Kern RS, Braff DL, et al: Neurocognitive deficits and functional outcome in schizophrenia: Are we measuring the "right stuff"? *Schizophr Bull* 26: 119-136, 2000
- 6) Green MF, Nuechterlein KH, Kern RS, et al: Functional co-primary measures for clinical trials in schizophrenia: Results from the MATRICS Psychometric and Standardization Study. *Am J Psychiatry* 165: 221-228, 2008
- 7) Kaneda Y, Sumiyoshi T, Keefe R, et al: Brief assessment of cognition in schizophrenia: Validation of the Japanese version. *Psychiatry Clin Neurosci* 61: 602-609, 2007
- 8) 兼田康宏, 住吉太幹, 中込和幸, 他: 統合失調症認知機能簡易評価尺度日本語版 (BACS-J). *精神医学* 50: 913-917, 2008
- 9) Keefe RS, Poe M, Walker TM, et al: The Schizophrenia Cognition Rating Scale: An interview-based assessment and its relationship to cognition, real-world functioning, and functional capacity. *Am J Psychiatry* 163: 426-432, 2006
- 10) Marder SR, Fenton W: Measurement and Treatment Research to Improve Cognition in Schizophrenia: NIMH MATRICS initiative to support the development of agents for improving cognition in schizophrenia. *Schizophr Res* 72: 5-9, 2004
- 11) Overall JE, Gorham DR: The brief psychiatric rating scale. *Psychol Rep* 10: 799-812, 1962
- 12) Patterson TL, Goldman S, McKibbin CL, et al: UCSD Performance-Based Skills Assessment: Development of a new measure of everyday functioning for severely mentally ill adults. *Schizophr Bull* 27: 235-245, 2001
- 13) Ventura J, Cienfuegos A, Boxer O, et al: Clinical global impression of cognition in schizophrenia (CGI-CogS): Reliability and validity of a co-primary measure of cognition. *Schizophr Res* 106: 59-69, 2008

the 1990s, the number of people with diabetes has increased in all industrialized countries. In the Netherlands, the prevalence of diabetes has risen from 1.5% in 1975 to 5.5% in 1995 (1). The prevalence of diabetes is expected to increase further in the next decades (2).

Diabetes is a chronic disease with a high prevalence of complications. The most common complications are retinopathy, nephropathy, neuropathy, and cardiovascular disease. The prevalence of these complications is high, and the risk of complications is increased in people with diabetes (3). The prevalence of complications is also increased in people with diabetes who are treated with insulin (4).

The prevalence of complications is also increased in people with diabetes who are treated with oral hypoglycaemic agents (5). The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (6). The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (7).

The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (8). The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (9). The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (10).

The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (11). The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (12). The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (13).

The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (14). The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (15). The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (16).

The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (17). The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (18). The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (19).

The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (20). The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (21). The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (22).

The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (23). The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (24). The prevalence of complications is also increased in people with diabetes who are treated with insulin and oral hypoglycaemic agents (25).