

선택적 함구증 환자에서의 Fluoxetine 시험*

A CLINICAL TRIAL OF FLUOXETINE IN THE TREATMENT OF SELECTIVE MUTISM

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요 약 : 본 연구는 17명의 선택적 함구증 환자를 대상으로 8주간 20mg의 fluoxetine을 투여한 후, Clinical Global Impression(CGI), Children's Depression Inventory(CDI), Revised Children's Manifest Anxiety Scale(RCMAS) 점수를 측정하여 치료 효과를 평가하였다. 치료 전 CGI는 4.3(±0.6), CDI는 13.2(±4.2), RCMAS는 17.8(±5.6)이었다. 8주 후 CGI는 1.9(±0.9), CDI는 9.6(±3.6), RCMAS는 11.6(±3.9)로 감소하였다. CGI의 감소는 76.5%, RCMAS의 감소는 58.8%였다. 부작용은 없었다. 결론적으로, 8주간 20mg의 fluoxetine 투여는 선택적 함구증 환자의 증상 완화에 효과적이었다.

중심 단어 : Fluoxetine.

서 론
선택적 함구증(selective mutism)은 0.08% (Brown & Lloyd 1975 ; Furdudis 1979).

(American Psychiatric Association 1994).
0.03 (social

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anxiety) (social phobia) . 8
 (Black Uhde 1992 ; Leonard Topol 1993). 21 4
 17 .
 , , 4 , 3 가
 , 가 , 1
 가 가
 .
 (Hayden 1980 ; Wergeland 1979).
 (avoidant disorder) 2. 평가방법
 (subtype) (Steinhausen 가 Clinical Global Impression(CGI),
 Juzi 1996). (Children's Depression Inve-
 ntory ; CDI) (Revised Children's
 Manifest Anxiety Scale ; RCMAS) . 8
 가 가 CGI, CDI,
 가 RCMAS 2 가
 (Black Uhde 1992 ; Crumley 1990 ; Golwyn Weinstock 1990 ; Leonard Topol 1993).
 , 가 , 가
 (Wright 1968 ; Wright 1985).
 가 CDI Kovacs(1983)
 (1990)
 . 27
 0 2
 0 54 .
 phenelzine
 (Black Uhde 1992 ; Boon 1994 ; Golwyn Weinstock 1990).
 8 fluo -
 xetine
 연구대상 및 방법
 1. 연구대상
 1993 7 1996 6
 DSM - 21
 . 4 13
 , , .
 가 가 .
 (1990)
 . 37 ' ' ' ' ,
 , 28
 , 9 (lie)
 .
 4. 약물투여
 1

Table 1. Characteristics of subjects with selective mutism(N = 17)

| No | Age (yr) | Sex | Order of birth | Duration of mutism(yr) | Maintenance dose of fluoxetine(mg/d) | Concurrent psychiatric illness |
|----|----------|-----|----------------|------------------------|--------------------------------------|--|
| 1 | 8.0 | f | 1st | 2.0 | 40 | Social phobia |
| 2 | 7.1 | f | 2nd | 3.1 | 40 | None |
| 3 | 11.9 | f | 1st | 5.3 | 30 | Borderline intelligence |
| 4 | 4.0 | f | 1st | 0.6 | 40 | Articulation disorder, Developmental language delay, Familial relational problem |
| 5 | 12.6 | m | 3rd | 2.6 | 60 | Social phobia |
| 6 | 4.9 | f | 2nd | 0.9 | 20 | Articulation disorder, Developmental language delay, Familial relational problem |
| 7 | 8.3 | f | 1st | 1.8 | 20 | Borderline intelligence, Familial relational problem |
| 8 | 5.5 | m | 1st | 2.5 | 20 | Social phobia, Familial relational problem |
| 9 | 4.9 | m | 1st | 1.8 | 20 | Social phobia, Familial relational problem |
| 10 | 13.8 | m | 2nd | 7.8 | 60 | Borderline intelligence, Familial relational problem |
| 11 | 7.1 | f | 1st | 1.0 | 20 | Borderline intelligence, Familial relational problem |
| 12 | 7.8 | f | 1st | 3.5 | 20 | Borderline intelligence, ADHD |
| 13 | 12.5 | f | 2nd | 7.5 | 20 | Social phobia, Familial relational problem |
| 14 | 6.5 | f | 2nd | 4.5 | 20 | Social phobia |
| 15 | 6.8 | F | 1st | 3.8 | 40 | Social phobia, Articulation disorder, Familial relational problem |
| 16 | 9.3 | f | 1st | 4.3 | 60 | ADHD, Familial relational problem |
| 17 | 8.2 | f | 1st | 3.0 | 40 | Social phobia, Familial relational problem |

1
가
2
80mg
5. 자료의 분석
8
가 CGI, CDI, RCMAS
paired t - test
ANOVA
연구 결과
4 , 13
2.6
(± 1.8)
60mg
가
가 11 ,

Table 2. Comparison of scale scores between pre-treatment and post-treatment period

| Scale | Pre-treatment (m ± SD) | Post-treatment (m ± SD) | p |
|-------|------------------------|-------------------------|-------|
| CGI | 4.3 ± 0.6 | 1.9 ± 0.9 | 0.000 |
| CDI | 17.8 ± 5.6 | 11.6 ± 3.9 | 0.000 |
| RCMAS | 13.2 ± 4.2 | 9.6 ± 3.6 | 0.002 |

GI : Clinical Global Improvement
CDI : Children's Depression Inventory
RCMAS : Revised Children's Manifest Anxiety Scale

8 , 5 , 3 ,
2 (Table 1).
8 fluoxetine CGI 1.9(±0.9)
4.3(±0.6)
(t = 7.98, p = 0.00), CDI
17.8(±5.6) 11.6(±3.9)
(t = 4.44, p = 0.00).
RCMAS 13.2(±4.2)
9.6(±3.6)
(t = 3.64, p = 0.002)(Table 2).
가 2 (much impro -

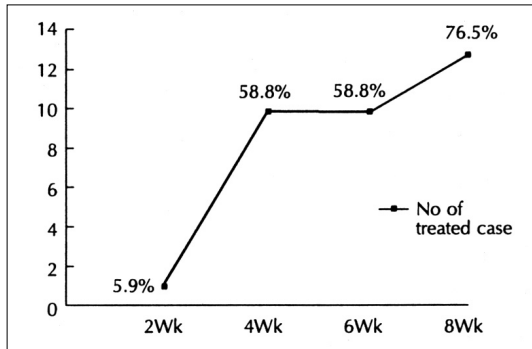


Fig. 1. Changes of number of treated subjects by treatment period. Treated subject defined as 2 or less in CGI score.

Table 3. Side reactions of fluoxetine (N = 7)

| Reactions | No (%) |
|---------------------------|----------|
| Decreased appetite | 9 (52.9) |
| Excitement/disinhibition | 6 (35.3) |
| Difficulty falling asleep | 5 (29.4) |
| Nausea | 5 (29.4) |
| Dry mouth | 2 (11.8) |

ved) ' (treated case) ' fluoxetine (1996) 15 fl-
 8 , 2 1 (5.9%) , 4 uoxetine
 10 (58.8%), 6 10 (58.8%), 8 20mg 60
 13 (76.5%) 가 , 4 가 mg 6
 가 가 . Fluoxetine
 가 (Fig. 1). Black Uhde(1994) ,
 8 가 16
 8 fluoxetine 12 fluoxetine
 가 9 (52.9%), / 가 6 (35.3%), , fluoxetine
 5 (29.4%), 5 (29.4%), 2 , fluoxetine
 (11.8%) . 2 8 fluoxetine 2 CGI
 fluoxetine 2 2 1

(Table 3).

고 찰

가 가

. Calhoun

Koenig(1973) 8

, 5
 , Scott(1977) 7

, 3

가

(Kolvin Fundudis 1981).

17

fluoxetine 20 60mg 8 ,
 CGI ,
 CGI .
 가
 . Black Uhde(1992), Boon
 (1994) fluoxetine 가

(1996) 15 fl-
 uoxetine , 20mg 60
 mg 6

. Fluoxetine
 Black Uhde(1994) ,
 16
 12 fluoxetine
 , fluoxetine

fluoxetine
 가
 8 fluoxetine 2 CGI
 2 1
 , 4 6 가
 가 10 (58.8%) , 8 13 (76.5%)
 가 . fluoxetine 8
 가

12

(Birmaher 1994).

CGI

가 , .

가 ' , CGI , .

2 (much improved) , , .

가 (1996 ; Wergeland 1979). 가

가 가 가

Child Behavior Checklist 가 (Black Uhde 1992 ; Boon 1994).

phenelzine fluo - xetine (Golwyn Weinstock 1990 ; Liebowitz 1991) .

Hayden(1980) 4

17 8 (47%) 가 .

RCMAS CDI (sy - mbiotic mutism) ;

fluoxetine CDI (passive - aggressive mutism) ;

fluoxetine (reactive mutism) ;

(speech phobic mutism) ' (Crumley 1990 ; Golwyn Weinstock 1990 ; Leonard Topol 1993).

가 가

Black(1997) 15 . Hayden(1980)

12 fluoxetine 4가 , 가

fluoxetine (sybiotic mutism)

가 97% 가 가

. 가

가

(Hayden 1980 ; Kolvin Fundudis 1981 ; Parker 1960 ; Wergeland 1979 ; Wilkins 1985 ; Wright 1985). Krolian(1988)

가가 , 가

가

가 .
 가 ,
 가
 가 .
 (Hayden 1980 ; Hesselman 1983),
 (Kolvin Fundudis 1981 ;
 Wergeland 1979). Wilkins(1985) 24
 25%가
 , 50% 가
 , Wright(1968)
 24 5 (articulation)
 가 .
 가
 가
 가 , 8
 가
 가 .

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ABSTRACT

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IN THE TREATMENT OF SELECTIVE MUTISM**

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We examine the clinical efficacies of fluoxetine in treating the children with selective mutism. In an 8-week open-label clinical study, 17 children with selective mutism are received 20-60mg/day of fluoxetine. Our results reveal that 13 subjects(76%) of 17 subjects improve statistically in within-subjects comparison of pre- and post-treatment changes in the scores of Clinical Global Impression scale for mutism, Children's Depression Inventory scale, and Revised Children's Manifest Anxiety Scale. These data suggest that selective serotonergic antidepressants may be effective in treating selective mutism in children and adolescents.

KEY WORDS : Selective mutism · Fluoxetine.