

# クオリアとしての自覚症状からみた歯科心身症 —“歯科心身症記憶説”の提唱—

中村 廣一

## Consideration of psychosomatic dental disease (PSD) from the viewpoint regarding the subjective symptom as qualia —Suggestion of the “memory theory of PSD”—

Hirokazu Nakamura

**Abstract:** In spite of various studies of PSD, nowadays its essence has not been made clear. The aim of this study is to discuss the origin of the subjective symptom without any stimulation factor accompanied with PSD and to suggest the essence of PSD, from the viewpoint regarding subjective symptom as qualia. Through the discussion based on literatures and the author's clinical experience, it is suggested that subjective symptom of PSD is derived from non-declarative memory of original dental disease ever suffered. Based on this suggestion and the fact that PSD is a subjective symptom itself, the “memory theory” of PSD is led. That is, the essence of PSD is mainly non-declarative memory of subjective symptom of original dental disease. On the basis of this hypothesis, it is suggested that any irreversible dental treatment is not proper to the treatment of PSD and antidepressants and psychotherapeutic management are useful because of the effect on LTP (Long term potentiation) which is the biological base-ment of memory. Dentists have to be the key person treating PSD because they have an advantage on the familiarity with the original dental disease and iatrogenic aspects accompanied by the treatment.

**key words :** psychosomatic dental disease, subjective symptom as qualia, memory  
キーワード：歯科心身症、クオリアとしての自覚症状、記憶

### I. 緒 言

#### 1. 本検討の目的

著者は、歯科心身医学を歯科における「主観の科学」として捉える立場から<sup>1)</sup>、歯科臨床にかかわる種々の問題点の検討を行い、最終的にクオリア概念の歯科臨床への導入に至った<sup>2-4)</sup>。本検討の目的は、自覚症状をクオリアとして捉える従来からの見方に基づいて、歯科心身症の刺激源を見出せない自覚症状（以下、「刺激源なき自覚症状」）に着目してその由来を考察し、それを手がかりに本症の本態を推測するところにある。今回の検討材料は、本学会を中心とした先人の業績、脳科学に関する一般向け科学書、自家論文および自家臨床体験である。

#### 2. 歯科心身症の便宜的定義

本症の「刺激源なき自覚症状」を検討するにあたって、歯科心身症という病態を定義しておく必要がある。ここではこれまでの多くの見解の是非には触れず、便宜的に「歯科心身症は臨床的な検索では刺激源を認めず、歯科的な自覚症状のみが慢性的に持続する機能的病態をいう。患者の思考や言動には異常性を認めない」と単純かつ明確に定義する。ここで歯科心身症として念頭に置いた病型は、舌痛症、非定型歯痛、咬合違和感症候群、ファントム・バイト、義歯関連不定愁訴症候群（義歯不適応症）である。

#### 3. 歯科心身症の“病型横断的特徴”

歯科心身症とされる各種病型には、自覚症状の大き

元国立精神・神経センター武蔵病院歯科  
(歯科医長：中村廣一)  
National Center of Neurology and Psychiatry, Musashi

Hospital, Dental Branch (Chief: Hirokazu Nakamura)  
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# PHQ-9 および GAD-7 を使用した歯科医師のうつ病に関する知識についての調査

松岡 紘史<sup>1,2)</sup>・安彦 善裕<sup>3)</sup>・豊福 明<sup>4)</sup>・森谷 満<sup>5)</sup>  
坂野 雄二<sup>6)</sup>・千葉 逸朗<sup>1)</sup>・斎藤 一郎<sup>7,8)</sup>

## The investigation of a dentist's knowledge about depression using PHQ-9 and GAD-7

Hirofumi Matsuoka<sup>1,2)</sup>, Yoshihiro Abiko<sup>3)</sup>, Akira Toyofuku<sup>4)</sup>, Mitsuru Moriya<sup>5)</sup>  
Yuji Sakano<sup>6)</sup>, Itsuo Chiba<sup>1)</sup>, Ichiro Saito<sup>7,8)</sup>

**Abstract:** The purpose of this study was to examine a dentist's knowledge about the screening of depressive disorders. Two hundred eight dentists were required to assess the importance of each item on a 9-item Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder 7-item scale (GAD-7) from the standpoint of diagnosis of depressive disorders. To compare the average score on GAD-7 and each 9 items score on PHQ-9, the Analysis of variance was conducted. The results of our study showed that the five items on PHQ-9 (having little interest, feeling down, tired, feeling bad about oneself, suicidal ideation) were rated as significantly more important than items on GAD-7. Troubling concentrating, trouble sleeping, poor appetite and feeling slow were not rated significantly as important than items on GAD-7. In particular, having little interest and feeling down which are cardinal symptoms of depressive disorders, were rated as very important.

**key words:** depression, screening, dentist  
キーワード: うつ病, スクリーニング, 歯科医師

### 緒 言

うつ病は非常に有病率の高い疾病であり<sup>1)</sup>, 世界的に大きな社会問題である。うつ病によって引き起こされる問題の1つに自殺があり<sup>2,3)</sup>, 自殺対策の観点からうつ病の早期発見が試行されている<sup>4)</sup>。日本におい

ても医療法を根拠として, 5 疾病・5 事業の1つとしてうつ病を始めとする精神疾患が取り上げられている<sup>5)</sup>。

プライマリケアにおけるうつ病の有病率は非常に高いことから<sup>6)</sup>, プライマリケア医がうつ病を発見・治療する役割を担えるように, さまざまな対策が自殺対

<sup>1)</sup> 北海道医療大学歯学部口腔構造・機能発育学系保健衛生学分野

<sup>2)</sup> 北海道医療大学病院医療心理室

<sup>3)</sup> 北海道医療大学歯学部生態機能・病態学系臨床口腔病理学分野

<sup>4)</sup> 東京医科歯科大学大学院医歯学総合研究科歯科心身医学分野 (主任: 豊福 明)

<sup>5)</sup> 北海道医療大学個性医療科学センター

<sup>6)</sup> 北海道医療大学心理学部

<sup>7)</sup> 鶴見大学歯学部病理学講座 (主任: 斎藤一郎)

<sup>8)</sup> ドライマウス研究会

<sup>1)</sup> Division of Disease Control and Molecular Epidemiology, Department of Oral Growth and Development, School of Dentistry, Health Sciences University of Hokkaido

<sup>2)</sup> Division of Medical Psychology, Health Sciences

University of Hokkaido Hospital

<sup>3)</sup> Division of Oral Medicine and Pathology, School of Dentistry, Health Sciences University of Hokkaido

<sup>4)</sup> Division of Psychosomatic Dentistry, Graduate School of Medical and Dental Sciences, Tokyo Medical and Dental University (Chief: Prof. Akira Toyofuku)

<sup>5)</sup> Institute of Personalized Medical Science, Health Sciences University of Hokkaido

<sup>6)</sup> School of Psychological Science, Health Sciences University of Hokkaido

<sup>7)</sup> Department of Pathology, Tsurumi University School of Dental Medicine (Chief: Prof. Ichiro Saito)

<sup>8)</sup> Dry mouth society in Japan

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## 12 cases of administration of iron to tongue pain patients with iron deficiency

Yosuke Fukushima, Toshiyuki Yoshida, Tomohisa Kitamura, Tetsuya Yoda

### 鉄剤投与された鉄欠乏を伴う舌痛患者 12 例

福島洋介・葭田敏之・北村智久・依田哲也

#### I Introduction

Iron deficiency causes a glossitis characterized with a rubefaction and/or atrophy of lingual mucosa, and some of glossitis patients exhibit tongue pain. A glossodynia is defined as a tongue pain or other discomfort(s) without any organic dysfunction in the tongue<sup>1)</sup>. In glossodynia patients with iron deficiency, it is possible that an iron deficiency causes some microscopic pathological change(s), although no macroscopic pathological change is observed. This study administrated iron preparation to twelve patients with tongue pain and iron deficiency, and investigated the changes of symptom (s).

#### II Cases and Courses

TA total of twelve patients who complained tongue pain and exhibited iron deficiency were enrolled in this study. Serum iron values of all the patients were lower than 60.0 $\mu$ g/dL, and they were diagnosed as iron deficiency. The values of hemoglobin (HGB) of the patients except for case 8 to 11 were lower than standard value (13.2g/dL in man and 11.1g/dL in woman), and they were diagnosed anemic. The case 1 to 7 and 9 were diagnosed as glossitis caused by iron-deficiency anemia, the case 8 was diagnosed as glossitis caused by iron deficiency. The case 10 and 12 were

diagnosed as glossodynia with iron-deficiency anemia, and the case 11 was diagnosed as glossodynia with iron deficiency. The patients were administrated iron preparation at 50-100mg/day for 12 weeks. Serum iron values were increased in all of the cases and the iron-deficiency was cured except for case 3, 4, and 5. Anemia of case 1 to 5 was cured, and subjective symptom and objective findings were lost in these cases. Anemia of case of 6, 7, and 8 was not cured. In case 6, both subjective symptom and objective findings were not lost. Although anemia was not cured, subjective symptoms were lost in case 7, and subjective symptoms and objective findings were lost in case 8. In case 9, both subjective symptoms and objective findings were not lost. In case 10 and 11, subjective symptoms were lost although the anemia was not cured. In case 12, anemia was cured, however subjective symptom was remained (Table 1).

#### III Discussion

The administration of iron preparation cured the subjective symptom and objective findings in case 1 to 5, and 7, therefore the glossitis of these cases was thought to be caused by the iron deficiency. The Serum iron values of case 3, 4, and 5 were still lower than the standard value after the treatment. Although the Serum iron values were increased from the values before the treatment and HGBs