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調研／研究報告

«中醫情志養生治療抑鬱症- 課程建構及初步試驗»

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內容

摘要

抑鬱症是病因不明，但患病率不斷增長的精神疾病。諸多研究顯示，不良生活方式與抑鬱關係密切。聚焦多種不良生活方式危險因素可緩解抑鬱。中醫養生，歷史悠久，涉及鍛煉、飲食、調神和睡眠等多種生活方式因素，可能可發展成一種系統的生活方式醫學。然而，目前缺乏聚焦於香港抑鬱症病人的中醫養生課程。故本專案旨在建構一個切合香港抑鬱症病人需求的養生課程，包括 3 階段研究，24 個月內完成，效果良好。

第一階段，“中醫養生學文獻回顧及分析”，詳細回顧並歸納中醫養生的內容，結果共納入 18 項隨機對照試驗研究，薈萃分析顯示，以中醫為基礎的整合性健康干預能夠緩解抑鬱。該成果已發表於學術期刊。第二階段，成功構建“一個中醫養生短期課程，並由本地專家小組達成共識”。該課程涉及三個維度，養心（$n = 14$）、時養（$n = 6$）、養氣（$n = 6$），最終形成一套圖文並茂的教材。該階段成果已撰寫成論文，投稿中。第三階段，“試驗可行性及收集病人回饋”，在先導隨機對照試驗驗證了中醫養生治療抑鬱的可行性、接受性及初步果效，並通過質性研究收集課程回饋。具體來說，該項目通過 94 天實現目標人群的招募，81.25%較願意繼續學習中醫養生課程，多數學員感知到“中醫養生治療抑鬱症課程原來那麼獨特且豐富”。該課程被證實可較大程度緩解抑鬱（$p = 0.004$, $d = 1.07$]），且這種有效性在隨訪結束時仍存在（$p < 0.001$, $d = 1.01$]）。該階段研究成果進行大會交流，並將以學術論文形式發表。

簡介

抑鬱症屬於病因尚未明確的常見精神障礙之一，其主要特徵為長時間情緒低落或失去對活動的興趣或快樂，甚或有自殺念頭。據報導，香港抑鬱症患病率逐漸增長，已從 2017 年的 6.5%升至 2019 年的 11.2%。[1]

生活方式與心理健康關係日漸得到關注。已有研究人員著手探究生活方式醫學對促進心理健康的潛在效果。生活方式醫學是指通過改變個人的行為選擇和習慣，來預防和治療疾病，進而解決根本問題。[2]越來越多的證據顯示，抑鬱症與患者的生活方式息息相關。[3-5] 例如，不良飲食習慣、久坐不動的生活方式、吸煙和藥物濫用、長時間愛使用電子產品等，都會增加抑鬱症發生的風險。[3]

中醫養生歷史悠久，源遠流長，可以發展成為一項有系統的生活方式醫學。中醫養生涵蓋了未病先防、既病防變、瘥後防復“三個層面”，強調個體應注重保養身體，培養正氣，提高機體的抗邪能力，進而達到未生病前預防疾病的發生，生病後防止疾病進一步發展，疾病痊癒後防止復發的目的。中醫在發展過程中，養生概念也已根深柢固於華人社會中，影響他們對健康行為習慣的觀念。

中醫養生主要包括飲食、鍛煉、睡眠和調神等內容，在教育養生方法與知識的同時， 並協助抑鬱病人改變不良生活習慣，均有助於抑鬱症獲得更好的預後。儘管，中醫的個別養生手段，例如推拿、氣功及五行音樂，雖然都有個別驗證，但就中醫養生理念作為整個手段去改變抑鬱病人生活習慣的驗證則鮮見。[6]一項納入 120 名參加者的隨機對照試驗，證實了運用互聯網進行中醫養生調攝對較認知行為療法更可治療失眠患者的抑鬱情緒。[7]

儘管上述研究提示了，中醫養生可用作一種藉以指導病人改善生活習慣，令病人生活得健康的治療手段，但其內容在不同研究中存在差異、且描述亦未夠詳盡缺乏系統，故較難重覆驗證。再者，其中內容未經其他中醫專家同儕審閱，內容可能或有遺留及可再盡善之處。有見及此，本研究針對先前所述的局限，以系統方法規範及進一步優化課程內容。同時經由本地執業的醫師參與建構養生教育內容，令內容更合適本地患者，幫助中醫師更有效地教育抑鬱症病人，以中醫養生改善抑鬱症狀。

宗旨和目標

本研究項目旨在建構一個切合香港抑鬱症病人需要的養生課程。研究目標包括:（1）回顧並歸納中醫養生的內容;（2）建構一個中醫養生短期課程，並由本地專家小組達成共識 ;（3）測試本計劃建構的中醫養生課程，並收集參加者和課程導師(中醫師)意見;（4）初步評估中醫養生課程對減輕抑鬱症狀的可行性及療效。

方法

第一階段: 中醫養生學文獻回顧及分析（2022 年 4 月 1 日至 2022 年 6 月 30 日）

回顧並歸納中醫養生的內容包括 2 部分內容，在產生中醫養生短期課程內容初稿後，並根據香港的情況(例如飲食、工作文化)進行修改。

i. 方法：採用系統評價和薈萃分析總結和評估中醫養生治療抑鬱症的應用現狀與有效性

文獻檢索時間自資料庫建立到 2022 年六月。檢索了 10 個英文電子資料庫和 7 個中文電子資料庫（附錄 1）。檢索詞為“中醫養生”、“中醫護理”、“抑鬱”及“隨機對照試驗”，找尋以中醫為基礎的整合性健康干預。

ii. 方法：系統回顧中醫治療抑鬱症的臨床實踐指南中的養生建議

我們系統回顧了中醫治療抑鬱症的臨床實踐指南[8-12]，並總結與養生相關的方法指導和內容。

第二階段: 中醫養生干預課程內容建構和規劃（2022 年 7 月 1 日至 2023 年 4 月 25 日）

i. 中醫養生短期課程內容規劃

方法：以現時浸大、中大、港大中醫學院的中醫養生課所用的教材內容作藍本，形成中醫養生短期課程的三個維度，“養心”、“時養”、“養氣”。運用德爾菲法（HSEARS20220510003，附錄 2），對第一階段形成的課程內容初稿，予以專家函詢。[13]自 2022 年 9 月 1 日至 11 月 14 日，目的抽樣 10 位

本地資深中醫師（平均年齡 41 歲，80%擁有博士學歷）擔任「德爾菲」專家小組成員（名單詳見附錄 3），評價課程內容。

ii. 修訂中醫養生短期課程內容

完成初稿的準確性、清晰度和病人可接受性，由一個專家委員會審核並給予修改意見。同時，我們也方便抽樣，正在參與本研究團隊另外一項由醫療衛生研究基金資助的“自我穴位按摩治療抑鬱症”（項目編號：19200171）的五位抑鬱病人（基本資料見附錄 4），對課程內容就準確性、相關性等提出意見。審議後，專業設計團隊設計出一套圖文並茂教材。

第三階段: 試驗可行性及收集病人回饋（2023 年 4 月 26 日至 2024 年 1 月 23 日）

i.先導隨機對照試驗（2023 年 4 月 26 日至 2023 年 10 月 21 日）

採用先導隨機對照試驗（HSEARS20230110005，附錄 5；ClinicalTrials.gov: NCT05799586），多途徑（Facebook、學校群發電子郵件、張貼招募海報；附錄 6）招募香港社區經患者健康問卷 14 評估為中度抑鬱病人 42 名（附錄 7）。一名獨立的研究員採用四或六區塊大小的區組隨機化，使用網路隨機化工具（https://www.sealedenvelope.com/simple-randomiser/v1/lists）生成了隨機數字列表。根據結果，按 1:1 的比例，將研究對象隨機分配至治療組（中醫養生課程組）和常規照護組。其中，隨機數字列表由一名獨立的研究員生成，存儲在安全且保密的電子檔中。提供項目的人員和進行篩查及基線評估的研究助理在完成基線評估之前均無法接觸到分配隱藏的結果。

治療組參加者接受為期 6 周，每週 1 節，每節 2 小時，共 12 小時中醫養生課程，包括養心 1、養心 2、時養 1、時養 2、養氣 1 和養氣 2。採用小班化廣東話教學，由註冊中醫師，結合電腦幻燈片，於香港理工大學課室授課（附錄 8）。授課運用動機訪談、教與學技巧，學員在中醫師指導下制定每週養生目標。

每次課程分發授課教材（附錄 9）和養生日誌（附錄 10）。對無法返堂學員，提供課程錄音鏈接及電子版教材。6 周隨訪期，提供隨訪養生日誌。

常規照護組參加者接受原有治療，但不能開展新的藥物治療、心理治療或心理諮詢。專案結束後，我們給予與治療組同樣的中醫養生課程作補償。

干預測評包括人口學與臨床資料（附錄 11）、結局指標（抑鬱[14]、焦慮[15]、壓力水準[16]、疲勞[17]、睡眠品質[18]、生活品質[19]、自我效能[20]、健康促進行為[21]、治療可信度和結局預期[22]）（附錄 12）。測評時間包括基線、第 2 周和第 4 周（干預中）、第 6 周（干預結束後）、第 8 周和第 12 周（干預結束後 2 周和 6 周）。

資料統計分析在 SPSS 28.0 版中進行。描述性特徵，以平均值 ± 標準差或頻率呈現。獨立樣本 t 檢驗比較兩組基線資料差異。通過廣義估計方程來測量兩組間的差異，效應值採用 Cohen's d 計算。治療可信度和結局預期採用配對 t 檢驗在治療組中測評。PHQ 測量得分差異≥ 5 將被認為治療方式對抑鬱症在臨床上有顯著改善。

ii. 質性研究（2023 年 8 月 18 日至 2024 年 1 月 23 日）

通過倫理審批（HSEARS20230511001，附錄 13）後，目的抽樣中醫養生參加者，參與面對面焦點小組訪談[23]或半結構式個人訪談[24]，分享專案參與體驗。此處除按原計劃書採用面對面焦點小組訪談外，我們還結合使用半結構式個人訪談。

資料收集方法上的調整是考慮到研究開展的可行性及隱私保護。一般來說，每輪中醫情志養生課堂的參與人數為 4-6 人。當學員參加完 12 周研究（6 周干預及 6 周隨訪後），被邀請參與訪談時，會遇到難以湊到同一天且同一時間段接受訪談的情況。同時，有些意向參與質性訪談的學員對在小組情況下交談體驗有所顧慮，但他們願意參與個人訪談。結合上述情況（時間衝突或個人隱私問題），我們將面對面個人半結構式訪談新增為資料收集方法之一，以滿足不同學員需求，進而獲得豐富的課程參與體驗、感受及實踐中醫情志養生中遇到的挑戰。

資料分析採用內容分析法[25]。此過程並非線性，而是一個循環往返的過程。具體步驟為：首先，研究員反復閱讀訪談轉錄稿，以深入理解並把握學員對參與中醫養生項目治療抑鬱的體驗和感受。接著，學員獨立逐字逐句得閱讀，並逐行編碼訪談轉錄稿，以識別出於參與中醫情志養生有關的可能意義單元（meaning units）。隨後，編碼單元根據其相似性和差異性進行比較、組織和提煉到更抽象的層次；在此過程中，謹慎確保凝縮單元的核心意義不變。例如，“不再像以前那樣發脾氣”和“深呼吸，而不是像以前那樣發脾氣”具有一定程度的相似含義，被歸為更高抽象層次的編碼單元“變得平靜”。最後，通過歸納和互動的過程提取、凝縮並將若干抽象編碼單元歸類為亞主題和主

題。當達到資料飽和，即獲取新資料後，幾乎沒有產生新內容豐富現有亞主題/主題。此時，停止資料收集。

結果

第一階段: 中醫養生學文獻回顧及分析

經過對 10 個英文數據庫和 7 個中文數據庫的檢索（數據庫信息，詳見附錄 1），最終共納入 18 項隨機對照試驗研究（附錄 14）。薈萃分析顯示，以中醫為基礎的整合性健康干預能夠緩解抑鬱（SMD= -2.05; 95% CI: -2.74, -1.37, p < .00001）。總結與養生相關的方法指導和內容，為中醫養生教育課程提供資料。

第二階段: 中醫養生干預課程內容建構和規劃

i. 中醫養生短期課程內容規劃

經過三輪德爾菲專家函詢（專家小組小組成員信息，詳見附錄 3），達成納入中醫養生短期課程的內容，共包括 26 個條目（附錄 15），涉及三個維度，養心（$n = 14$）、時養（$n = 6$）、養氣（$n = 6$）。三輪德爾菲專家函詢的實踐比申請書中 4 輪的預估少了一輪。這樣改變的原因在於：本研究在實踐開展中，經過兩輪德爾菲專家函詢已獲得一致性的條目。由於數量相對較多，經過第三輪德爾菲調查，予以已達一致性條目進行重要性排序，根據平均均值排序，選擇出各維度中前 50%的條目。故實際開展過程中，開展了 3 輪德爾菲調查。德爾菲報告，詳見附錄 16。該論文於 2024 年 9 月 16 日，投稿與《精神護理檔案》（Archives of Psychiatric Nursing），審稿中。

ii. 修訂中醫養生短期課程內容

中醫養生課程經專家委員會審核，結合抑鬱病人（相關招募及基本信息，詳見附錄4）意見，完成修訂。比如，根據專家意見，課程增加“增加陳皮的性、味、歸經以及如何準備陳皮飲”；根據抑鬱病人意見，課程提供更多適用於不同季節的中醫食譜。具體提出的建議，見附錄 17。最終形成一套圖文並茂的教材，包括六次課程，詳見附錄 9。

第三階段: 試驗可行性及收集病人回饋

i. 先導隨機對照試驗

干預接受性與可行性： 通過 94 天（2023 年 4 月 26 日至 7 月 28 日），實現目標人群的招募（$n = 42$）。其中，女 31 名，男 11 名，平均年齡 44.14 歲 (名單見附錄 7)。中醫體質分類結果如下，陽虛質 19.05%（$n = 8$），氣鬱質 16.67%（$n = 7$），氣虛質 16.67%（$n = 7$），痰濕質 11.90%（$n = 5$），特稟質 9.52%（$n = 4$），混合體質 9.52%（$n = 4$），血瘀質 7.14%（$n = 3$），具有非平和體質傾向 4.76%（$n = 2$），陰虛質 2.38%（$n = 1$），沒有非平和體質傾向 2.38%（$n = 1$）。兩組基線資料在人口學資料、臨床特徵方面，及結局指標方面無統計學差異（具體資料見附錄 18）。以電腦隨機分組。18 名學員完成 6 節課程（85.71%）。課程時間安排及導師名單，詳見附錄 19。項目整體停留率為 88.10% (37/42)， 脫失率為 11.90% (5/42)。 5 名脫失的學員，3 名來自治療組（1 名在隨機後但未參與課程時因日程衝突退出，另外兩名因日程衝突，分別在第八周和第十二周脫失），2 名來自對照組（1 名在隨機分組後表示日常衝突退出研究，1 名因無法聯絡上而脫失）。

學員對課程較為滿意，81.25%較願意繼續學習中醫養生課程，這包括治療組 2 名因日常衝突，在第八周和第十二周脫失的學員的積極反饋。具體課程評價反饋資料，詳見附錄 20。

干預初步效果

臨床效果：

首要結局指標——抑鬱

在干預結束時（6 周），與對照組相比，中醫養生可較大程度緩解抑鬱（$p = 0.004$, $d = 1.07$]），且這種有效性在隨訪結束時（12 周）仍存在（$p < 0.001$, $d = 1.01$])。

次要結局指標：

焦慮：在干預結束時（6 周），與對照組相比，中醫養生可中度有效緩解焦慮（$p = 0.036$, $d = 0.76$），且這種有效性在隨訪結束時（12 周）仍存在（$p < 0.006$, $d = 0.77$])。

睡眠品質：在干預結束時（6 周），與對照組相比，中醫養生可中度有效改善睡眠品質（$p = 0.007$, $d = 0.78$）。在隨訪結束時（12 周），中醫養生可較大程度提升睡眠品質（$p < 0.001$, $d = 1.21$)。

疲勞：在干預結束時（6 周），與對照組相比，中醫養生可中度有效緩解疲勞（$p = 0.005$, $d = 0.74$），且這種有效性在隨訪結束時（12 周）仍存在（$p = 0.023$, $d = 0.67$)。

健康促進行為：在干預結束時（6 周），與對照組相比，中醫養生可中度有效提升健康促進行為（$p < 0.001$, $d = 0.63$），且這種有效性在隨訪結束時（12 周）仍存在（$p = 0.013$, $d = 0.66$])。

自我效能：在干預結束時（6 周），與對照組相比，中醫養生可中度有效提升自我效能（$p = 0.044$, $d = 0.56$），在治療前後，治療可信度和結局預期無統計學差異。

臨床意義：χ 2 檢驗顯示，與對照組相比，治療組中更高比例參與者實現臨床意義的抑鬱緩解（$\chi 2 = 5.132$, $p = 0.023$)。

該先導隨機對照試驗已於 2024 年 6 月 25 日投稿於《精神病學研究雜誌》（Journal of Psychiatric Research），外審中（附錄 21）。

ii. 質性研究

共 31 名學員參與質性研究，男 8 名，女 23 名，平均年齡 45.26 歲（參與學員名單見附錄 22）。其中，焦點小組訪談（$n = 19$），半結構式訪談（$n = 12$），具體訪談實踐信息，見附錄 23。共提煉出 4 個主題和 21 個亞主題（表 1）。

主題 1：中醫養生治療抑鬱症課程原來那麼獨特且豐富（1 .1 中醫養生治療抑鬱症課程內容並不簡單、1.2 豐富應對抑鬱症狀的方法、1.3 在合適的形式、教學和氛圍中理解和實踐中醫情志養生）；主題 2：中醫養生治療抑鬱症課程的效果超過預期（2.1 促進形成基於中醫養生的健康生活方式、2.2 增強身體功能狀態、2.3 培養興趣愛好、2.4 學會感受當下、2.5 逐漸理解如何關愛自己、2.6 優化個人性格、2.7 增進人際關係、2.8 提升中醫養生的自我管理能

力）；主題 3：實踐中醫養生存在挑戰（3.1 較難理解的中醫養生詞彙、3.2 對中醫養生實踐的正確性感到困惑、3.3 缺乏實踐中醫養生的條件、3.4 少許內容不適用香港文化情境、3.5 體質判斷結果與課程內容連接不夠緊密）；主題 4：促進中醫養生治療抑鬱症課程的教學和實踐策略（4.1 豐富中醫養生治療抑鬱症課程的內容、4.2 中醫養生治療抑鬱症課程增加更多複習部分、4.3 調整中醫養生治療抑鬱症課程授課時間、4.4 減少中醫養生日記本內容、4.5 課程結束後依然可獲取到課程教學內容）。該質性研究報告已撰寫完成，已於 2024 年 6 月 23 日投稿到 BMC 補充醫學與治療雜誌（BMC Complementary Medicine and Therapies），在外審中（附錄 24）。

表 1

參與中醫情志養生治療抑鬱症體驗

主題	亞主題
主題 1:中醫情志養生治療抑鬱症課程原來那麼獨特且豐富	1.1 中醫情志養生治療抑鬱症課程內容並不簡單
	1.2 豐富應對抑鬱症狀的方法
	1.3 在合適的形式、教學和氛圍中理解和實踐中醫情志養生
主題 2:中醫情志養生治療抑鬱症課程的效果超過預期	2.1 促進形成基於中醫情志養生的健康生活方式
	2.2 增強身體功能狀態
	2.3 培養興趣愛好
	2.4 學會感受當下
	2.5 逐漸理解如何關愛自己
	2.6 優化個人性格
	2.7 增進人際關係
	2.8 提升中醫情志養生的自我管理能力
主題 3:實踐中醫情志養生存在挑戰	3.1 較難理解的中醫情志養生詞彙
	3.2 對中醫情志養生實踐的正確性感到困惑
	3.3 缺乏實踐中醫情志養生的條件
	3.4 少許內容不適用香港文化情境
	3.5 體質判斷結果與課程內容連接不夠緊密
主題 4: 促進中醫情志養生治療抑鬱症課程的教學和實踐策略	4.1 豐富中醫情志養生治療抑鬱症課程的內容
	4.2 中醫情志養生治療抑鬱症課程增加更多複習部分
	4.3 調整中醫情志養生治療抑鬱症課程授課時間
	4.4 減少中醫情志養生日記本內容
	4.5 課程結束後依然可獲取到課程教學內容

討論

第一階段: 中醫養生學文獻回顧及分析

通過回顧並歸納中醫養生治療抑鬱症的研究，得出現有研究存在的問題。比如，納入的中醫養生緩解抑鬱的隨機對照試驗研究，質量較差，未報導研究干預的開發過程，也未報導該干預應用的方法學框架或理論框架。這些局限性為本專案課程的開發提供了方向。

第二階段: 中醫養生干預課程內容建構和規劃

首次運用德爾菲專家函詢法，達成養生內容的共識。該方法的設計與實踐呈現出優勢，為後續中醫藥領域相關複雜干預的落實提供方法學借鑒。比如，（1）採用不同人口學資料的同質性樣本，且 10 名本地中醫師熟悉研究主題，進而確保德爾菲研究的內容效度[26]；（2）德爾菲專家小組成員對調查研究積極主動，100%完成 3 輪調查。經專家委員會與香港抑鬱病人修訂後課程內容，更符合香港情境。

第三階段: 試驗可行性及收集病人回饋

i. 先導隨機對照試驗

研究顯示，中醫養生項目是可行的、可接受的以及初步有效的。

就可行性和接受性而言，此研究招募時間（94 天）與已有多成分生活方式抑鬱干預相似[27]，但干預停留率顯著高於現有多成分生活方式抑鬱干預的停留率（50% – 78.72%）[27-31]。

就有效性而言，中醫養生被初步證實可緩解抑鬱，具有臨床意義，並能改善其他健康相關結局指標。其中，干預結束時，本治療呈現較大抑鬱緩解效果 (p = 0.004, d = 1.07)。這效應值與 1 項多成分生活方式抑鬱治療相似（d = 1.05）[27]，但優於一些心理干預（放鬆治療（d = −0.57）[32]，接納承諾療法（g = 0.47）[33]，單成分補充和替代療法如指壓療法 (d = −0.34) [34]。

ii. 質性研究

該研究結果豐富呈現出中醫養生課程參與者的積極體驗，如讓香港抑鬱患者感知到原來中醫養生內容較為獨特且豐富。同時，質性研究的結果也揭示出中醫養生初步有效性產生的影響因素，比如，促進形成基於中醫養生的健康生活方式、增強身體功能狀態、培養興趣愛好、學會感受當下、逐漸理解如何關愛自己、優化個人性格、增進人際關係。這些因素與量性研究結局指標有效性較為呼應，從不同呈現角度證實中醫養生課程的意義。此外，該質性研究發現還較好地為後續課程的優化改進提供指導，為未來行為改變機制的探究提供方向。

影響

第一階段: 回顧並歸納中醫養生的內容

此系統評價和薈萃分析不僅為本研究項目第二階段建構一個中醫養生短期課程，提供了理論基礎，同時，已在期刊雜誌中得以發表，予以傳播[35]。

第二階段: 中醫養生干預課程內容建構和規劃

該階段成功開發出基於香港文化情境的一套基於循證依據，並達專家共識的圖文並茂的中醫養生教材。同時，該階段產生“中醫養生干預課程開發”的學術論文（附錄 16）。 該論文於 2024 年 9 月 16 日，投稿與《精神護理檔案》（Archives of Psychiatric Nursing），審稿中。

第三階段: 試驗可行性及收集病人回饋

該階段影響涵蓋四方面。（1）驗證了中醫養生緩解抑鬱課程的可行性、接受性及初步有效性；（2）評估階段中呈現出現有關課程的問題，為後續項目的優化提供了方向；（3）產生的兩篇學術論文，分別為“中醫養生治療抑鬱：一項先導隨機對照試驗”和“參與和實踐中醫養生治療抑鬱體驗的質性研究”。其中，第一項研究摘要和第二項研究摘要將分別於 2024 年針灸研究協會國際會議中予以大會口頭彙報和壁報交流；（4）中醫養生課程的成功構建與驗證，在臨床上幫助抑鬱症病人形成更健康的生活方式。同時，此課程利於中醫師及中醫護士，在門診和（或）住院抑鬱病人予以健康教育的藍本。此外，本課程有助於在本港傳播“治未病”概念，引導市民養成良好的生活方式，還有助於在海內外華人社區予以調適和推廣。

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刊物（如有）

已發表的國際期刊文章

Ruan J, Chen S, Liang J, Ho FYY, Cheung T, Ho JYS, Chan WC, Chen H, Au DCW, Lee RWY, Mak YW, Yeung WF. Traditional Chinese medicine-based integrated health interventions for depression: A systematic review and meta-analysis. J Clin Nurs. 2023 Sep;32(17-18):5632-5651. doi: 10.1111/jocn.16666. Epub 2023 Mar 22. PMID: 36946424. (IF: 4.2, Q1)

已發表的學術會議摘要

Ruan J, Chen S, Liang J, Ho FYY, Cheung T, Ho JYS, Chan WC, Chen H, Au DCW, Lee RWY, Mak YW, Yeung WF. Feasibility and effects of Traditional Chinese Medicine health preservation program for depression: A pilot randomized controlled trial (Abstract submission 56). *Journal of Integrative Medicine*, 2024, 22, 309 [May 23-25, 2024, Abstracts for SAR/RCMI PolyU International Research Conference]

Ruan J, Chen X, Chak KY, Ho JYS, Au DCW, Lee RWY, Yeung, WF. Experiences and perceptions of participating in Traditional Chinese Medicine health preservation program for depression: A qualitative study (Abstract submission 57). *Journal of Integrative Medicine*, 2024, 22, 343-344 [May 23-25, 2024, Abstracts for SAR/RCMI PolyU International Research Conference]

專利和其他知識產權（如有）

沒有

致謝（如有）

沒有

附錄

附錄 1 檢索使用的電子資料庫

共有 17 個數據庫用於文獻檢索，包括 10 個英文數據庫和 7 個中文數據庫。

10 個英文數據庫：Cochrane 常見精神障礙組對照試驗註冊庫（the Cochrane Common Mental Disorders Group Controlled Trials Register）、PubMed（美國國家醫學圖書館生物醫學文獻資料庫）、Embase（醫學文獻資料庫）、PsycINFO（心理學文獻資料庫）（ProQuest Dissertations and Theses，PsycINFO）、護理與輔助健康文獻累積索引（the Cumulative Index to Nursing and Allied Health Literature，CINAHL）、ProQuest 學位論文與論文庫、輔助與補充醫學資料庫（the Allied and Complementary Medicine Database，AMED）、Cochrane 對照試驗中央註冊庫（the Cochrane Central Register of Controlled Trials，CENTRAL）、世界衛生組織國際臨床試驗註冊平臺（the World Health Organisation International Clinical Trials Registry Platform，ICTRP）、ClinicalTrials.gov（美國臨床試驗註冊平臺）。

7 個中文數據庫：中國臨床試驗註冊中心（Chinese Clinical Trial Registry，ChiCTR)、中國生物醫學文獻資料庫（Chinese Biomedical Literature Database，CBM）、中國知網（the China National Knowledge Infrastructure，CNKI）、維普資料庫（VIP Database，VIP）、萬方資料庫（Wanfang）、臺灣期刊論文索引系統（NCL Taiwan Periodical Literature，NCL）、臺灣博碩士論文知識加值系統（National Digital Library of Theses and Dissertations in Taiwan，NDLTD）。

附錄 2 德爾菲倫理通過證明

THE HONG KONG POLYTECHNIC UNIVERSITY
香港理工大學

To	Yeung Wing Fai (School of Nursing)		
From	Leung Yee Man Angela, Chair, Departmental Research Committee		
Email	angela.ym.leung@polyu.edu.hk	Date	10-Jun-2022

Application for Ethical Review for Teaching/Research Involving Human Subjects

I write to inform you that approval has been given to your application for human subjects ethics review of the following project for a period from 01-Jun-2022 to 31-May-2023:

Project Title:	Development of Traditional Chinese Medicine health preservation intervention for depression: initial content validation using the modified Delphi method
Department:	School of Nursing
Principal Investigator:	Yeung Wing Fai
Project Start Date:	01-Jun-2022
Project type:	Human subjects (non-clinical)
Reference Number:	HSEARS20220510003

You will be held responsible for the ethical approval granted for the project and the ethical conduct of the personnel involved in the project. In case the Co-PI, if any, has also obtained ethical approval for the project, the Co-PI will also assume the responsibility in respect of the ethical approval (in relation to the areas of expertise of respective Co-PI in accordance with the stipulations given by the approving authority).

You are responsible for informing the PolyU Institutional Review Board in advance of any changes in the proposal or procedures which may affect the validity of this ethical approval.

Leung Yee Man Angela

Chair

Departmental Research Committee (on behalf of PolyU Institutional Review Board)

附錄 3 德爾菲專家小組成員

編號	姓名	性別	年齡	執業編號	從業時長	學歷	執業結構
1	辜炳銳	男	38	007061	11-15 年	博士	大學直屬
2	官可祈	女	42	004946	11-15 年	博士	大學直屬
3	林穎樂	女	32	007201	6-10 年	博士	私人執業
4	鍾偉楊	男	43	004268	16-20 年	碩士	大學直屬
5	吳文玲	女	36	007225	6-10 年	碩士	香港醫院管理局三方合作
6	楊君軍	男	47	006401	11-15 年	博士	大學直屬
7	Kwan Ka Lun	男	42	004947	16-20 年	博士	私人執業
8	林美玉	女	40	005277	16-20 年	博士	私人執業
9	連煒鈴	女	38	005834	11-15 年	博士	大學直屬
10	吳俊梅	女	52	007520	6-10 年	博士	大學直屬

附錄 4 五位抑鬱病人基本資料

編號	姓名	年齡	性別	學歷	職業	婚姻狀況	確診抑鬱症	是否服藥	抗抑鬱藥物
1	曹梓謙	21	男	大專或以上	學生	單身	有	有	Fluoxetine 20 mg
2	黃斯維	37	男	大專或以上	技術工人	單身	有	沒有	不適用
3	曾瑞卿	59	女	中四至中七	專業/半專業人士	單身	有	沒有	不適用
4	陳文君	20	女	大專或以上	學生	單身	有	有	Paroxetine 30mg
5	譚巧敏	20	女	大學一年級	學生	單身	有	有	Dysthymia, Zoloft 25 mg/day

附錄 5 先導隨機對照試驗倫理通過證明

THE HONG KONG POLYTECHNIC UNIVERSITY
香港理工大學

To	Yeung Wing Fai (School of Nursing)		
From	Pang Marco Yiu Chung, Chair, PolyU Institutional Review Board		
Email	marco.pang@polyu.edu.hk	Date	17-Mar-2023

Application for Ethical Review for Teaching/Research Involving Human Subjects

I write to inform you that approval has been given to your application for human subjects ethics review of the following project for a period from 01-Mar-2023 to 01-Mar-2024 **ON CONDITION that appropriate insurance is arranged for the project before the study/trial starts:**

Project Title:	Traditional Chinese Medicine health preservation intervention for depression: A pilot randomized controlled trial
Department:	School of Nursing
Principal Investigator:	Yeung Wing Fai
Project Start Date:	01-Mar-2023
Project type:	Human subjects (clinical)
Review type:	Expedited Review
Reference Number:	HSEARS20230110005

You are not allowed to start the above project if no appropriate insurance is arranged.

You will be held responsible for the ethical approval granted for the project and the ethical conduct of the personnel involved in the project. In case the Co-PI, if any, has also obtained ethical approval for the project, the Co-PI will also assume the responsibility in respect of the ethical approval (in relation to the areas of expertise of respective Co-PI in accordance with the stipulations given by the approving authority).

You are responsible for informing the PolyU Institutional Review Board in advance of any changes in the proposal or procedures which may affect the validity of this ethical approval.

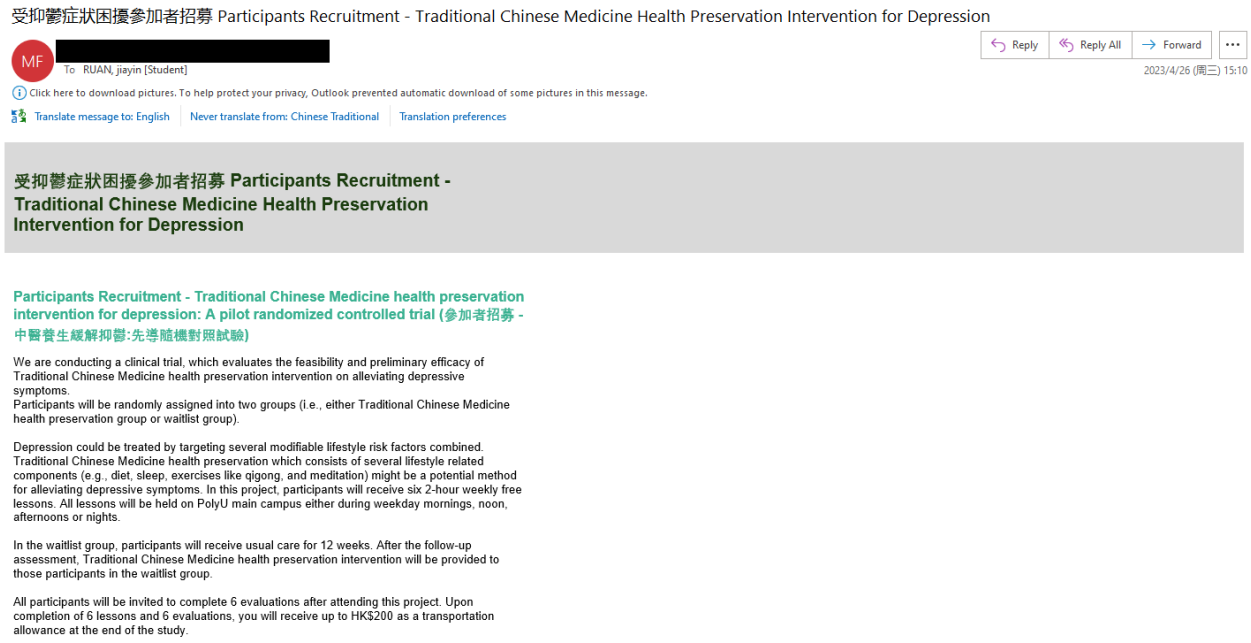
Pang Marco Yiu Chung

Chair

PolyU Institutional Review Board

附錄 6 多途徑招募圖片

學校群發電子郵件



受抑鬱症狀困擾參加者招募 Participants Recruitment - Traditional Chinese Medicine Health Preservation Intervention for Depression

MF [redacted]

To RUAN, jiayin [Student]

Reply | Reply All | Forward | ...

2023/4/26 (周三) 15:10

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Translate message to: English | Never translate from: Chinese Traditional | Translation preferences

受抑鬱症狀困擾參加者招募 Participants Recruitment - Traditional Chinese Medicine Health Preservation Intervention for Depression

Participants Recruitment - Traditional Chinese Medicine health preservation intervention for depression: A pilot randomized controlled trial (參加者招募 - 中醫養生緩解抑鬱:先導隨機對照試驗)

We are conducting a clinical trial, which evaluates the feasibility and preliminary efficacy of Traditional Chinese Medicine health preservation intervention on alleviating depressive symptoms.
Participants will be randomly assigned into two groups (i.e., either Traditional Chinese Medicine health preservation group or waitlist group).

Depression could be treated by targeting several modifiable lifestyle risk factors combined. Traditional Chinese Medicine health preservation which consists of several lifestyle related components (e.g., diet, sleep, exercises like qigong, and meditation) might be a potential method for alleviating depressive symptoms. In this project, participants will receive six 2-hour weekly free lessons. All lessons will be held on PolyU main campus either during weekday mornings, noon, afternoons or nights.

In the waitlist group, participants will receive usual care for 12 weeks. After the follow-up assessment, Traditional Chinese Medicine health preservation intervention will be provided to those participants in the waitlist group.

All participants will be invited to complete 6 evaluations after attending this project. Upon completion of 6 lessons and 6 evaluations, you will receive up to HK$200 as a transportation allowance at the end of the study.

招募海報


THE HONG KONG POLYTECHNIC UNIVERSITY
香港理工大學
中醫養生緩解抑鬱:
先導隨機對照試驗
中醫養生，歷史悠久，內容涉及多方面生活方式的習慣，如中醫食療、睡眠、氣功等身體鍛煉形式。為探討中醫養生對舒緩抑鬱症狀的成效，現誠邀成年人士（18歲及以上）正在受抑鬱症狀困擾者參與此項研究。
研究內容:
• 報名者親臨香港理工大學進行篩選及面談
• 完成初次評估後，參加者會隨機抽籤決定分組
• 中醫養生組: 每週1堂課程，每次2小時，共6週課程和6週隨訪評估
• 等候組: 完成所有評估(第12週)後，提供每週1堂的課程，每次2小時，為期6週
• 參加者需要在不同時段完成共6次評估
完成六堂課程、隨訪及所有評估後最高可獲得$200現金
參加方法
請掃描下方QR Code
此研究費用全免
FREE
如欲索取更多關於此項研究的資料，請聯絡香港理工大學護理學院研究員彭小姐 9852 4743
主要研究員楊穎楣博士
此項研究已經香港理工大學人類研究小組委員會審批（參考編號: HSEARS20230110005）

Facebook


Pinned post
Jiayin Ruan
19h ·
楊博士睡眠&痛症・研究頻道
May 31 at 2:34 PM ·
《中醫養生緩解抑鬱課程》- 研究招募
今次研究計劃會以講座形式教授中醫養生，從而改善情緒困擾。本項目的參加者將會上一共6堂，每星期一堂，每堂2小時的中醫養生課程，費用全免。
抑鬱被認為與生活方式有關，同時聚焦於多種生活方式危險因素能夠緩解抑鬱症狀。中醫養生，歷史悠久，包括生活方式有關的多個方面，例如：中醫食療、... See more
See Translation
先導隨機對照試驗
中醫養生，歷史悠久，內容涉及多方面生活方式的習慣，如中醫食療、睡眠、氣功等身體鍛煉形式。為探討中醫養生對舒緩抑鬱症狀的成效，現誠邀成年人士（18歲及以上）正在受抑鬱症狀困擾者參與此項研究。
研究內容：
• 報名者親臨香港理工大學進行篩選及面談
• 完成初次評估後，參加者會隨機抽籤決定分組
• 中醫養生組: 每週1堂課程，每次2小時，共6週課程和6週隨訪評估
• 等候組: 完成所有評估(第12週)後，提供每週1堂的課程，每次2小時，為期6週
• 參加者需要在不同時段完成共6次評估
完成六堂課程、隨訪及所有評估後最高可獲得$200現金
參加方法
請掃描下方QR Code
此研究費用全免
FREE
HKPUHEALTHANDSOCIAL.AU1.QUALTRICS.COM
中醫養生緩解抑鬱症狀報名表
中醫養生緩解抑鬱症狀研究
Sign up

附錄 7 42 名先導隨機對照試驗參加者名單

編號	名字
01	戴妙樺
02	陳美慧
03	朱家欣
04	曾瑞卿
05	朱皓康
06	王子鋒
07	溫芷蕎
08	黃鳳嫻
09	梁家儀
10	陳家瑋
11	盧雅瑩
12	林偉強
13	錢潔華
14	黎雪芳
15	林金華
16	李雄江
17	黃愛玲
18	卓曙光
19	李淑華
20	陳玉鳳
21	林心怡
22	盧美玉
23	林穎欣
24	李穎琳
25	葉慧心
26	溫煒訥

27	潘璧玉
28	賴潤好
29	林碧珊
30	高玉霞
31	湯小寶
32	冼詩茵
33	李凱雯
34	陳少華
35	餘勝聰
36	文德亨
37	餘芳婷
38	曹寶誼
39	馮錦娟
40	謝博希
41	朱美英
42	林淑蓮

附錄 8 授課圖片

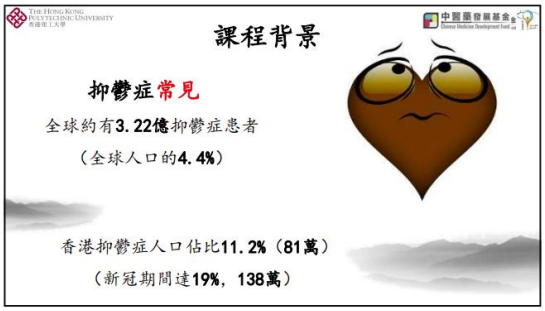
導師授課

導師教授八段錦

附錄 9 授課教材

養心 1

1



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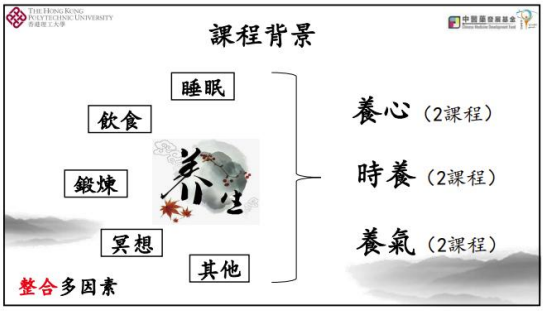

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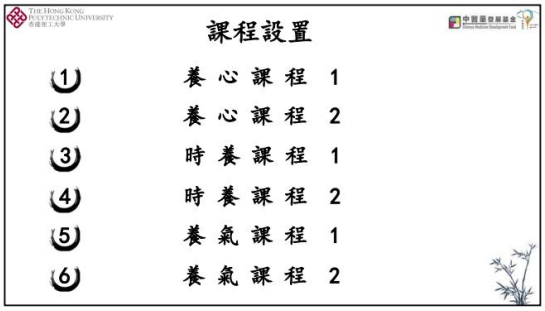

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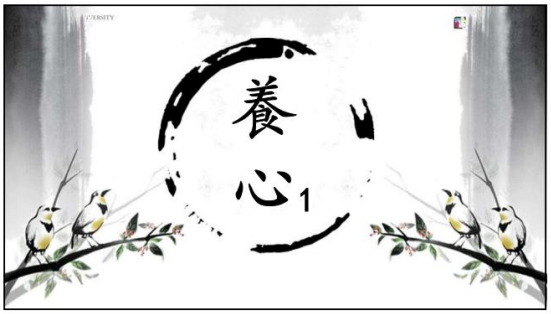

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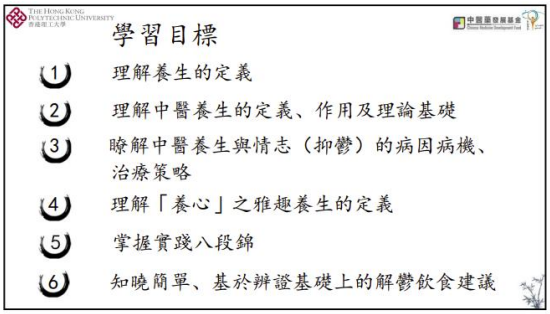


6

7

8

中醫如何看待養生？

2. 要注意飲食、起居、休息

「飲食有節，起居有常，不妄作勞 」《黃帝內經》


9

中醫如何看待養生？

3. 注意氣候變化，預防傳染病

「虛邪賊風，避之有時 」《黃帝內經》


10

中醫如何看待養生？

4. 調養精神，安頓情緒

「恬淡虛無，真氣從之，精神內守 」《黃帝內經》


11

中醫養生的作用

可以維持身體及心靈健康，長年益壽

「…故能形與神俱，而盡終其天年，度百歲乃去」《黃帝內經》


12

中醫養生的理論基礎

- 陰陽五行學說
- 病因病機
- 整體觀念之「天人相應」與「形神合一」
- 其他自身特色理論

13

什麼是陰陽？

陰陽是宇宙萬物中相關、相對立的屬性

陽：積極、進取、剛強等事物或現象

陰：消極、退守、柔弱等事物或現象

14

陰陽可以出現在任何事物當中！

「陰陽者，天地之道也，萬物之綱紀，變化之父母，生殺之本始，神明之府也」《黃帝內經》

陰



陽



15

問答遊戲，誰是陰？誰是陽？


16

問答遊戲，誰是陰？誰是陽？

17

問答遊戲，誰是陰？誰是陽？

18

陰陽的特性

1. 互相滋生
2. 互相約束

所以陰陽同樣重要，不可以偏重於其一

19

陰陽平衡，即是健康

「陰平陽秘，精神乃治；陰陽離決，精氣乃絕」《黃帝內經》

興奮

工作

安靜

達到平衡

休息

20

陰陽失調，即是生病

「陰平陽秘，精神乃治；陰陽離決，精氣乃絕」《黃帝內經》

陽氣盛則性喜而動

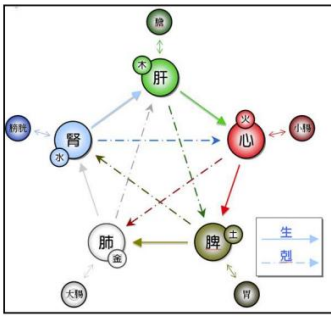
陰氣盛則情緒低落

21

五行學說

任何事物或現象的內部均包含五行

22



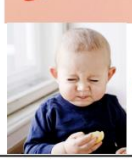
五行與臟腑

（生剋關係）

23

木

- 特性：升發
- 顏色：青
- 臟腑：肝膽
- 五味：酸
- 情志：怒



24

火

- 特性：上炎
- 顏色：紅
- 臟腑：心、小腸
- 五味：苦
- 情志：喜

25

土

- 特性：收納
- 顏色：黃
- 臟腑：脾、胃
- 五味：甜
- 情志：思

26

金

- 特性：肅降
- 顏色：白
- 臟腑：肺、大腸
- 五味：辛
- 情志：憂

27

水

- 特性：潤下
- 顏色：黑
- 臟腑：腎、膀胱
- 五味：鹹
- 情志：恐

28

病因病機

導致疾病的原因及機理

29

病因病機：外感（六淫）

風 
寒 
暑 

濕 
燥 
火 

30

病因病機：內傷（七情）

喜 
怒 
悲 

思 
憂 
驚恐 

31

病因病機：繼發病因

- 痰飲：指體內水液輸佈、運化失常，停積于某些部位為主症的疾病。如支氣管哮喘。
- 瘀血
- 結石

32

病因病機：其它病因

- 飲食失宜
- 勞逸失度
- 房室
- 跌僕（跌倒）
- 金刃
- 蟲獸所傷

33

病機：陰陽失調

- 陰陽偏盛
- 陰陽互損
- 陰陽格拒
- 陰陽轉化
- 陰陽亡失

陽虛陰盛　陰虛陽亢　陰陽獨旺

34

病機：氣血津液失常

- **氣的失常**：氣虛、氣機失調
- **血的失常**：血虛、血運失常
- **津液代謝失常**：津液不足、津液輸布、排泄障礙
- **氣、血、津液關係失調**：氣血關係失調、津液與氣血關係失調

35

例子：陽虛

- 概念：人體的陽氣虛弱，陰氣相對旺盛
- 症狀：常常怕冷

36

例子：氣虛

- 概念：人體的氣不足
- 症狀：困倦、乏力

37

例子：氣滯

- 概念：人體的氣運行不暢
- 症狀：常常嘆氣、容易暴躁

38

整體觀：天人相應

人與自然相統一

39

整體觀念：天人相應

- 天地人是一個整體，不可分割
- 中醫養生強調**順應自然**

「**夫四時陰陽者，萬物之根本也。**所以聖人春夏養陽，秋冬養陰」

「**故陰陽四時者，萬物之終始也，死生之本也。逆之則災害生，從之則苛疾不起**」《黃帝內經》

40

整體觀念：形神合一

形： 形體，肌肉、血脈、筋骨、臟腑

形 神

神： 情志、意識、思維

對立統一

心理與生理、精神與物質、本質與現象

41

整體觀念：形神合一

中醫養生同樣注重形與神

- 神明則形安
- 形神共養
- 調神
- **保形全神**

《類經》
「人稟天地陰陽之氣以生，**借血肉以成其形，一氣周流於其中以成其神**，形神俱備，乃為全體。」

42

其他自身特色理論

生命理論	健康理論	壽夭理論	體質學說
生命形成 生命屬性 （物質性、恆動性—“升降出入”、社會性） 生命節律 （四時節律、月節律、日節律、特殊節律）	健康認識 中醫健康觀 （形體強健、精神康樂、適應環境、道德高尚）	天年 先天稟賦 夭亡 衰老	平和質　氣虛質 陰虛質　陽虛質 痰濕質　濕熱質 血瘀質　氣鬱質 特稟質

43

中醫養生與情志（抑鬱）

44

抑鬱症狀

- **心情抑鬱**
- **情緒不寧**
- **脅肋脹痛**
- **易怒易哭**
- **失眠**

45

抑鬱病因

- 七情所傷
- 情志變化過於**突然**、**強烈**或**長期**持久

《素問•舉痛論篇》
「思則心有所存，神有所歸，正氣留而不行，故氣結矣」

《靈樞•本神》
「怒憂者，氣閉塞而不行」

《靈樞•本病論》
「人憂愁思慮即傷心」
「人或恚怒，氣逆上而不下，即傷肝也」

46

抑鬱病機

- 肝鬱氣滯
- 氣鬱化火
- 憂思傷神
- 虛證

肝屬於木，**喜歡調達舒暢**。如果肝氣不舒暢，就會形成氣滯，導致情緒抑鬱。氣滯還可發展成鬱火、痰火或血瘀。

47

其它因素

以上只是常見例子，抑鬱還會受很多複雜因素影響！

- **情志刺激**
- **個體因素**
- **環境因素**
- **病理產物影響**

48

個體因素

體質因素

體質是人類個體在生命活動過程中，由遺傳性和獲得性因素所決定的表現在形態結構、生理功能和心理活動方面綜合的**相對穩定的特性**。

- **男女體質差異**
- **稟賦體質差異**（**陽弱陰盛之人**，臟腑氣機易鬱易滯）

（決定）

體質 ⇌ **情志**

（影響）

心理因素

個性因素

意志因素

心理防禦機制

自我認同

49

環境因素

自然環境	**社會環境**	**生活行為方式**
季節氣候因素 地理環境因素 晝夜晨昏 五運六氣	政治因素 經濟因素 文化因素 交通因素 社會支持系統	飲食習慣 風俗習慣 業餘活動 愛好嗜好 信仰 …

50

中醫養生與情志（抑鬱）的治療策略

九維度內容

- **養心**（**情志調攝**為要點）
- **時養**（天人相應、四時陰陽）
- **養氣**（自我調控意念、呼吸和身軀來調整內臟活動）
- 食養（食療、藥膳）
- 導引（動形以達鬱）
- 藥養（藥師養生）
- 房中術（性保健）
- 胎養
- 養老

51

養心 — 雅趣養生

52

認識雅趣養生

雅：高尚的、美好的、合乎規範的，不庸俗、不粗鄙之意。

趣：即興趣。

- 即通過培養和發揮自身高雅的**情趣及愛好**來怡養身心的養生方法
- 使人們**舒暢情志、怡養心神、增加智慧、增強體質**
- 寓養生於娛樂之中
- 能達到養神健形，益壽延年的目的

53

雅趣養生

音樂養生　書畫養生　品讀養生　琴棋養生　花鳥養生

賞心悅目，情志暢達 → 百脈疏通 → 氣血調和

54

音樂養生 — 五音調臟

音樂養生

- 改善精神狀態、臟腑機能、陰陽氣血
- 調養身心、保持健康

品讀養生

- 舒暢情志
- 怡養心神

肝屬木，在音為角，在志為怒。

心屬火，在音為徵，在志為喜。

脾屬土，在音為宮，在志為思。

肺屬金，在音為商，在志為憂。

腎屬水，在音為羽，在志為恐。

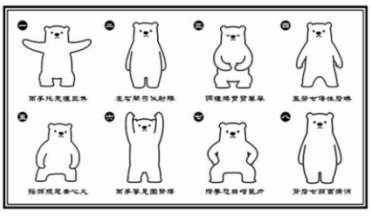
55

掌握實踐八段錦

跟著導師一起實踐養心方法之調氣法（**八段錦**）

https://www.youtube.com/watch?v=ZkJiEszOeOE

Scan me!

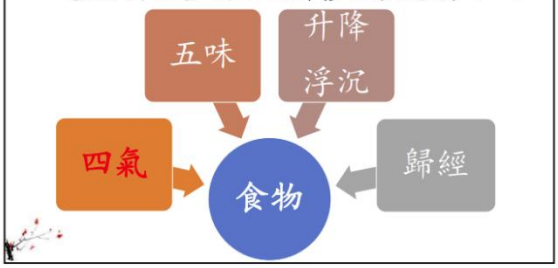


56

解鬱飲食

57

基於辨證基礎上的解鬱飲食建議（一）



58

四氣

59

溫熱屬陽

- 能散寒、助陽、溫經、通絡
- 適用於寒性體質或寒證

平性食物

- 寒熱之性不甚明顯的食物
- 作用比較緩和，具有補益滋養的作用
- 適用於普通人群

寒涼屬陰

- 能清熱、泄火、涼血、滋陰
- 適用於熱性體質或熱證

60

基於辨證基礎上的解鬱飲食建議（一）

飲食注意

- 食至**七八分飽**
- 飲食**適時**
- 飲食宜清淡，**勿過食肥甘厚味**
- 進食時應保持**精神專注**，做到「**食不語**」
- 注意飲食**衛生**

油膩、甜膩或味道濃厚（加高鹽）食物（膏粱厚味）

61

基於辨證基礎上的解鬱飲食建議（一）

佛手

橘模茶
橘絡3g，厚樸3g，紅茶3g，蜜參6g。上4味共製粗末，放入茶杯中用沸水沖泡10分鐘即可。不拘時隨飲隨沖，至沖淡為止，每日1劑。

陳皮
【性味歸經】
性溫、味辛、苦。歸脾、肺經
【功效】
理氣和中，燥濕化痰

柑橘

62

基於辨證基礎上的解鬱飲食建議（一）

享受 陳皮飲

飲法：取陳皮一片，視人數多少可以一整片，也可一小瓣，整塊或撕成小塊看個人習慣。

1. 洗茶（溫水或開水洗掉灰塵、雜質）
2. 放入茶壺直接煮或用瓷壺、蓋碗、紫砂壺等泡均可
3. 根據煮、沖泡時間長短控制陳皮水的濃淡、口感等

飲法1：**泡茶法**，即用滾沸開水單獨泡陳皮的方法
飲法2：**煮茶法**，即將陳皮放在冷水中直接煮沸的方法

63

核對與總結

- **核對學員課堂內容理解與掌握情況**
- **課後知識測試**
- **設立個體化實踐目標**

★若在研究過程中，遇到問題，
請與**阮小姐**聯繫，WhatsApp為**56816606**

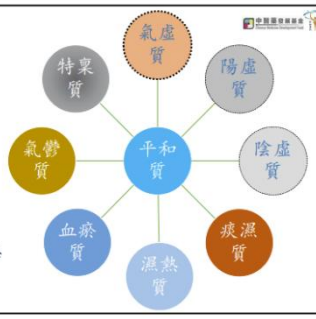
64

體 質 知 識

65

九種體質分類法

- 王琦《中醫體質學》
- **非疾病狀態**
- （即使用詞與辨型名相同）
- 在設計養生調護時考慮宜忌
- 可針對不同體質調整



66

體質分類	主要特徵 / 相關症狀
平和質	陰陽氣血調和：面色紅潤、精力充沛
氣虛質	元氣不足：疲乏、氣短、自汗等
陽虛質	陽氣不足：畏寒怕冷、手足不溫等
陰虛質	陰液虧少：口燥咽乾、手足心熱等
痰濕質	痰濕凝聚：腹部肥滿、口黏苔膩等
濕熱質	濕熱內蘊：面垢油光、口苦、苔黃膩等
血瘀質	血行不暢：膚色晦黯、舌質紫黯等
氣鬱質	氣機鬱滯：神情抑鬱、憂慮脆弱等
特稟質	先天失常：生理缺陷、過敏反應等

九種體質 – 主要特徵及相關症狀

《中醫體質分類與判定標準》(2009)

67

參考：九種體質飲食宜忌

體質分類	調整目標	宜	忌
平和質	全面膳食，不偏食	寒溫適中，順應四時	忌偏嗜
氣虛質	補脾益腎	甘平或甘溫（補氣）	破氣、耗氣、生冷寒涼、油膩、辛辣
陽虛質	溫補脾腎、祛寒暖陽	甘溫（補陽）	生冷寒涼、苦寒瀉火
陰虛質	滋陰潤燥，調補肝腎	甘涼、清補 填精、養血、滋陰	辛辣、燥熱、性熱上火
痰濕質	健脾燥濕、降濁化痰	芳香溫燥 結合行氣、活血	肥甘油膩
濕熱質	清涼瀉火、化濕利水	苦寒清熱利濕 結合調養脾胃	辛辣、燥烈、油膩、 大熱大補
血瘀質	活血化瘀，疏肝理氣	活血化瘀、結合行氣化痰、清熱	寒涼、酸澀
氣鬱質	理氣解鬱、調理脾胃	行氣、行血、清熱、化痰	酸澀
特稟質	益氣固表，養血消風	性味溫和 結合補氣、補益肝腎	辛辣刺激、生冷、肥甘油膩

68

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69

備註

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70

感謝您的參與！

回家記得回顧並實踐養心1內容，

並記錄在日記本中

期待下週（　年　月　號）見面

71

養心 2

1

回顧與解答

- 回顧養心1課程內容
- 回顧養心1設立目標的完成情況
- 解答養心1實踐遇到的問題

2

學習目標

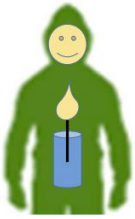
1. 理解“養心”中精神養生的定義
2. 理解“養心”中精神養生的具體方法
3. 掌握“養心”中精神養生的具體方法之存視靜神
4. 課堂中提供簡單、基於辨證基礎上的解鬱飲食建議

3

精神是指人類特有的內心世界現象
包括思維、意志、情感及其他各種心理活動


4

精、氣、神



神	• 人的精神、意識和思維活動，亦範指整體生命力 • **由充足的精、氣支持** • **由心主持**	思緒清晰 反應敏捷 耳聰目明
氣	• 維持人體生命活動的最基本物質 • 透過氣機(氣的運動) 展現生命活動 • **由五臟主持**	面色紅潤 呼吸平穩 消化正常 體溫暖和 活動暢順
精	• 構成人體和維持生命活動的精微物質 • **藏於腎，充於腦髓**	形體充實 發育健全 筋骨強狀

5

甚麼是中醫精神養生？

- 依照中醫理論
- 調攝神志
- 排解不良情緒

6

中醫養生可以同時增進
心理和身體健康
「神明則形安」《黃帝內經》

7

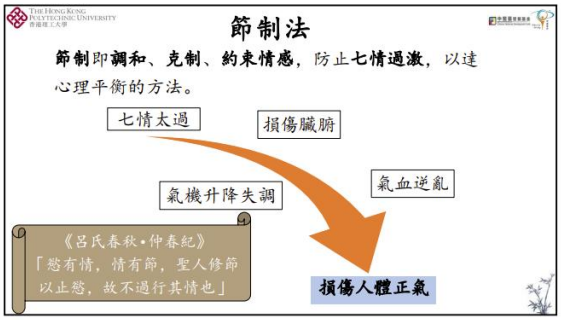
精神養生的具體方法

- 節制法
- 疏泄法
- 節慾保精、清心養神
- 調氣法
- 存視靜神

8

9

10



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16

我們可以學習

像藺相如一樣，不與廉頗爭執，
顧全大局，寬容大量

像廉頗一樣，思考權衡後
便不再發怒，主動道歉

17

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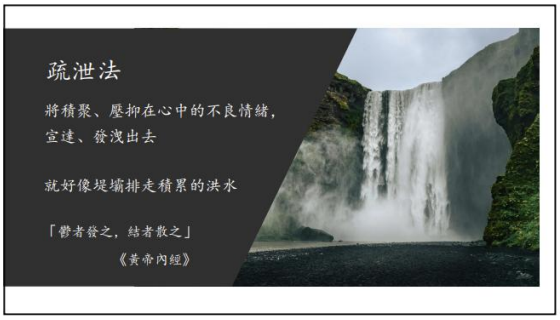
19



20

21

22

23

24

認識精

- 腎藏精
- 廣義：是人體生命活動的根本
- 先天之精來自於父母
- 後天之精來自於飲食
- 狹義：生殖之精

「腎者主水，受五臟六腑之**精而藏之**」《黃帝內經》

25

過度慾望會消耗精氣

- **心神被外物所擾**
- **心中欲望過度**
- **動心火起欲念**
- **擾動相火**
- **精氣暗耗**

精為神的物質基礎，
過度耗精亦會傷神

《格致餘論•陽有餘陰不足論》
「心，**君火也**，為物所感則易動，**心動則相火亦動，動則精自走**，相火翕然而起，雖不交會，亦暗流而疏泄矣」

26

節慾保精、清心養神

積精全神

「積精」：積累、固護人體的精氣

資助

「全神」：神志健旺，精神活動保持正常狀態

27

具體做法

- 遠離聲色過度的環境
- 以思維、理性和意志收心養心
- 以運動、閱讀代替放縱情慾

28

29

調氣法

原理
藉由調整呼吸，調暢氣血，進而心神內靜，內外調和

好處
增強五臟功能，放鬆心情，預防疾病

30

- 調整呼吸
- 調動人體內氣
- 內氣逐步聚集
- 儲存於身體某一部位
- 循經絡運行
- **疏通經絡氣血**

腹式呼吸

手置腹部，鼻入口出

吸氣時經鼻緩緩吸入至腹部脹滿

稍停1秒

呼氣時用口部吹出腹部扁平

31

32

存視靜神

存：存想

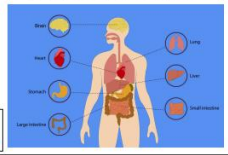
用**意念默想**某一具體物像，

全神貫注，排除雜念

視：內視

閉目靜神，用意念觀察自己的五臟六腑

推薦：
每次5-10分鐘（比如，早晨、午飯後、睡前等）



33

存視靜神　實踐時間

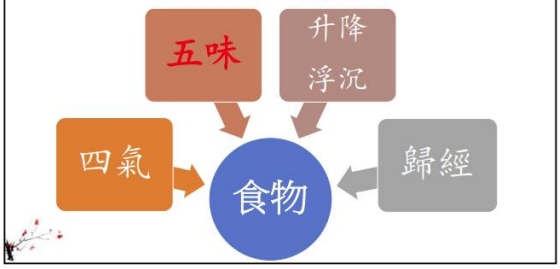
背景音樂：五音療疾

34

解鬱飲食

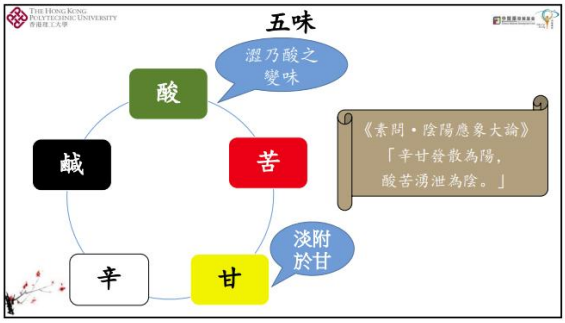
35

基於辨證基礎上的解鬱飲食建議（一）



36

五味



37

酸

臟腑：肝

特性：收斂、固澀

功效例子：止泄止痢

食物例子：石榴

38

苦

臟腑：心

特性：堅陰、燥濕

功效例子：泄熱堅陰、燥濕止泄

食物例子：苦瓜

39

甘

臟腑：脾

特性：補益、和中、緩急

功效例子：補中止痛

食物例子：飴糖

40

淡

淡不是五味之中的一味，
而是附於甘味
特性：滲利
功效例子：通利小便
食物例子：薏苡仁

41

辛

臟腑：肺
特性：發散、行氣、行血
功效例子：發汗解表
食物例子：生薑

42

鹹

臟腑：腎
特性：軟堅散結、泄下
功效例子：治療瘿瘤
食物例子：海藻

43

基於辨證基礎上的解鬱飲食建議（二）

調理原則：疏肝理氣，調暢氣機，解鬱作用
解鬱食物：玫瑰花、佛手花、代代花等花類泡茶
如【玫瑰花】性温、味甘、微苦，歸肝、脾經

- 肝為陰中之少陽，體陰而用陽。主藏血，具有貯藏血液和調節血量的功能。
- 肝為將軍之官，風木之臟，**喜條達而惡抑鬱**，善於升發陽氣。

享受 玫瑰花飲 適量的乾燥玫瑰花瓣**沖入熱水浸泡3-5分鐘**，即是玫瑰花茶

44

核對與總結

- **核對學員課堂內容理解與掌握情況**
- **課後知識測試**
- **設立實踐個體化目標**

★若在研究過程中，遇到問題，
請與**阮小姐**聯繫，WhatsApp為**56816606**

45

部分參考文獻

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46

感謝您的參與！

回家記得回顧並實踐養心2內容，
並記錄在日記本中
期待下週（　年　月　號）見面

47

備註

「本資料/活動（或由獲資助機構）所表達的任何意見、研究、結果、結論或建議，並不代表香港特別行政區政府、食物及衛生局、中醫藥發展基金諮詢委員會、中醫藥發展基金執行機構或香港生產力促進局的觀點或意見」Claim form: UAMF

48

時養 1

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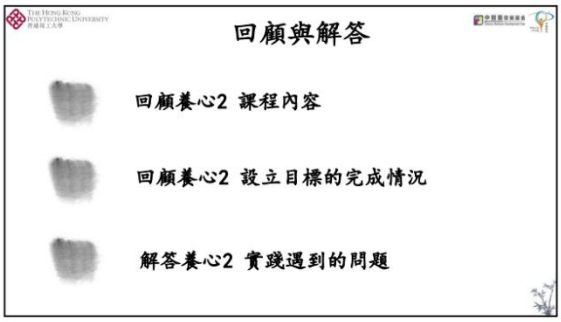

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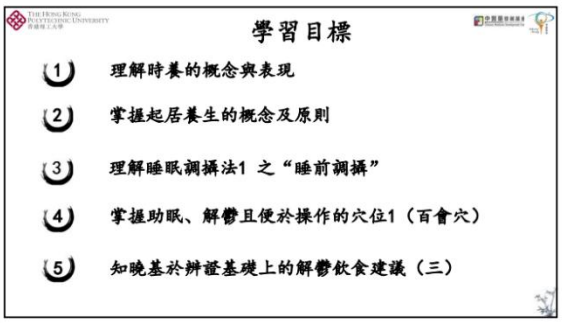

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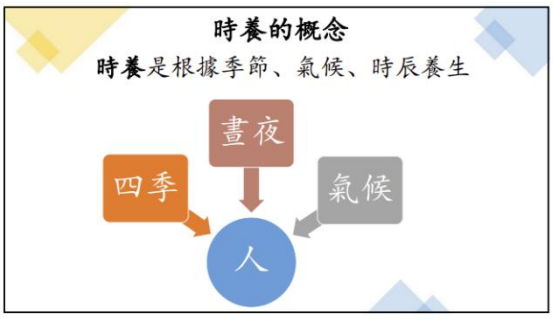

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8

春季的特性

- 萬物甦醒
- 植物生長
- 對應肝的生發之氣

「春三月，此謂發陳，天地俱生，萬物以榮」《黃帝內經》

9

春季養生的做法

- 晚睡早起
- 多散步
- 保持心情舒暢，不要發怒

「夜臥早起，廣步於庭，被髮緩形，以使志生，生而勿殺，予而勿奪，賞而勿罰，此春氣之應養生之道也」《黃帝內經》

10

違反春季養生的後果

- 傷肝

「逆之則傷肝，夏為寒變，奉長者少」《黃帝內經》

11

夏季的特性

- 萬物生長茂盛
- 陽氣最盛

「夏三月，此謂蕃秀，天地氣交，萬物華實」《黃帝內經》

12

夏季養生的做法

- 晚睡早起
- 不要發怒

「夜臥早起，無厭於日，使志無怒，使華英成秀，使氣得泄，若所愛在外，此夏氣之應養長之道也」《黃帝內經》

13

違反夏季養生的後果

- 傷害心氣

「逆之則傷心，秋為痎瘧，奉收者少，冬至重病」《黃帝內經》

14

秋季的特性

- 風高氣急
- 落葉結果
- 對應肺的肅殺之氣

「秋三月，此謂容平，天氣以急，地氣以明」《黃帝內經》

15

秋季養生的做法

- 早睡早起
- 保持心情安寧

「早臥早起，與雞俱興，使志安寧，以緩秋刑，收斂神氣，使秋氣平，無外其志，使肺氣清，此秋氣之應養收之道也」《黃帝內經》

16

違反秋季養生的後果

- 傷害肺氣
- 冬天消化不良

「逆之則傷肺，冬為殮泄，奉藏者少」
《黃帝內經》

17

冬季的特性

- 冰塊結冰
- 動物冬眠
- 對應腎收藏的特性

「冬三月，此謂閉藏，
水冰地坼，無擾乎陽」
《黃帝內經》

18

冬季養生的做法

- 早睡晚起
- 精神內斂潛伏
- 注意保暖

「早臥晚起，必待日光，使志若伏若匿，若有私意，若已有得，去寒就溫，無泄皮膚使氣亟奪，此冬氣之應養藏之道也」《黃帝內經》

19

違反冬季養生的後果

- 傷害腎氣
- 春天易肌體軟弱無力，手足逆冷，不得舒暢

「逆之則傷腎，春為痿厥，奉生者少」
《黃帝內經》

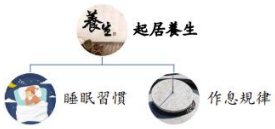
20

起居養生

21

起居養生的概念

古代文獻中「起居」包含有**行動**、**飲食寢興**、**居址**和**二便**等含義。



22

起居養生的原則

- 順應**自然**規律
  - 順應**一日**之陰陽變化
  - 順應**四時**之陰陽變化
  - 順應**年度氣候**之變化
- 順應**人體**節律
- 勞逸**適度**
- 居住**環境適宜**

23

順應一日之陰陽變化

《素問・金匱真言論》

平旦至日中，天之陽，陽中之陽也；

日中至黃昏，天之陽，陽中之陰也；

合夜至雞鳴，天之陰，陰中之陰也；

雞鳴至平旦，天之陰，陰中之陽也。

24

順應人體的陰陽節律

晝為陽

人體陽氣在**白天運行於外**，推動著**人體的臟腑組織器官進行各種功能活動**，白天是學習或工作的最佳時機。

夜為陰

夜晚，人體的**陽氣內斂而趨向於裡**，有利於身體休息，以恢復精力。

《論衡・偶會》「作與日相應，息與夜相得也。」

25

順應四季之陰陽變化

四時陰陽者，萬物之根

春夏養陽：春夏是萬物生長，應養生養長

秋冬養陰，秋冬是萬物收藏，應養收養藏

應用：

冬病夏治（三伏天灸）

26

順應四季之陰陽變化

春生：

晚睡早起

日出時起床

夏長：

晚睡早起

起床不早於4、5點

秋收：

早睡早起

冬藏：

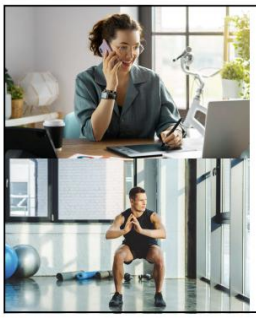
早睡晚起

27

起居養生的原則

勞逸適度

28



勞即勞動

合理從事勞動

→ 活動筋骨

→ 通暢氣血

→ 增強體質

→ 強健體魄

29

逸即安逸

適度安逸

→ 消除疲勞

→ 調節身心

30

勞累過度

- 傷及臟腑
- 導致生病

過於安逸

- 氣機鬱滯
- 人體功能活動衰退

勞逸有常有節，主張中和適度，**勞逸結合**

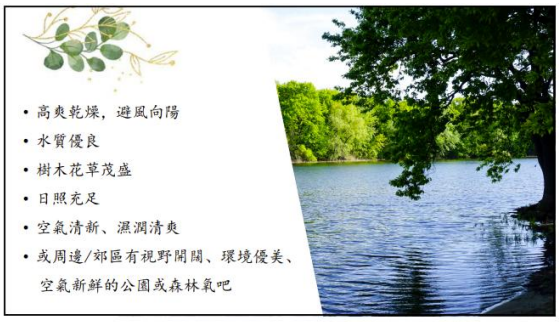
31

起居養生的原則

居住環境適宜

居住環境，指人們居住地周圍的**自然**環境

32



33

睡眠調攝法1

34

睡眠調攝法1

- **睡前調攝**
  - 宜調攝精神
  - 稍動以助眠
  - 做好清潔
  - 宜濯足，按摩湧泉穴
  - 睡前1小時內不宜飲水進食
- **睡時調攝**
- **睡眠十忌**

35

睡前防止精神過激

《景岳全書．雜證謨．不寐》
心為事擾則神動，神動則不靜，是**以不寐**也」

36

睡前調攝——稍動以助眠

以動求靜

"繞室行千步，始就枕"

- 散步活動
  - →消耗一些體力
  - →增強睡意
- **睡前忌**進行劇烈運動
  （陽氣浮動→神不歸臟→難于安臥）
- 以鍛煉為目的的運動最好在**傍晚前**完成

37

睡前調攝——稍動以助眠

- 儘量減少做影響氣血平靜的活動
- 包括聊天、看手機

- 晚上只做**按摩**或**柔軟體操**
  →放鬆肌肉（尤其睡前1小時）

38

睡前調攝——做好清潔

洗澡

早晚刷牙漱口

《脈因證治•齒》
「夫齒乃腎之標，骨之餘」

39

睡前調攝——宜濯足，按摩湧泉穴

熱水濯足

- 水溫不宜過高（保持在**40~45℃**為宜）
- 水量以**高過腳踝**為宜
- 雙腳**相互摩擦**或**用雙手按摩**
  足背、足心，由下至上按摩小腿
- 時間以**30分鐘**左右為度。

泡完後用毛巾擦乾，繼而坐在床上準備做足底按摩

40

睡前調攝——宜濯足，按摩湧泉穴

按摩湧泉穴
（“搓腳心”）

※左手握住左腳趾，用**右手心搓**左腳心，**來回搓100次**

※換左手按摩右腳

※重複**2-3**次

41

睡前調攝——臨睡前不宜飲水進食

臨睡前1小時內不宜進食

- 以免增加胃腸負擔而轉側難眠

《黃帝內經．素問》
「**胃不和**則**臥不安**」

臨睡前1小時內不宜飲水

- 以免膀胱充盈，排尿次數增多
- 以免夜尿頻多而影響睡眠

42

睡前調攝——臨睡前不宜飲水進食

臨睡前禁刺激性食品

- 禁食咖啡、濃茶
- 肥甘厚味

《景嶽全書．雜證謨．不寐》
「**濃茶**以**陰寒**之性，大制元陽，陽為陰抑，則神索不安，是**以不寐**也」

43

如果失眠怎麼辦？

可以按助眠穴位！

44

理解及現場實踐助眠、解鬱且便於操作的穴位1（百會穴）

百會穴
頭頂中線與雙耳尖連線交叉處

百會（GV20）

【定位】頭部，前髮際**正中直上5寸**；**約兩耳尖連線與頭頂正中線交會處**

【主治】失眠、健忘、抑鬱等神志病

【實踐】**1分鐘60次**，順逆時針各30次

45

百會穴

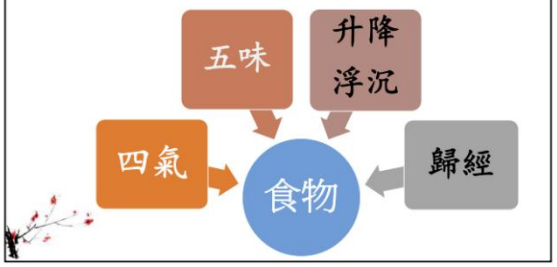
請掃一掃我 ☺

46

解鬱飲食

47

基於辨證基礎上的解鬱飲食建議（三）



48

升降沉浮

質地輕薄，氣味芳香

升 浮

質地結實，氣味濃厚

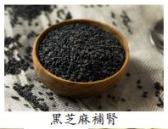
沉 降

49

歸經

歸經指食物對於機體**特定臟腑**或**經絡**的選擇性作用。

枸杞子補肝



黑芝麻補腎

百合潤肺

蓮子補心

50

基於辨證基礎上的解鬱飲食建議（三）

助眠膳食

肝鬱 – 主要表現:精神抑鬱，情緒不寧，善太息、失眠多夢、胸部滿悶、胸肋脹痛、脘悶噯氣、不思飲食、女子月事不行

雙花安神飲

材料：合歡花2錢、綠萼梅2錢，少量蜜糖

製法：把合歡花及綠萼梅同置入茶杯中，沖入沸水，蓋上蓋悶20分鐘，飲用時加入少量蜜糖。每日1劑，反覆沖飲，至味淡為止。

功效：解鬱安神

51

基於辨證基礎上的解鬱飲食建議（三）

助眠膳食

心火熾盛 – 主要表現:心中煩熱、失眠、口渴、欲冷飲、心悸、舌紅、脈數、口舌生瘡、小便赤澀

百合清心飲

材料：百合4錢、淡竹葉5錢、燈心草2錢、蓮芯1錢

製法：以上藥材用清水浸泡20分鐘後，煎煮30分鐘，連煎2次，混合2次藥液，每日1劑，分3次服。

功效：清心瀉火

52

基於辨證基礎上的解鬱飲食建議（三）

助眠膳食

心脾兩虛 – 主要表現:多思善慮、失眠健忘、心悸膽怯、頭暈神疲、面色無華、納差

桂圓

【性味】味甘、性平

【歸經】歸心、脾經

【功能主治】補益心脾，養血安神

紅棗

【性味】味甘、性平

【歸經】歸脾、胃經

【功能主治】補中益氣，養血安神

53

基於辨證基礎上的解鬱飲食建議（三）

助眠膳食

桂圓肉

品嘗

助眠

食物

54

核對與總結

核對學員課堂內容理解與掌握情況

課後知識測試

設立個體化實踐目標

★若在研究過程中，遇到問題，

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55

部分參考文獻

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56

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57

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回家記得回顧並實踐時養1內容，

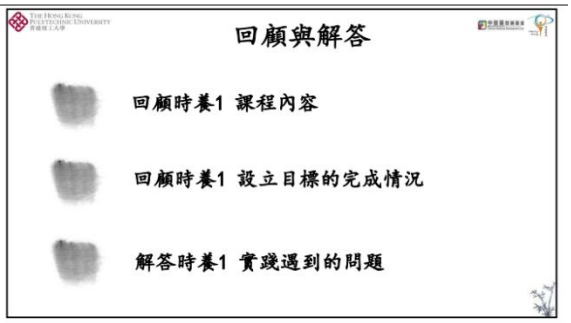
並記錄在日記本中

期待下週（　　年　月　號）見面

58

時養 2

1



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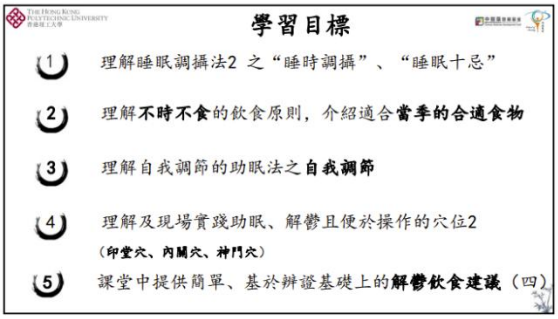

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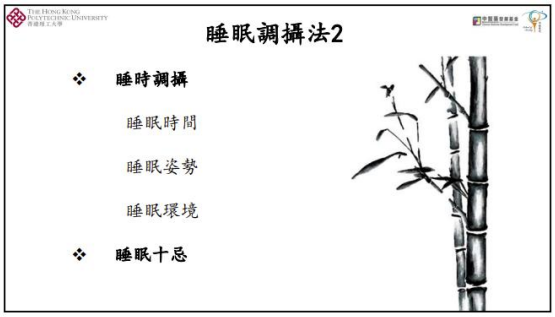

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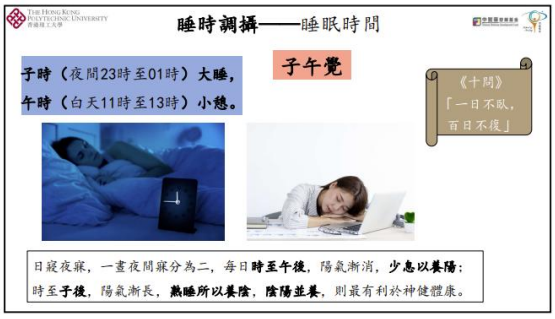


7

8

睡時調攝——睡眠環境

《老老恆言・安疑》
「就寢即滅燈，
目不外眩，
則神守其捨。」

- **床**：**木製平板床**>棕床>藤制床；**略高於**就寢者膝蓋，**45cm**為宜；不宜設在窗下、床頭不宜在臥室的門或窗的通風
- **褥子**（以**10cm**為佳）
- **被子**（寬大、稍輕、被胎宜棉花、絲綿、羽絨；被裡宜棉布、棉紗、麻布等）、
- **枕頭**（枕頭高度基本以**不超過肩到同側頸的距離**為宜。枕頭高度**15~20cm**；軟硬適宜；質地鬆軟；**蕎麥皮**做枕芯，皮性寒涼，味酸甘、無毒，“蕎麥功能降氣寬腸，氣盛有源熱者宜之”，還可選**綠豆、小米、幹橘皮、幹茶葉、木棉、泡沫塑料**等材料）

9

睡眠十忌

一忌仰臥	六忌睡臥對燈光
二忌憂慮（先睡心，後睡眼）	七忌睡時張口
三忌睡前惱怒	八忌夜臥覆首
四忌睡前進食	九忌臥處當風
五忌睡臥言語	十忌睡臥對爐火

10

不時不食的飲食原則，介紹適合當季的合適食物

晝夜晨昏 + 四時季節 → 因時制宜

晨吃三片薑，
加喝人參湯。

11

不時不食的飲食原則，介紹適合當季的合適食物

春氣溫 宜食參（小參） 以涼之	夏氣熱 宜食菽（豆類） 以寒之
秋氣燥 宜食麻（如芝麻、亞麻籽） 以潤之	冬氣寒 宜食黍（如黃米） 以熱性治之

12

不時不食的飲食原則，介紹適合當季的合適食物

表1 因時製宜應用簡表

季節	食養原則	應時養臟	宜選食材
春	升	肝	枸杞子、春筍、芹菜、菠菜、豬肝
夏	清	心	苦瓜、冬瓜、綠豆、西瓜、蓮子、荷葉、鴨肉
秋	潤	肺	銀耳、百合、蘿蔔、梨、杏仁、荸薺、豬肺
冬	補	腎	羊肉、核桃、海參、蝦、豬腰、黑豆、黑芝麻

13

自我調節的助眠法之自我調節

曹庭棟《老老恆言》

冥想	自我催眠
“操”法	“縱”法

心神安寧

14

宜調攝精神——操法

《老老恆言・安疑》
「**操者**，如實想頭頂，趺數鼻息，反觀丹田之類，使心有所著，乃不紛馳，庶可獲寐。」

收視返聽 → 斷絕雜想 → 駕馭思維 → 陽藏於陰 → **形成平靜的睡眠意識環境**

「最忌者，心欲求寐，則寐愈難。」

15

宜調攝精神——縱法

《老老恆言・安疑》
「**縱者**，任其心游思於杳渺無聯之區，亦可漸入朦朧之境。」

自由聯想 → 意念遠馳 → 逐漸減弱自主意識 → 睡眠的生理需求佔思想主導地位 → **漸漸入睡**

「最忌者，心欲求寐，則寐愈難。」

16

如果失眠怎麼辦？

可以按助眠穴位！

17

理解及現場實踐助眠、解鬱且便於操作的穴位2

▲ 印堂穴

▲ 內關穴

▲ 神門穴

18

理解及現場實踐助眠、解鬱且便於操作的穴位2（印堂穴）

印堂穴（GV 29）

【定位】在頭部，兩眉毛內側端中間的凹陷中

（位於兩眉頭的中間）

【主治】失眠、健忘等神志病

【實踐】1分鐘60次

19

印堂穴

請掃一掃我 ☺

20

理解助眠、解鬱且便於操作的穴位2（內關穴）

內關（PC6）絡穴；八脈交會穴（通於陰維脈）

【定位】前臂前區，腕掌側遠端橫紋上2寸，掌長肌腱與橈側腕屈肌腱之間

（手腕橫紋中點，向上3橫指）

【主治】失眠、鬱症等神志病

【實踐】1分鐘60次，左右各1分鐘，共2分鐘

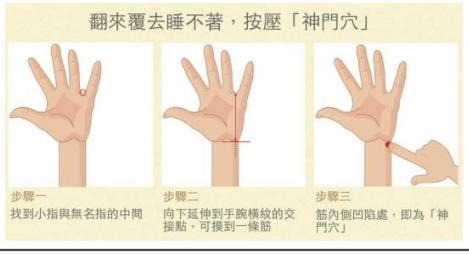
21

請掃一掃我 ☺

22

助眠、解鬱且便於操作的穴位2（神門穴）

課堂中實踐 神門穴 操作



23

助眠、解鬱且便於操作的穴位2（神門穴）

課堂中實踐神門穴操作　1分鐘60次，左右各1分鐘，共2分鐘

請掃一掃我 ☺

24

簡單、基於辨證基礎上的解鬱飲食建議（四）助眠膳食

百合陳皮飲

【材料】：百合50g，陳皮3g，生甘草2g，紅棗（切碎）15g

【製法】：將百合、陳皮、生甘草、紅棗放入鍋內，加適量清水煮沸。或用文火慢煎20分鐘，取汁代茶飲

酸棗仁茶

【材料】：酸棗仁12g，甘草3g，知母6g，茯苓6g，茶葉少許

【製法】：先用水泡，後將上述四味同加水煎煮20~30分鐘，日飲3次

25

簡單、基於辨證基礎上的解鬱飲食建議（四）助眠膳食

心脾血虛

【症狀】多思善慮、失眠健忘、心悸膽怯、頭暈神疲、面色無華、納差、苔薄白、脈細弱

【小參紅棗粥】

小參50g，粳米50g，紅棗5枚，桂圓肉15g，白糖適量

蓮子【性味】甘、澀，平

【歸經】歸脾、腎、心經

【功效】補脾止瀉，益腎固精，養心安神

【桂圓枸杞粥】

材料：龍眼肉15克，枸杞10克，紅棗4顆，糙米100克

做法：(1)將龍眼肉、枸杞、紅棗、糙米分別洗淨；(2)砂鍋內加入糙米和適量清水，以中火煮沸10分鐘，再加龍眼肉、枸杞、紅棗，一起煮成稀粥

【蓮子羹】

材料：蓮子50克，瘦肉100克

做法：將蓮子洗淨，瘦肉切成小塊，加水共煨燉至爛熟，加少許調味品服食。每日1劑，連服1週

26

簡單、基於辨證基礎上的解鬱飲食建議（四）助眠膳食

陰虛火旺

【症狀】虛煩少寐、健康、潮熱盜汗、多夢、頭暈耳鳴、腰膝酸軟、口幹咽燥

【鮮菇魚片】

材料：鮮草菇200克，鮀魚（草魚）肉100克

做法：鮮草菇放入開水中稍汆，撈出濾去水分；鮀魚切片，用鹽、薑、花生油、生粉拌勻醃製。起油鍋，下薑絲、草菇調味；再入鮀魚片炒至剛熟，放蔥花、濕芡粉炒勻即可。放溫食用。

27

簡單、基於辨證基礎上的解鬱飲食建議（四）助眠膳食

品嘗

助眠

食物

紅棗

【性味】味甘、性平

【歸經】歸脾、胃經

【功能主治】補中益氣，養血安神

紅棗

28

核對與總結

- 核對學員課堂內容理解與掌握情況
- 課後知識測試
- 設立個體化實踐目標

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部分參考文獻

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[12] https://am1470.com/content/?query=entertainmentnews&id=4432
[13] https://tomcare.blogspot.com/2014/03/blog-post.html
[14] https://www.am1470.com/content/?query=entertainmentnews&id=4432

30

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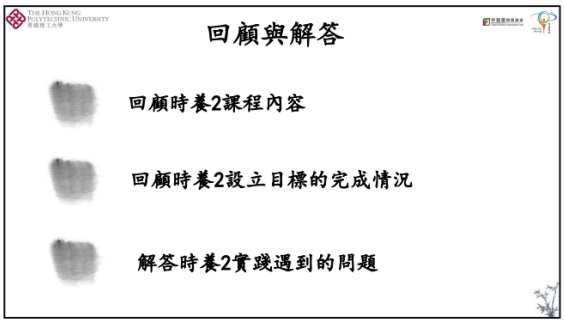
32

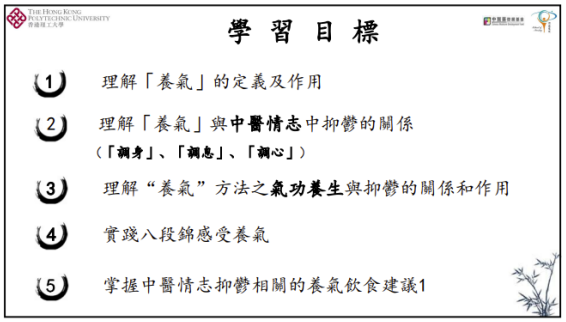
養氣 1


養
氣1

1


回顧與解答
回顧時養2課程內容
回顧時養2設立目標的完成情況
解答時養2實踐遇到的問題

2


學 習 目 標
1 理解「養氣」的定義及作用
2 理解「養氣」與中醫情志中抑鬱的關係
（「調身」、「調息」、「調心」）
3 理解“養氣”方法之氣功養生與抑鬱的關係和作用
4 實踐八段錦感受養氣
5 掌握中醫情志抑鬱相關的養氣飲食建議1

3


甚麼是養氣?
• 調節和維持氣的生成和運行
• 使營衛氣血調和，百脈通暢
• 達到強身保健、祛病益壽的作用

4

抑鬱與養氣的關係

- 肝鬱氣滯是抑鬱最主要病機
- 肝主疏泄，如果肝氣不疏，就會形成氣滯，導致情緒抑鬱。
- 氣滯還可以發展成鬱火、痰火、或血瘀。

5

「養氣」的三大要素

「調身」（動形）

「調息」（呼吸）

「調心」（意守）

6

「養氣」的三大要素

1. 調身

- 調整形體，使身體符合練功姿勢、形態的要求
- 強調身體放鬆、自然，以使內氣循經運行暢通無阻

7

1. 調身

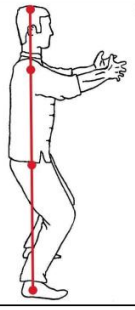
- 站如松
- 坐如鐘
- 行如風
- 臥如弓

8

1. 調身（靜）

站樁功（抱球式）

頭頸	頭正頸鬆 雙目輕合 收視返聽 舌抵上腭
上肢	鬆肩墜肘虛腋
胸背	含胸拔背
腰胯	伸腰沉胯 收腹斂臀
下肢	雙膝微屈 開步與肩同寬



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1. 調身（動）

- 站立，將腳跟提起，放下，重複盡量做到最多的次數

- 提起大腿至離開椅子曲膝至90度
- 腳跟不可觸地
- 聽從節奏提高右膝，然後返回原位
- 同時提高左膝，然後返回原位

10

1. 調身（動）

- 站立，雙手合掌向上伸展
- 伸展至最高處時，雙手向外畫圓
- 雙手放在大腿外側
- 好似蛙式，可配合腳尖站立

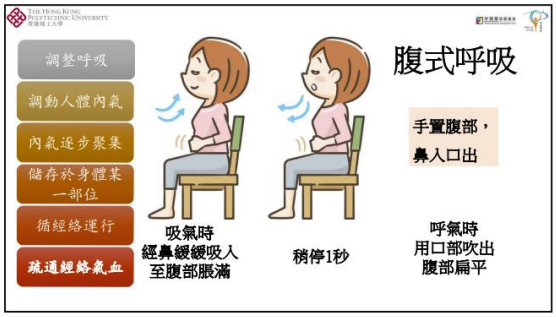
11

「養氣」的三大要素

2. 調息

- 調整呼吸：深長、緩慢、均勻
- 呼吸時自然放鬆
- 鼻吸、鼻呼，或鼻吸、口呼

12



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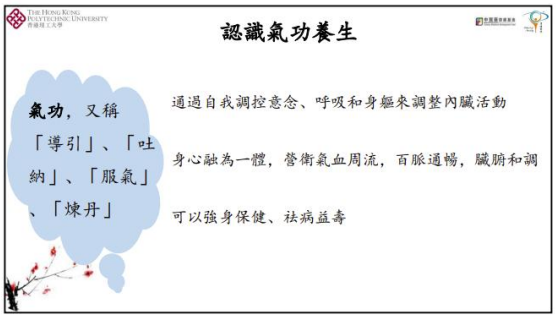

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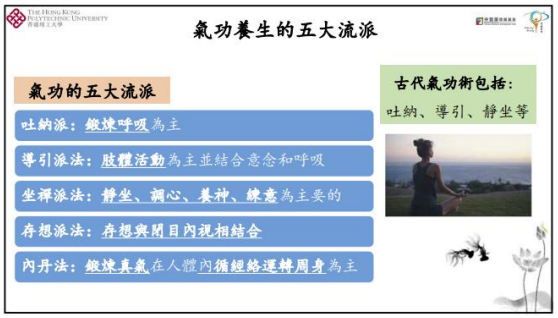

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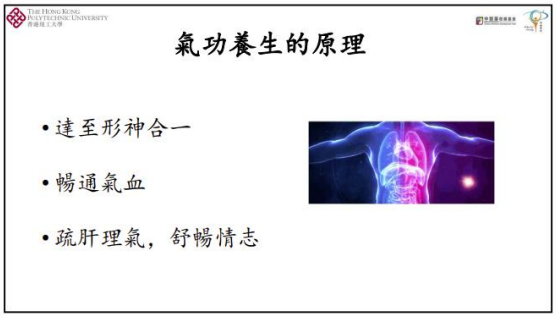

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20

練習氣功的心態

《老子》

「虛其心，實其腹」、

「致虛極，守靜篤」、

「專氣致柔，能嬰兒乎」

21

「虛其心，實其腹」

放下執著、惟道集虛、保持心靈一片清明之心

氣血充盈，精神內守，併且要保持生命和能量的充沛

22

「致虛極，守靜篤」

自身對世界認知的主觀意識去掉，達到空和虛的狀態，才能夠接受足夠多的資訊用以分析事物變化的真正規律

守住自己對世界本源規律求索的初心，保持篤定，不受外界負面因素幹擾，最終才能真正的求得「道」

23

「專氣致柔，能嬰兒乎」

把聚氣凝神到最柔和的境界，就像嬰兒那樣

24

第一堂回顧

整體觀念：形神合一

形：形體，肌肉、血脈、筋骨、臟腑

形 神

神：情志、意識、思維

對立統一

心理與生理、精神與物質、本質與現象

25

第一堂回顧

整體觀念：形神合一

中醫養生同樣注重形與神

- 神明則形安
- 形神共養
- 調神
- **保形全神**

《類經》

「人稟天地陰陽之氣以生，**借血肉以成其形，一氣周流於其中以成其神**，形神俱備，乃為全體。」

26

氣功靜與動

靜功（內功） （基礎） **動功（外功）**

外動內靜

靜以養神

動以練形

27

通過氣功達至形神合一

以形養神

- 通過肢體運動（如八段錦），使精神安定
- 人體氣血運行通暢，使人心情愉悅

以神養形

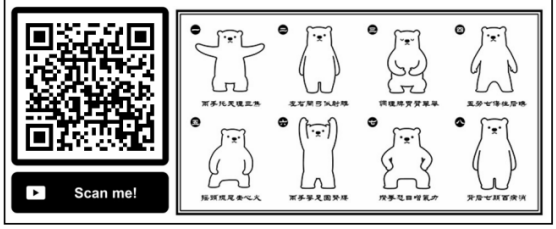
- 意識活動向內集中，「吸引」氣內收，使體內真氣充足
- 精神內守，可以頤養形體，使人身體健康

28

實踐八段錦感受養氣

跟著導師一起實踐**八段錦**

https://www.youtube.com/watch?v=ZkJiEszOeOE



29

中醫情志抑鬱相關的養氣飲食建議1

【調養原則】疏肝理氣，**調暢氣機**

【飲食調養】行氣食物，如韭菜、蕎麥、大蒜、刀豆、香橼、白蘿蔔、茴香菜、高粱等；**藥膳類**，如梅花扁豆粥、九制陳皮黃魚等

【疏肝鵪鶉湯】

材料：鵪鶉1只、小參20克、百合20克、佛手10克、南棗20克、甘草3克、陳皮3克

做法：把所有材料洗淨同放煲內，加入4碗清水，文火燉3小時，加鹽調味

30

核對與總結

- **核對學員課堂內容理解與掌握情況**
- **課後知識測試**
- **設立個體化實踐目標**

★若在研究過程中，遇到問題，

請與**阮小姐**聯繫，WhatsApp為**56816606**

31

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32

備註

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33

感謝您的參與！

回家記得回顧並實踐養氣1內容，

並記錄在日記本中

期待下週（2023年　月　號）見面

34

養氣 2

1

「養氣」方法之八段錦，包括概述、作用、實踐方法

1. 掌握中醫情志抑鬱相關的養氣飲食建議2
2. 掌握“養氣”方法之八段錦
3. 實踐八段錦感受養氣
4. 理解中醫養生緩解抑鬱課程內容整體回顧

2

養氣飲食建議2：生參芽飲

【性味】味甘，性平

【歸經】歸脾、胃經

【功效】

疏肝行氣，健脾和胃

【用法】

可取一小撮，開水沖泡代茶飲

生參芽飲

3

「養氣」方法之八段錦

- **八段錦概述**
- **八段錦作用**
- **八段錦功法特點**
- **八段錦功法實踐時間**
- **八段錦練功要領**

4

八段錦概述

八段錦可分：
「文八段」（坐式）
「武八段」（立式）

由**八種**不同動作組成的**健身術**，
800多年歷史
運動量適度，簡單易學

為什麼叫八段錦？
將八節操作及效應比喻為精美華貴的**錦帛**、絢麗多彩的**錦緞**，以顯其珍貴，稱頌其精練完美的編排和良好的祛病健身作用。

八段錦功法以臟腑分綱，具有較好調節臟腑功能的功效

5

八段錦的作用

中醫

1. 肢體：舒展節骨、疏通經絡、增強體質
2. 內臟：行氣活血、調和陰陽、調暢氣機

現代醫學

改善神經系統及內分泌調節功能、加強血液循環、對多機體系統均有良好的調節作用

6

雙手托天理三焦；
左右開弓似射雕；
調理脾胃須單舉；
五勞七傷往後瞧；
搖頭擺尾去心火；
兩手攀足固腎腰；
攢拳怒目增氣力；
背後七顛百病消。

7

1. 兩手托天理三焦

雙手托天

助三焦氣機運化
按摩內臟、調養氣血
強健腰背、骨骼

8

1. 兩手托天理三焦

兩足分開與肩同寬，松靜自然，凝神調息，舌抵上齶，氣沉丹田，鼻吸口呼。兩手由小腹向前伸臂，手心向下向外畫弧，順勢轉手向上，雙手十指交叉於小腹前；隨吸氣，緩緩屈肘沿任脈上托，當兩臂抬至肩、肘、腕相平時，翻掌上托於頭頂，雙臂伸直，仰頭目視手背，稍停片刻；隨呼氣，鬆開交叉的雙手，自體側向下畫弧慢慢落於小腹前，仍十指交叉，掌心向上，恢復如起勢。稍停片刻，再如前反復6～8次。

操作提示：兩手上托時採用逆腹式呼吸法。當兩臂沿任脈上托至與肩相平時不要聳肩，手臂至頭頂上方時稍用力上托，使三焦得以牽拉。

9

1. 兩手托天理三焦

該勢主要是四肢和軀幹的伸展運動，使手臂、頸、肩背、腰等部位的肌肉、骨骼、韌帶得到調理，對頸椎病、肩周炎、腰背痛等有一定的防治作用。手臂上舉時配合吸氣，可增大膈肌、肋間肌的運動，加大呼吸深度，使更多的富含氧的血液供給大腦，讓大腦更清醒，解除疲勞。此外，該式採用逆腹式呼吸法，腹壁的起伏對腹腔的內臟起到充分的按摩作用，促進腹腔、盆腔內臟的血液迴圈。

10

2. 左右開弓似射雕

改善胸悶、肩頸痠痛
疏通肺經
增強下肢力量

11

2. 左右開弓似射雕

松靜站立同前，左足向左橫跨一步，雙腿屈膝下蹲成馬步站樁，兩膝做內扣勁，兩足做下蹬勁，臀髖呈下坐勁，如騎馬背上，兩手空握拳，屈肘放於兩側髖部，距髖約一拳；隨吸氣，兩手向前抬起平胸，左臂彎曲為弓手，向左拉至極點，開弓如滿月，同時，右手向右伸出為箭手，手指作劍訣，順勢轉頭向右，通過劍指凝視遠方，意如弓箭伺機待發，稍停片刻；隨呼氣將兩腿伸直，順勢將兩手向下畫弧，收回於胸前，再向上向兩側畫弧緩緩下落兩髖外側，同時收回左腿，還原為站式；再換右足向右橫跨，重複如上動作，如此左右交替6～8次。

12

2. 左右開弓似射雕

操作提示：兩臂自體側抬起平胸時，身體易出現前後晃動和聳肩，糾正方法是兩足抓地，氣沉丹田，沉肩墜肘。

練習此勢重點是頸椎、胸椎和腰椎的左右旋轉運動，可改善相應部位的血液迴圈，特別是頭部的血液迴圈；並同時對心肺進行有節律的按摩，從而增強心肺的功能；再加上伸臂、擴胸、轉頸，使肩臂、頸部和胸肋部的肌肉、骨骼、韌帶得到鍛煉和加強。

13

3. 調理脾胃須單舉

調理脾胃

疏通肝膽

按摩胸腹部經絡

14

3. 調理脾胃須單舉

松靜站立同前，兩臂下垂，掌心下按，手指向前，成下按式站樁，兩手同時向前、向內畫弧，順勢翻掌向上，指尖相對，在小腹前如提抱式站樁，隨吸氣，翻掌，掌心向下，左手自左前方緩緩上舉，手心上托，指尖向右，至頭上左方將臂伸直；同時右手下按，手心向下，指尖向前，上下兩手作爭力勁。稍停片刻，隨呼氣，左手自左上方緩緩下落，右手順勢向上，雙手翻掌，手心向上，相接於小腹前，如起勢。如此左右交換，反復做6～8次。

15

3. 調理脾胃須單舉

操作提示：兩臂上下爭力時易出現上下用力不均、軀幹傾斜等現象，所以操作時儘量用力均勻，保持立身中正。

此勢主要作用在中焦，由於兩臂交替上舉下按，上下對拔爭力，使兩側的肌肉和肝膽脾胃等臟器受到牽引，促進胃腸的蠕動，改善消化功能。

16

4. 五勞七傷往後瞧

疏通衝帶二脈及膽經

促進脊椎與督脈氣血循環

適合長時間低頭使用手機人士

17

4. 五勞七傷往後瞧

松靜站立同前，先將左手勞宮穴貼在小腹下丹田處，右手貼左手背上，配合順腹式呼吸，吸氣使小腹充滿；隨呼氣，轉頭向左肩背後望去，想像內視左足心湧泉穴，以意領氣至左足心。稍停片刻，再吸氣，同時將頭轉向正面，以意領氣，從足心經大腿後面上升到尾閭，再到命門穴；隨呼氣，再轉頭向右肩背後望去，如此交替6～8次。

18

4. 五勞七傷往後瞧

操作提示：頭向左右轉動時幅度要一致，與肩齊平，避免脊柱跟著轉動。

此勢能使整個脊柱、兩大腿，乃至全身均得到運動，有助於改善神經系統功能，消除疲勞，從而使臟腑氣血得以調整，可用於防治高血壓、頸椎病、眼病。

19

5. 搖頭擺尾去心火

通暢心經、小腸經

改善心火過旺

活動脊椎各關節

20

5. 搖頭擺尾去心火

松靜站立同前，左足向左橫開一步成馬步，兩手反按膝上部，手指向內，臂肘作外撐勁。呼氣，以意領氣由下丹田至足心；吸氣，同時腰為軸，將軀幹搖轉至左前方，頭與左膝呈一垂線，臀部向右下方作撐勁，目視右足尖，右臂繃直，左臂彎曲，以助腰擺。稍停片刻即呼氣，如此左右搖擺6～8次。

21

5. 搖頭擺尾去心火

操作提示：此勢操作時易出現躬腰低頭太過，轉身角度太過或不及。糾正方法為轉動角度頭與左右足尖垂直為度，屈膝左右轉動幅度一致，大約90°，腰部要伸展。

練習此勢強調入靜放鬆，以解除緊張。該勢結合呼氣時以意引氣由下丹田至足心，並意守湧泉，可引氣血下行，以瀉心火，使頭腦清醒。同時運動腰、頸部的關節，有助於任、督、沖三脈經氣的運行，可用於防治頸椎、腰椎疾病，以及心火亢盛所致的失眠、心煩、心悸等症。

22

6. 兩手攀足固腎腰

通腎經、膀胱經

固腰健腎、強健筋骨

強體增智

腎為先天之本
腎氣旺盛則人精力充沛，
思路開闊、動作強勁有力

23

6. 兩手攀足固腎腰

松靜站立同前，兩腿繃直，兩手叉腰，四指向後按腎俞穴。先吸氣，同時上身後仰；然後呼氣，同時上體前俯，兩手順勢沿膀胱經下至足跟，再向前攀足尖，意守湧泉穴。稍停後，隨吸氣，緩緩直腰，手提至腰兩側叉腰，以意引氣至腰，意守命門穴。如此反復6～8次。

24

6. 兩手攀足固腎腰

操作提示：操作此勢時易出現身體後仰太過，彎腰屈膝現象。糾正方法是身體後仰以保持平衡穩固為度，上體前俯時兩膝要伸直，向下彎腰的力度可量力而行。

此勢的動作重點在腰部，腰為腎之府，長期運動腰部可起到和帶脈、通任督的作用。具有強腎、醒腦、明目的功效。患有高血壓、腦血管硬化者，操作時頭不宜過低。

25

7. 攢拳怒目增氣力

疏通肝經、膽經

加強血氣運行

增強肌力

26

7. 攢拳怒目增氣力

松靜站立如前，吸氣左足橫出變馬步，兩手提至腰間半握拳，拳心向上，兩拳相距三拳左右，屈肘，意守丹田或命門穴；隨呼氣，將左拳向左前擊出，順勢頭稍向左轉，怒目圓睜過左拳視遠方，右拳同時向後拉，使左右臂爭力。稍停片刻，兩拳同時收回原位，鬆開虛拳，向上畫弧經兩側緩緩下落，收回左足還原為站式。如此左右交替6～8次。

27

7. 攢拳怒目增氣力

操作提示：操作此勢時易出現聳肩、塌腰、閉目等現象。糾正方法：松腰沉胯，沉肩墜肘，氣沉丹田，脊柱正直，怒目圓睜。

該勢主要運動四肢、腰和眼肌，能增強肺氣，增加肌力，具有強筋健骨之功。

28

8. 背後七顛百病消

疏通背部經脈

保津益氣

感覺疲倦、精神不振的人

29

8. 背後七顛百病消

松靜站立如前，膝直足開，兩臂自然下垂，肘臂稍外作撐，意守丹田，隨吸氣，平掌下按，足跟上提；同時，意念頭向上虛頂，氣貼於背，隨呼氣，足跟下落著地，手掌下垂，全身放鬆。如此反復6～8次。

30

8. 背後七顛百病消

操作提示：足跟提起時注意保持身體平衡，十個腳趾稍分開著地。百會上頂，兩手下按，使脊柱儘量得以拔伸。患有脊柱病變者足跟下落要輕，不可用力過重。

此勢兩腳跟有節律的彈性起落，通過震動，使椎骨之間各關節韌帶得以鍛煉，並使濁氣自湧泉排出；同時有利於腦脊液的迴圈和脊神經功能的增強，防治椎體病變。

31

八段錦功法特點

臟腑分綱｜經絡協調

基於中醫藏象理論、經絡理論，以臟腑經絡的生理、病理特點來安排導引動作

32

八段錦功法特點

神為主宰｜形氣神合

導引動作，注重以意識對形體的調控，將意識關注到形體動作中，使神與形相合。

意識的調控和**形體的導引**，促使真氣在體內運行，達到神注形中，氣隨形動的境界。

33

八段錦功法特點

對稱和諧｜動靜相兼

每節動作及動作間**對稱和諧**

形體動作**輕靈活潑**，

體現出**內實精神**，

外示安逸｜虛實相生｜剛柔相濟

34

八段錦功法實踐時間

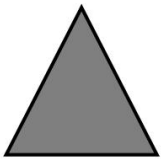
- 遵循因人、因時、因地制宜的原則選擇時間
- 可在晚飯後90分鐘實踐
- 春夏秋三季可早起實踐
- 冬天待太陽出來後再實踐，或下午16：00-17:00實踐

35

八段錦練功要領

鬆靜自然

形息相隨



柔剛結合

動作準確

圓活連貫

36

37

38

39

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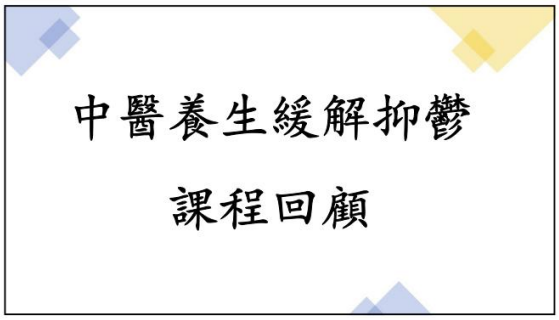
41



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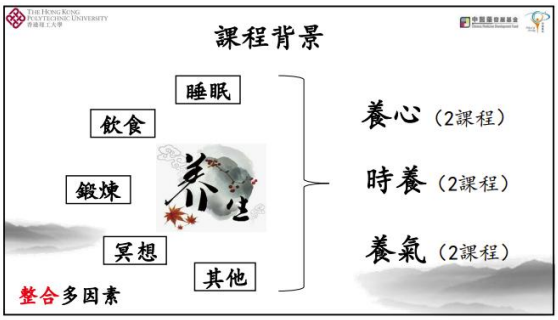


43

44

陰陽平衡，即是健康

「陰平陽秘，精神乃治；陰陽離決，精氣乃絕」《黃帝內經》

興奮

安靜

達到平衡

工作

休息

45

陰陽失調，即是生病

「陰平陽秘，精神乃治；陰陽離決，精氣乃絕」《黃帝內經》

陽氣盛則性喜而動

陰氣盛則情緒低落

46

整體觀念：形神合一

形：形體，肌肉、血脈、筋骨、臟腑

形 神

神：情志、意識、思維

對立統一

心理與生理、精神與物質、本質與現象

47

抑鬱病因

- 七情所傷
- 情志變化過於**突然**、**強烈**或**長期**持久

《素問•舉痛論篇》
「思則心有所存，神有所歸，正氣留而不行，故氣結矣」

《靈樞•本神》
「怒愛者，氣閉塞而不行」

《靈樞•本病論》
「人愛怒思慮即傷心」
「人或怒怒，氣逆上而不下，即傷肝也」

48

抑鬱病機

- 肝鬱氣滯
- 氣鬱化火
- 憂思傷神
- 虛證

肝屬於木，**喜歡調達舒暢**。如果肝氣不舒暢，就會形成氣滯，導致情緒抑鬱。氣滯還可發展成鬱火、痰火或血瘀。

49

適當管理憤怒

「身寬不如心寬，寬心者能容天下難容之事」

以耐養性
隱忍片刻、轉移注意力

Patience

以理制怒
理智思考、衡量輕重

50

疏泄法

將積聚、壓抑在心中的不良情緒，宣達、發洩出去

就好像堤壩排走積累的洪水

「鬱者發之，結者散之」
《黃帝內經》

51

節慾保精、清心養神

- 遠離聲色過度的環境
- 以思維、理性和意志收心養心
- 以運動、閱讀代替放縱情慾

52

存視靜神

存：存想

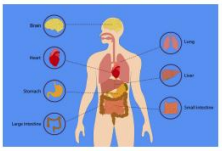
用**意念默想**某一具體物像，

全神貫注，排除雜念

視：內視

閉目靜神，用意念觀察自己的五臟六腑

推薦：
每次5-10分鐘（比如，早晨、午飯後、睡前等）



53

順應人體的陰陽節律

晝為陽

人體陽氣在**白天運行於外**，推動著**人體的臟腑組織器官進行各種功能活動**，白天是學習或工作的最佳時機。

夜為陰

夜晚，人體的**陽氣內斂而趨向於裡**，有利於身體休息，以恢復精力。

《論衡・偶會》「作與日相應，息與夜相得也。」

54

順應四季之陰陽變化

春生：
晚睡早起
日出時起床

夏長：
晚睡早起
起床不早於4、5點

秋收：
早睡早起

冬藏：
早睡晚起

55

抑鬱與養氣的關係

- 肝鬱氣滯是抑鬱最主要病機
- 肝主疏泄，如果肝氣不疏，就會形成氣滯，導致情緒抑鬱。
- 氣滯還可以發展成鬱火、痰火、或血瘀。

56

練習氣功的心態

《老子》

「虛其心，實其腹」、

「致虛極，守靜篤」、

「專氣致柔，能嬰兒乎」

57

通過氣功達至形神合一

以形養神

- 通過肢體運動（如八段錦），使精神安定
- 人體氣血運行通暢，使人心情愉悅

以神養形

- 意識活動向內集中，「吸引」氣內收，使體內真氣充足
- 精神內守，可以頤養形體，使人身體健康

58

睡前調攝——宜濯足，按摩湧泉穴

熱水濯足

- 水溫不宜過高（保持在**40~45°C**為宜）
- 水量以**高過腳踝**為宜
- 雙腳**相互摩擦**或**用雙手按摩**足背、足心，由下至上按摩小腿
- 時間以**30分鐘**左右為度。

泡完後用毛巾擦乾，繼而坐在床上準備做足底按摩

59

睡前調攝——宜濯足，按摩湧泉穴

※左手握住左腳趾，用**右手心搓**左腳心，**來回搓100次**

按摩湧泉穴
（“搓腳心”）

※換左手按摩右腳

※重複**2-3**次

60

61

62

63

64

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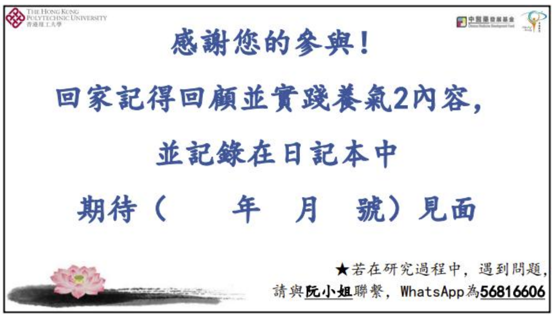
67



68

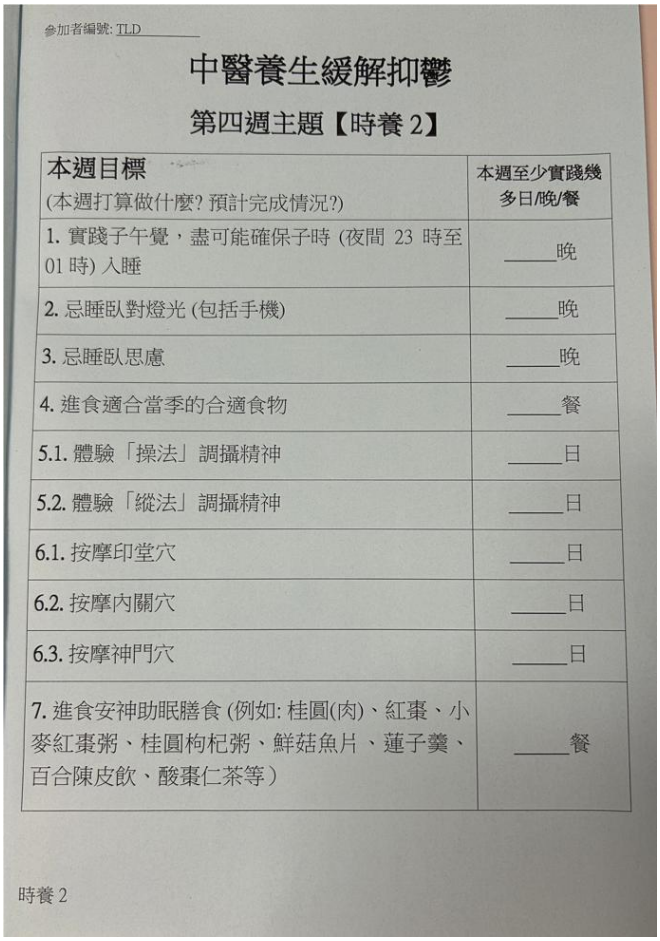
備註

「本資料/活動（或由獲資助機構）所表達的任何意見、研究、結果、結論或建議，並不代表香港特別行政區政府、食物及衞生局、中醫藥發展基金諮詢委員會、中醫藥發展基金執行機構或香港生產力促進局的觀點或意見」Claim form: UAMF

69

附錄 10

養生日誌部分截圖



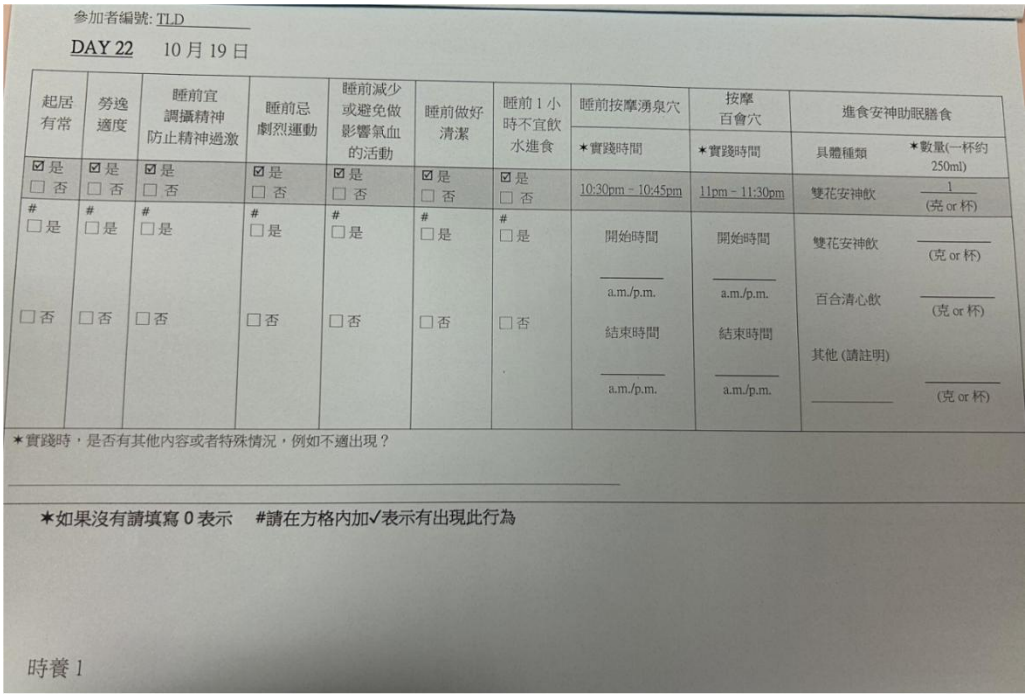
參加者編號: TLD

中醫養生緩解抑鬱

第四週主題【時養 2】

本週目標 (本週打算做什麼? 預計完成情況?)	本週至少實踐幾多日/晚/餐
1. 實踐子午覺，盡可能確保子時 (夜間 23 時至 01 時) 入睡	_____晚
2. 忌睡臥對燈光 (包括手機)	_____晚
3. 忌睡臥思慮	_____晚
4. 進食適合當季的合適食物	_____餐
5.1. 體驗「操法」調攝精神	_____日
5.2. 體驗「縱法」調攝精神	_____日
6.1. 按摩印堂穴	_____日
6.2. 按摩內關穴	_____日
6.3. 按摩神門穴	_____日
7. 進食安神助眠膳食 (例如: 桂圓(肉)、紅棗、小麥紅棗粥、桂圓枸杞粥、鮮菇魚片、蓮子羹、百合陳皮飲、酸棗仁茶等)	_____餐

時養 2



參加者編號: TLD

DAY 22　10 月 19 日

起居有常	勞逸適度	睡前宜調攝精神防止精神過激	睡前忌劇烈運動	睡前減少或避免做影響氣血的活動	睡前做好清潔	睡前 1 小時不宜飲水進食	睡前按摩湧泉穴	按摩百會穴	進食安神助眠膳食	
							★實踐時間	★實踐時間	具體種類	★數量(一杯約250ml)
☑ 是 ☐ 否	☑ 是 ☐ 否	☑ 是 ☐ 否	☑ 是 ☐ 否	☑ 是 ☐ 否	☑ 是 ☐ 否	☑ 是 ☐ 否	10:30pm - 10:45pm	11pm - 11:30pm	雙花安神飲	1 (兗 or 杯)
# ☐ 是 ☐ 否	# ☐ 是 ☐ 否	# ☐ 是 ☐ 否	# ☐ 是 ☐ 否	# ☐ 是 ☐ 否	# ☐ 是 ☐ 否	# ☐ 是 ☐ 否	開始時間 _____ a.m./p.m. 結束時間 _____ a.m./p.m.	開始時間 _____ a.m./p.m. 結束時間 _____ a.m./p.m.	雙花安神飲 百合清心飲 其他 (請註明) _____	_____ (克 or 杯) _____ (克 or 杯) _____ (克 or 杯)

★實踐時，是否有其他內容或者特殊情況，例如不適出現？

_____

★如果沒有請填寫 0 表示　#請在方格內加✓表示有出現此行為

時養 1

附錄 11

人口學與臨床資料問卷

Section A: 個人資料 Personal Particulars

[Q1]姓名	中文：_____ 英文: _____		
[Q2] 年齡（周歲）	_____	[Q5] 出生日期	_____ (dd/mm/yy)
[Q3] 性別	男 ／ 女		
[Q4] 聯絡方式	_____(手提電話) _____(郵箱地址)		
[Q5] 地址			
[[Q6] 婚姻狀況	1.☐ 單身 2.☐ 同居 3.☐ 已婚 4.☐ 離婚 5.☐ 配偶離世		
[Q7] 學歷	1.☐ 小學或以下 2.☐ 中一至中三 3.☐ 中四至中七 4.☐ 大專或以上		
[[Q8] 職業	職業: _____ 1.☐ 高管或專業人士 2.☐ 職員或技術工人 3.☐ 自由職業 4.☐ 家庭主婦 5.☐ 退休 6.☐ 無業 7.☐ 學生 8.☐ 病假____(職業) 9.☐其他: _____		
[Q9] 居住狀況	1.☐ 獨居 2.☐ 與父母同住 3.☐ 與父母及子女同住: _____個子女 4.☐ 與配偶同住 5.☐ 與配偶及子女同住: _____個子女 6.☐ 與子女同住: _____個子女 7.☐ 其他: _____		
[Q10] 家庭月收入	1.☐ 沒有收入 2.☐ 綜援 3.☐ $10,000 以下 4.☐ $10,001-$24,999 5.☐ $25,000-$49,999 6.☐ $ 50,000 以上		
[Q11] 緊急聯絡人資料	姓名： 電話： 關係：		

Section B: 病歷及生活習慣

Section B: 病歷及生活習慣 Medical History & Lifestyle

[Q12.1] 疾歷史（名稱、病程）(年) _____

[Q12.2] 住院紀錄(身體疾病引致) _____

[Q12.3] 過去曾接受的治療(身體疾病) _____

[Q12.4] 現正接受的治療(身體疾病) _____

[Q13.1] 住院紀錄(精神疾病引致) _____

[Q13.2] 過去曾接受的治療(精神疾病) _____

[Q13.3] 現正接受的治療(精神疾病) _____

[Q14.1] 請問閣下有否被醫生診斷患上抑鬱症？ ☐有 ☐沒有

[Q14.2] 請問閣下現時有否服用抗抑鬱藥？ ☐有 ☐沒有

[Q14.3] 如有（請填寫藥物的名稱及價格）

[Q14.4] 請問閣下現時有否其他藥物需要長期服用？ ☐有 ☐沒有

[Q14.5] 如有：請問閣下下一次精神科覆診日期是？ _____ (dd/mm/yy)

[Q14.6] 曾採用什麼專業幫助：☐精神科醫生 ☐全科醫生或其他醫生 ☐中醫師

☐臨床心理學家 ☐咨詢師 ☐護士 ☐其它_____

[Q14.7] 曾採用什麼方法緩解抑鬱症狀: ☐西藥 ☐中藥 ☐針灸 ☐按摩/推拿

☐運動 ☐心理治療 ☐其它 _____

[Q14.8] 中醫養生知識的來源: ☐家人 ☐朋友 ☐廣告 ☐偶爾遇見 ☐其它_____

[Q14.9] [Q14.9-1] 你對中醫養生有多大興趣？

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

一點也無興趣 極其感興趣

[Q14.9-2] 你自己有沒有找中醫養生有關的資料來看？ ☐ 有 ☐ 沒有

[Q14.9-3] 自己有沒有實踐過中醫養生？ ☐ 有 ☐ 沒有

[Q14.9-4] 你覺得自己對中醫養生有多瞭解？

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

一點也不瞭解 極其不瞭解

[Q15.1] 身高 cm [Q15.2] 體重 kg

[Q15.3] 血壓 / [Q15.4] 脈搏 /min

飲啤酒/餐酒/烈酒 ≥1 次/周: ☐ 沒有 ☐ 以前有，而家冇

[Q16.1] ☐ 好少 ☐ 間中 ☐ 經常

[Q16.2] 食煙≥1 次/周: ☐ 沒有 ☐ 以前有，而家冇 ☐ 好少 ☐ 間中 ☐ 經常

[Q16.3] 體育活動≥1 次/周: ☐ 沒有 ☐ 以前有，而家冇 ☐ 好少 ☐ 間中 ☐ 經常

中醫體質分類與判定

請在最能反映您在過去7天裏狀態的數字上劃圈來回答所有問題

體質		沒有	很少	有時	經常	總是
平和質						
1	您精力充沛嗎？	1	2	3	4	5
2	您容易疲乏嗎？	5	4	3	2	1
3	您說話聲音低弱無力嗎？	5	4	3	2	1
4	您感到悶悶不樂、情緒低沉嗎？	5	4	3	2	1
5	您**比一般人**耐受不了寒冷(冬天的寒冷，夏天的冷空調、電扇等) 嗎？	5	4	3	2	1
6	您能適應外界自然和社會環境的變化嗎？	1	2	3	4	5
7	您容易失眠嗎？	5	4	3	2	1
8	您容易忘事(健忘)嗎？	5	4	3	2	1
氣虛質						
1	您容易疲乏嗎？	1	2	3	4	5
2	您容易氣短(呼吸短促，接不上氣) 嗎？	1	2	3	4	5
3	您容易心慌嗎？	1	2	3	4	5
4	您容易頭暈或站起時暈眩嗎？	1	2	3	4	5
5	您**比別人**容易患感冒嗎？	1	2	3	4	5
6	您喜歡安靜、懶得說話嗎？	1	2	3	4	5
7	您說話聲音低弱無力嗎？	1	2	3	4	5
8	您**活動量稍大**就容易出虛汗嗎？	1	2	3	4	5
陽虛質						
1	您手腳發涼嗎？	1	2	3	4	5
2	您胃脘部、背部或腰膝部怕冷嗎？	1	2	3	4	5
3	您感到怕冷、衣服**比別人**穿得多嗎？	1	2	3	4	5
4	您**比一般人**耐受不了寒冷 (冬天的寒冷，夏天的空調、電扇嗎？)	1	2	3	4	5
5	您**比別人**容易患感冒嗎？	1	2	3	4	5
6	您**吃 (喝) 涼的東西**會感到不舒服怕吃 (喝)涼東西嗎？	1	2	3	4	5
7	您**受涼或吃(喝) 涼的東西後**，容易腹瀉 (拉肚子) 嗎？	1	2	3	4	5
陰虛質						
1	您感到手腳心發熱嗎？	1	2	3	4	5
2	您感覺身體、臉上發熱嗎？	1	2	3	4	5
3	您皮膚或口唇乾嗎？	1	2	3	4	5
4	您口唇顏色**比一般人**紅嗎？	1	2	3	4	5
5	您容易便秘或大便乾燥嗎？	1	2	3	4	5
6	您面部**兩顴**潮紅或偏紅嗎？	1	2	3	4	5
7	您感到眼睛乾澀嗎？	1	2	3	4	5
8	您感到口乾咽燥、總想喝水嗎？	1	2	3	4	5

痰濕質						
1	您感到胸悶或腹部脹滿嗎？	1	2	3	4	5
2	您感到身體沉重不輕鬆或不爽快嗎？	1	2	3	4	5
3	您腹部肥滿鬆軟嗎？	1	2	3	4	5
4	您有額部油脂分泌多的現象嗎？	1	2	3	4	5
5	您上眼瞼**比別人**腫 (上眼瞼有輕微隆起的現象)嗎？	1	2	3	4	5

體質		沒有	很少	有時	經常	總是
6	您嘴裡有黏黏的感覺嗎？	1	2	3	4	5
7	您平時痰多，特別是咽喉部總感到有痰堵著嗎？	1	2	3	4	5
8	您舌苔厚膩或有舌苔厚厚的感覺嗎？	1	2	3	4	5
濕熱質						
1	您面部或鼻部有油膩感或油亮發光嗎？	1	2	3	4	5
2	您容易生痤瘡(暗瘡)或瘡癤(膿瘡)嗎？	1	2	3	4	5
3	您感到口苦或嘴裡有異味嗎？	1	2	3	4	5
4	您大便黏滯不爽、有解不盡的感覺嗎？	1	2	3	4	5
5	您小便時尿道有發熱感，尿色濃 (深) 嗎？	1	2	3	4	5
6	您帶下色黃 (白帶顏色發黃) 嗎？(限女性回答)	1	2	3	4	5
7	您的陰囊部位潮濕嗎？(限男性回答)	1	2	3	4	5
血瘀質						
1	您的皮膚在**不知不覺**中會出現青紫瘀斑 (皮下出血) 嗎？	1	2	3	4	5
2	您兩顴部有細微紅絲嗎？	1	2	3	4	5
3	您身體上有哪裡疼痛嗎？	1	2	3	4	5
4	您面色晦暗或容易出現褐斑嗎？	1	2	3	4	5
5	您容易有黑眼圈嗎？	1	2	3	4	5
6	您容易忘事 (健忘) 嗎？	1	2	3	4	5
7	您口唇顏色偏黯嗎？	1	2	3	4	5
氣鬱質						
1	您感到悶悶不樂、情緒低沉嗎？	1	2	3	4	5
2	您容易精神緊張、焦慮不安嗎？	1	2	3	4	5
3	您多愁善感、感情脆弱嗎？	1	2	3	4	5
4	您容易感到害怕或受到驚嚇嗎？	1	2	3	4	5
5	您脇肋部或乳房脹痛嗎？	1	2	3	4	5
6	您無緣無故嘆氣嗎？	1	2	3	4	5
7	您咽喉部有異物感，且吐之不出、咽之不下嗎？	1	2	3	4	5
特稟質						
1	您沒有感冒時也會打噴嚏嗎？	1	2	3	4	5
2	您沒有感冒時也會鼻塞、流鼻涕嗎？	1	2	3	4	5
3	您**因季節變化、溫度變化或異味等原因**而咳喘的現象嗎？	1	2	3	4	5
4	您容易過敏 (對藥物、食物、氣味、花粉或季節交替、氣候變化時) 嗎？	1	2	3	4	5
5	您的皮膚容易起蕁麻疹 (風團、風疹塊、風疙瘩) 嗎？	1	2	3	4	5
6	您的皮膚**因過敏**出現過紫癜 (紫紅色瘀點、瘀斑) 嗎？	1	2	3	4	5
7	您的皮膚一抓就紅，並出現抓痕嗎？	1	2	3	4	5

附錄 12 結局指標測評問卷

病人健康問卷（PHQ-9）

在<u>過去兩個星期</u>，你有多經常受以下問題困擾？

	完全沒有	幾天	超過一半或以上的天數	幾乎每天
1. 做事缺乏興趣或樂趣	0	1	2	3
2. 感到低落、沮喪、或絕望	0	1	2	3
3. 難以入睡、容易睡醒、或過度睡眠	0	1	2	3
4. 感覺疲倦或精力不足	0	1	2	3
5. 食慾不振或過度飲食	0	1	2	3
6. 覺得自己很差勁-覺得自己是個失敗者，使自己或家人失望	0	1	2	3
7. 難以集中精神，例如閱報或看電視	0	1	2	3
8. 連別人也察覺得到動作或說話緩慢，或更經常徘徊踱步、心緒不寧或坐立不安	0	1	2	3
9. 有最好死去或以某方法自殘的想法	0	1	2	3

焦慮自我評估量表（GAD-7）

在**過去兩個星期**，你有多經常受以下問題困擾？

	完全沒有	幾天	超過一半或以上的天數	幾乎每天
1. 感到緊張、不安或煩燥	0	1	2	3
2. 無法停止或控制憂慮	0	1	2	3
3. 過份憂慮不同的事情	0	1	2	3
4. 難以放鬆	0	1	2	3
5. 心緒不寧以至坐立不安	0	1	2	3
6. 容易心煩或易怒	0	1	2	3
7. 感到害怕，就像要發生可怕事情	0	1	2	3
總分				

壓力知覺量表 (PSS)

這份量表是詢問在**最近一個月來**，您個人的感受和想法，請您於每一個題項上作答時，去指出您感受或想到某一特定想法的頻率。雖然有些問題看是相似，實則是有所差異，所以每一題均需作答。而作答方式盡量以快速、不假思索方式填答，亦即不要去思慮計算每一題分數背後之意涵，以期確實反應您真實的壓力知覺狀況。

條目	內容	從不	甚少	有時	常常	總是
1	最近一個月來，因一些無法預期的事情發生而感到心煩意亂。	0	1	2	3	4
2	最近一個月來，感覺無法控制自己生活中重要的事情。	0	1	2	3	4
3	最近一個月來，感到緊張不安和壓力。	0	1	2	3	4
4	最近一個月來，成功地處理惱人的生活麻煩。	0	1	2	3	4
5	最近一個月來，感到自己是有效地處理生活中所發生的重要改變。	0	1	2	3	4
6	最近一個月來，發現自己無法處理所有自己必須做的事情。	0	1	2	3	4
7	最近一個月來，有辦法控制生活中惱人的事情。	0	1	2	3	4
8	最近一個月來，常覺得自己是駕馭事情的主人。	0	1	2	3	4
9	最近一個月，常生氣，因為很多事情的發生是超出自己所能控制的。	0	1	2	3	4
10	最近一個月，常感到困難的事情堆積如山，而自己無法克服它們。	0	1	2	3	4

失眠嚴重指數

1. 請評估閣下現時(過去兩星期)失眠問題的**嚴重程度**

	沒有	輕微	普通	嚴重	非常嚴重
入睡困難	0	1	2	3	4
難以維持睡眠	0	1	2	3	4
太早睡醒的問題	0	1	2	3	4

2. 你有幾**滿意**/不滿意你現時的睡眠狀況?

非常滿意	滿意	中等	不滿意	非常不滿意
0	1	2	3	4

3. 你認為你的睡眠問題**妨礙**你日常運作 (例如：日間疲勞、處理工作/日常時務的能力、集中力、記憶、情緒等等) 到那一個程度?

完全沒有妨礙	少許	頗為	非常	極之妨礙
0	1	2	3	4

4. 你的睡眠問題在降低生活質素而言，在其他人眼中有幾**明顯**?

完全不明顯	僅為	頗為	非常	極之明顯
0	1	2	3	4

5. 你對你現時的睡眠問題有幾**憂慮/苦惱**?

完全沒有	少許	頗為	非常	非常大
0	1	2	3	4

乏力程度評分表

請從以下 10 個情景狀態中選擇符合你真實感覺的選項。

每一個情景狀態需從 5 個選項（從不—總是）中選擇一項。

條目	內容	從不	有時	有規律地	經常	總是
1	我對乏力感到煩惱	1	2	3	4	5
2	我很快感到疲倦	1	2	3	4	5
3	一天內我做不了許多事	1	2	3	4	5
4	我每天都有足夠的精力生活	1	2	3	4	5
5	我覺得身體上精疲力竭	1	2	3	4	5
6	我覺得開始做事時有困難	1	2	3	4	5
7	我很難認真仔細地思考	1	2	3	4	5
8	我做任何事都提不起興致	1	2	3	4	5
9	我覺得精神不振	1	2	3	4	5
10	當我做事時，我可以做到專心致志	1	2	3	4	5

六項健康狀況調查表(香港中文版)

請在回答問卷前注意: 下列問題是關於你身體健康各方面的狀況。以下有六組句子，每一組問及一個不同方面的健康狀況。請在每組句子中選出**一句(✓)**，最能形容你**過去四星期裏**的健康狀況。

	體能	
1	你的健康對你進行**劇烈活動**(比如跑步、搬重物，或參加劇烈的體育活動)**沒有任何限制**	
2	你的健康對你進行**劇烈活動**(比如跑步、搬重物， 或參加劇烈的體育活動)**有一點限制**	
3	你的健康對你進行**中等強度的活動**(比如搬桌子、使用吸塵器清潔地面、玩保齡球，或打太極拳)**有一點限制**	
4	你的健康對你進行一些**中等強度的活動**(比如搬桌子、使用吸塵器清潔地面、玩保齡球，或打太極拳)**有很大限制**	
5	你的健康對你替自己**洗澡及穿衣服有一點限制**	
6	你的健康對你替自己**洗澡及穿衣服有很大限制**	

	日常活動的限制	
1	你**並沒有**因為你身體健康或情緒的問題而在**工作或其它日常活動中遇到問題**	
2	因為身體健康的問題，你的**工作或其它日常活動的種類受到限制**	
3	因為情緒的問題，你**實際做完的比想做的要少**	
4	因為身體健康的問題，你的**工作或其它日常活動的種類受到限制**及因為情緒的問題，你**實際做完的比想做的要少**	

	社交功能	
1	你的健康對你的社交活動(如探親，訪友等)**完全沒有限制**	
2	你的健康對你的社交活動(如探親，訪友等)**偶爾會有限制**	
3	你的健康對你的社交活動(如探親，訪友等)**有時會有限制**	
4	你的健康對你的社交活動(如探親，訪友等)**大部分時間都有限制**	
5	你的健康對你的社交活動(如探親，訪友等)**常常都有限制**	

疼痛		
1	你的身體完全沒有疼痛	
2	你的身體有疼痛，但它對你的日常工作(包括上班和家務)**沒有影響**	
3	你的身體有疼痛，而它對你的日常工作(包括上班和家務)有**很少影響**	
4	你的身體有疼痛，而它對你的日常工作(包括上班和家務)有**一些影響**	
5	你的身體有疼痛，而它對你的日常工作(包括上班和家務)有**較大影響**	
6	你的身體有疼痛，而它對你的日常工作(包括上班和家務)有**極大影響**	

心理健康		
1	你**從來沒有**感到緊張或心情不好和情緒低落	
2	你**偶爾**會感到緊張或心情不好和情緒低落	
3	你**有時**會感到緊張或心情不好和情緒低落	
4	你**大部分時間**都感到緊張或心情不好和情緒低落	
5	你**常常**都感到緊張或心情不好和情緒低落	

精力		
1	你**常常**都感到精力充足	
2	你**大部分時間**都感到精力充足	
3	你**有時**會感到精力充足	
4	你**偶爾**會感到精力充足	
5	你**從來沒有**感到精力充足	

自我效能感量表

編號	條目	完全不正確	有點正確	多數正確	完全正確
1	如果我盡力去做的話，我總是能夠解決問題的	1	2	3	4
2	即使別人反對我，我仍有辦法取得我所要的	1	2	3	4
3	對我來說，堅持理想和達成目標是輕而易舉的	1	2	3	4
4	我自信能有效地應付任何突如其來的事情	1	2	3	4
5	以我的才智，我定能應付意料之外的情況	1	2	3	4
6	如果我付出必要的努力，我一定能解決大多數的難題	1	2	3	4
7	我能冷靜地面對困難，因為我信賴自己處理問題的能力	1	2	3	4
8	面對一個難題時，我通常能找到幾個解決方法	1	2	3	4
9	有麻煩的時候，我通常能想到一些應付的方法	1	2	3	4
10	無論什麼事在我身上發生，我都能應付自如	1	2	3	4

健康促進生活模式問卷

這份問卷是關於你的日常生活習慣。請盡可能回答所有問題，勾出你所選擇的答案。

1. 您會與親密好友討論自己的問題，同時也關心他們。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

2. 您會選擇低脂肪、低飽和脂肪酸和低膽固醇的食物。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

3. 您會告知醫療專業人員，任何有關自己所出現的不尋常症狀。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

4. 您會執行既定的運動計劃。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

5. 您有充足的睡眠。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

6. 您覺得自己持續好的成長及改變。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

7. 您樂於讚美他人的成就。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

8. 您會減少攝取糖分及糖類食物，例如甜食。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

9. 您會閱讀或收看關於健康促進的書籍或電視節目。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

10. 您會積極從事運動，每星期至少三次，每次至少 20 分鐘。例如快走、騎腳踏車、有氧舞蹈、爬樓梯等運動。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

11. 您每天會安排時間讓自己休息。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

12. 您認為自己的生活有目標。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

13. 您能夠與別人維持有意義及圓滿的關係。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

14. 您每天吃 6~11 份澱粉類食物，如麵包、麥片、飯或麵條。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

15. 您對於醫護人員的指導，會詳細詢問以求明白。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

16. 您會從事輕度至中度的體力運動（如一週五次以上，持續走路 30~40 分鐘）。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

17. 您能夠面對自己無法改變的事實。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

18. 您會對未來有所期待。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

19. 您會花時間與親密好友相處。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

20. 您每天會吃 2~4 份的水果。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

21. 當您對醫護人員的建議有疑問時，您會尋求第二位專家的意見。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

22. 您會參與休閒性（娛樂性）的運動。例如：游泳、跳舞、騎腳踏車等。

從來不會	有時這樣	經常這樣	定期進行

1 2 3 4

23. 在睡前，您會專注於一些令您開心的事。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

24. 您內心感覺滿足及平和。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

25. 您很容易對他人表現出，您對他的關懷、愛心及溫暖。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

26. 您每天吃 3~5 份蔬菜。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

27. 您會與醫護人員討論自己的健康問題。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

28. 您每週至少從事三次伸展運動。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

29. 您有自己的方法來調整壓力。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

30. 您會為追求人生的長遠目標而努力。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

31. 您會與你所關心的人保持緊密的聯繫。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

32. 您每天吃 2~3 份牛奶優格或起司。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

33. 您每個月至少會自我檢查身體一次，留意身體有無變化或發生危險徵象。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

34. 在每天的日常生活作息中，您會找機會做運動（如步行去早餐，走樓梯來取代搭電梯，將車停在

離目的地較遠的地方，再走至目的地）。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

35. 您會在工作和娛樂間取得平衡。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

36. 您會感到每天的生活是充滿趣味及具挑戰性。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

37. 您知道怎樣去滿足自己對情感親密關係的需要。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

38. 您每天只吃 2~3 份的肉類、家禽類、乾豆、蛋或堅果類。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

39. 您會向專業的醫護人員詢問有效自我照顧的方法。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

40. 您會測量自己在運動時的脈搏速率。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

41. 您每天會利用 15 至 20 分鐘的時間去練習放鬆或冥想。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

42. 您知道在自己的生命中，甚麼是最重要的。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

43. 您能夠從關懷您的親朋好友中，得到支援。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

44. 您會注意看食品包裝上，有關營養的成分、脂肪和鈉含量的標示。

從來不會	有時這樣	經常這樣	定期進行
1	2	3	4

45. 您會參加維護個人健康的教育課程。

從來不會	有時這樣	經常這樣	定期進行

1 2 3 4

46. 運動時您會達到自己的心跳速率指標。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

47. 您會調活自己以免過累。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

48. 您能感覺到，有某種超過自我的力量在身傍。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

49. 與別人發生衝突時，您會用討論和折衷的辦法來解決問題。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

50. 您會吃早餐。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

51. 有需要時您會尋求輔導或諮商。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

52. 您會樂於迎接新的體驗及挑戰。

從來不會 有時這樣 經常這樣 定期進行

1 2 3 4

附錄 13 質性研究通過倫理

THE HONG KONG POLYTECHNIC UNIVERSITY
香港理工大學

To	Yeung Wing Fai (School of Nursing)		
From	Pang Marco Yiu Chung, Chair, PolyU Institutional Review Board		
Email	marco.pang@polyu.edu.hk	Date	13-Jun-2023

Application for Ethical Review for Teaching/Research Involving Human Subjects

I write to inform you that approval has been given to your application for human subjects ethics review of the following project for a period from 24-Jul-2023 to 30-Jun-2024:

Project Title:	Experiences and Perceptions of Participating in Traditional Chinese Medicine Health Preservation Intervention for Depression: A Qualitative Study
Department:	School of Nursing
Principal Investigator:	Yeung Wing Fai
Project Start Date:	24-Jul-2023
Project type:	Human subjects (clinical)
Review type:	Expedited Review
Reference Number:	HSEARS20230511001

You will be held responsible for the ethical approval granted for the project and the ethical conduct of the personnel involved in the project. In case the Co-PI, if any, has also obtained ethical approval for the project, the Co-PI will also assume the responsibility in respect of the ethical approval (in relation to the areas of expertise of respective Co-PI in accordance with the stipulations given by the approving authority).

You are responsible for informing the PolyU Institutional Review Board in advance of any changes in the proposal or procedures which may affect the validity of this ethical approval.

Pang Marco Yiu Chung

Chair

PolyU Institutional Review Board

附錄 14 18 項以中醫為基礎的整合性健康干預

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附錄 15 26 個達成一致性的中醫養生課程條目

經過德爾菲專家函詢，最終達成一致性的條目共 26 個，包括養心（*n* = 14）、時養（n = 6）、養氣（n = 6），詳見如下。

編號	“養心”條目 14 條
1	介紹中醫養生與情志（抑鬱）的病因病機 [病因：情志刺激；影響發病的相關因素——個體因素、心理因素、意志因素、心理防禦機制、自我認同；環境因素——自然環境、社會環境、生活行為方式；病理產物性致病因素——痰飲、淤血；病機：腦神功能紊亂、氣機升降失調、臟腑功能紊亂——比如，情志致病，皆可傷心；多情交織，首先傷肝；脾胃樞紐，情志多傷；情志久病，累及於腎；情志所傷，多臟同病、精氣血津液失常——精氣血津液不足、精氣血津液阻滯（氣鬱痰凝、氣滯血淤、氣鬱化火；痰、瘀互結）、情志化火傷陰、經絡不利]
2	講述“養心”中精神養生的定義（即在中醫養生基本原則的指導下，通過主動的修德怡神、積精全神、調志攝神等，保護和增強人的心理健康；通過暗示、節制、疏瀉、移情、開導等措施，調節情緒，使自己心態平和、樂觀、豁達、開朗，達到情志和調，形神高度統一，提高健康水準的養生方法）
3	課堂上提供簡單、基於辨證基礎上的抑鬱飲食建議
4	介紹中醫養生的定義（如中醫養生是在中醫理論的指導下，根據人體生命活動變化規律，探索和研究中國傳統的頤養身心、增強體質、預防疾病、延年益壽的理論和方法，並用這種理論和方法指導人們進行保健活動）
5	介紹中醫養生的理論基礎（如陰陽五行、病因病機、“天人相應”與“形神合一”的整體觀念等）
6	介紹中醫養生與情志的治療策略，包括九維度內容（養心、養氣、食養、導引、時養、養老、胎養、藥養和房中術），且突出講述“養心”、“養時”、“養氣”
7	課堂中跟著導師一起實踐調氣法之八段錦

8	講述“養心”中雅趣養生的定義（即通過發揮和培養自身高雅的情趣及愛好來怡養身心的養生方法）
9	講述“養心”中精神養生的具體方法之 節制法（即調和、克制、約束情感，防止七情過激，進而達到心理平衡的方法）
10	講述“養心”中精神養生的具體方法之 疏瀉法（即將積聚、壓抑在心中的不良情緒，通過適當方法宣達，發瀉出去，以盡快恢復心理平衡）
11	講述“養心”中精神養生的具體方法之 節慾保精，清心養神（性生活有關的養神法，指需要合理調節性生活，不可縱慾，強調“葆精”，否則會耗傷“神”的物質基礎）
12	講述“養心”中精神養生的具體方法之 存視靜神（與冥想類似的養神法；即“存”為“存想”，“視”為“內視”。存想又稱“存思”，即閉或微閉雙眼，用意念默想某一具體物像，全神貫注，排除妄想；內視又稱“內觀”，方法與存想類似，也是閉目靜神，但在意念中所默想的對象卻是自己的五臟六腑，要求存見對象都能形象地反映在心中，從而達到收心入靜的效果。存想和內視也可以與氣功結合運用）
13	課堂中實踐精神養生中的存視靜神
14	講述“養心”中精神養生的具體方法之 調氣法（這是與氣功有關的養神法；即通過適當方法，調養人體之氣，暢行臟腑氣機，以增強五臟氣化功能，進而和調五臟之神；如行氣暢神之氣功）

編號	“時養” 條目 6 條
1	講述起居養生的概念及原則，涉及順應自然規律、順應人體規律和勞逸適度等
2	課堂中學習實踐助眠且解鬱的穴位，涉及百會穴、神門穴、內關穴、印堂
3	講述自我調節的助眠法之 3~4 個助眠、解鬱且便於操作的穴位（包括百會穴、神門穴、內關穴、印堂）
4	講述不時不食的飲食原則，介紹適合當季的合適食物。隨四時氣候的變化而調節飲食，是飲食養生的原則之一。“春氣溫，宜食麥以涼之；夏氣熱，宜

	食菽以寒之；秋氣燥，宜食麻以潤其燥；冬氣寒，宜食黍以熱性治其寒”，概括地指明了飲食四時宜忌的原則
5	講述睡眠調攝法之“睡前調攝、睡時調攝、睡眠十忌”。其中，“睡前調攝”主要涉及宜調攝精神；需稍事活動；宜濯足，按摩湧泉穴；不可飲水進食；做好清潔；“睡時調攝”主要涉及睡眠姿勢與方位—臥如弓；睡眠時間午覺不宜超過 1 小時；“睡眠十忌”主要涉及: 一忌仰臥；二忌憂慮；三忌睡前惱怒；四忌睡前進食；五忌睡臥言語；六忌睡臥對燈光；七忌睡時張口；八忌夜臥覆首；九忌臥處當風；十忌睡臥對爐火”；“先睡心，後睡眼”，臥處不可當風，夏季不可當風露宿，或再室內空調溫度極低的情況下睡眠，睡眠忌熱水浴和冷水浴，熱水浴應提前至睡前 2 至 3 小時，睡前忌食太葷和太晚，夜餐時間過晚，時間過長會破壞正常生物鐘
6	講述自我調節的助眠法之自我調節（冥想、自我催眠入眠，心神安寧）

編號	“養氣” 條目 6 條
1	講述“養氣”的定義及作用
2	講述“養氣”與中醫情志中抑鬱的關係（“調身”、“調息”、“調心”）
3	講述中醫情志抑鬱相關的 養氣飲食建議
4	講述“養氣”方法之八段錦，包括概述、作用、實踐方法
5	課堂中通過學習實踐八段錦來感受養氣（2 遍） （https://www.youtube.com/watch?v=dS7gFMlAWJg）
6	講述“養氣”方法之氣功養生與抑鬱的關係和作用

附錄 16“中醫養生干預課程開發”學術論文（德爾菲論文研究報告）

Development of a complex program to relieve depression by using multicomponent Traditional Chinese medicine lifestyle medicine: A multi-method study

ABSTRACT

Background: Depression is a common yet challenging mental disorder with unknown exact reasons. Lifestyle risk factors, such as physically inactive, bad sleep habits, and increased consumptions of food high in fat and sugar, may highly contribute to depression. Aggregating evidence supports applying multicomponent lifestyle medicine programs for depression. However, a dearth of studies has presented the in-depth program development process.

Objective: This study aimed to systematically develop a complex lifestyle medicine program for depression based on Traditional Chinese Medicine (TCM) theory.

Methods: A stepwise multi-method study was performed. The preparation phase means understanding the public health issue, identifying resources, reviewing published evidence. Based on the results, a Delphi survey was conducted, followed by context understanding as well as program design and refinement. Subsequently, the program was modeled, and a program theory was created, incorporating explanations and assumptions in relevant conceptual framework and logic model.

Results: A complex lifestyle medicine program was developed, and a corresponding program manual was established. The program involves three components with six 120-min weekly consecutive sessions, namely, nourishing the heart (2 sessions), nursing according to the time (2 sessions), and nourishing the Qi (2 sessions). Teaching materials were created accordingly.

Conclusions: This study serves as an example of how to develop a complex program according to the recommendations in the Medical Research Council framework for complex programs. The developed program will be examined for its feasibility, acceptance, and preliminary efficacy for depression in a mixed methods clinical study.

Keywords: Community programs, Depression, Program development, Psychosocial intervention, Lifestyle, Traditional Chinese medicine

1. Introduction

Depression is a prevalent debilitating mental disorder which has the characteristics of the presence of symptoms including irritable, sad, or empty mood, and along with cognitive and somatic changes that obviously hinder the person's function capacity. As the main contributor to the disease burden around the globe, approximately 5% among the global adult population, 322 million, are disturbed by depression (World Health Organization, 2017).

Although depression treatments, pharmacotherapy and psychotherapy, are available, there is no reduction of depression burden in any society (Herrman et al., 2022). This worrying phenomenon may be attributed to the low level of health-seeking behavior in depression (Bifftu et al., 2018), inequities in access to treatment of depression (Lopes et al., 2016), and low treatment adherence (Sansone et al., 2012). Therefore, novel depression treatments are urgently warranted.

In recent years, a growing number of studies indicated the relationship between lifestyle and depression, stating as the odds of suffering from high or very high depression increasing with the added number of unhealthy lifestyle behaviors (George et al., 2022). Novel multicomponent lifestyle medicine programs which targeted at various lifestyle risk factors simultaneously, not only showed its effectiveness for treating depression (Wong, Ho, Shi, Sarris et al., 2021) but was recommended as implementation consideration in the latest clinical guideline of lifestyle-oriented mental health care in depression (Marx et al., 2023).

Noteworthy, inducing lifestyle changes in patients is a complex, pluralistic, and multilevel concept, which was constructed with the influence of culture, economic, politics in particular geographic localities and contexts (Jensen, 2007). Thus, these sociocultural factors should be strongly taken into consideration while developing lifestyle medicine programs for depression.

Hong Kong, a cosmopolitan and populated city situated on the southeast coast of China, has 7.4 million people residing in this 1,104-square kilometer territory and 92% were Chinese ethnicity. In this region, traditional Chinese Medine (TCM) has a long history and has deeply integrated into local individuals' daily life. Although previous studies have confirmed the effectiveness of multicomponent lifestyle medicine programs for depression in Hong Kong, none of them was intensely formed based on TCM theory (Chu et al., 2022; Ip et al., 2021; Wong, Ho, Shi, Tong et al., 2021). Moreover, as depressed individuals are more prone to seek and adopt complementary and alternative therapies like TCM (Ashraf et al., 2021), thus, a multicomponent TCM lifestyle medicine program would be another potential feasible, acceptable, and efficacious depression treatment for the local Hong Kong residents. To address this gap in research, first, we need to develop a program with multiple TCM lifestyle components. This study aims to systematically develop a complex lifestyle medicine program for depression based on TCM theory.

2. Methods

2.1 Research design

A multi-method study was carried out in a stepwise procedure with three steps (Figure 1) to thoroughly handle the development phase elements depicted in the updated Medical Research Council framework for complex programs (Skivington et al., 2021) and the complex program development guidance (O'Cathain et al., 2019).

2.1.1 Methods – step 1: preparation phase. Step 1 is the preparation phase which refers to planning the development process. The aims of step 1 were to verify the urgent need for a novel multicomponent TCM lifestyle medicine program, ensure financial support, and time for program development, and provide primarily evidence-based content for the program.

2.1.1.1 Understanding the public health issue and identifying resources. Regarding understanding the public health issue (depression), the following aspects were searched, reviewed, and analyzed. That incorporates the definition, incidence and prevalence, and burden of depression, unsatisfactory depression treatment status

and rationale, demanding innovative depression treatments, preference for complementary and alternative therapies among depressed individuals, lifestyle and lifestyle medicine for depression, and similarity between lifestyle medicine for depression and lifestyle medicine for depression based on TCM. As for identifying resources, researchers actively applied for fundings, and estimated time required to undertake the program development.

2.1.1.2 Reviewing published evidence. Reviewing published evidence involves three components, namely, reviewing randomized controlled trials (RCTs) related to TCM health preservation for depression, textbooks relevant to TCM health preservation, and TCM clinical practice guidelines of depression treatment.

2.1.2 Methods – step 2: validating program components and content within the understanding the context. The aim of step 2 was to validate program components and content within the understanding of research context. That phase incorporated three program development actions, specifically, undertaking primary data collection (a Delphi survey), understanding the context, designing and refining the program.

2.1.2.1 A Delphi survey.

Study design. A modified Delphi method was adopted to generate ideas and achieve consensus of a multicomplex TCM lifestyle medicine program for depression (Keeney et al., 2011). Figure A in Appendix A shows the flowchart of the Delphi survey design.

Study population, recruitment and sampling. Purposive sampling was adopted to recruit potential experts from August 25, 2022, to September 1, 2022. The experts should meet the inclusion criteria (Keeney et al., 2011): (1) have knowledge of TCM health preservation for depression, (2) have at least five years of clinical experience as a licensed Chinese medicine practitioners in Hong Kong, (3) have obtained a postgraduate degree, and (4) are willing to join the Delphi survey. Quasi-anonymity, the anonymity of opinions and judgments of experts, were strictly maintained during the survey.

Data collection and procedure. A 3-round Delphi survey was conducted through the popular online survey platform Qualtrics (Qualtrics Research Suite, Qualtrics, Provo, UT, USA) until consensus was reached and items were ranked. A stricter consensus criterion of ≥ 80% of the panel selecting on 6 or 7 ("agree" or "strongly agree," and "important," or "very important") on the 7-point Likert scale was adopted in the current Delphi study (Jorm, 2015).

Round 1: The Qualtrics link involving demographic data and the initial scale with 61 items developed in step 1 was sent to each expert via email.

Round 2: A revised questionnaire consisting of 19 items with less than 80% from round 1 (5 items were revised) and 3 newly developed items based on experts' suggestions in round 1 were used. Specifically, *nourishing the heart* (component 1) (14 items), *nourishing according to time* (component 2) (5 items) and *nourishing the Qi* (component 3) (3 items).

Round 3: A seven-point Likert-type scale (1 = "very unimportant" and 7 = "very important") was used to rate the degree of importance of items under three components (28 items in component 1, 11 items in component 2, and 11 items in component 3). All consented items within each component were ranked, and the top 50% were chosen as the program content (O'Hagan et al., 2023). Meanwhile, the priority of the degree of importance about the four dimensions of the program was ranked. Scores were provided weightings as listed: 4 points ranking 1st place, 3 points ranking 2nd place, 2 points ranking 3rd place, and 1 point ranking 4th place.

Data analysis. Data on the Qualtrics platform was delivered to IBM SPSS statistics version 26 (IBM Corp., Armonk, NY, USA) for further analysis. Descriptive statistics were computed for participants in each Delphi stage and the entire sample. Continuous variables were summarized using mean (standard deviation) or median (interquartile range), while categorical variables were described using proportions (%) and frequencies. Thematic analysis was employed to analyze responses from those open-ended questions (Braun & Clarke, 2006).

2.1.2.2 Understanding the context. Several approaches were employed to understand the context in the current study, including undertaking primary data collection using the Delphi survey, reviewing published evidence regarding Hong Kong context (e.g., georgical location, diet recipes) and working closely with stakeholders by inviting depressed adults to review primary teaching materials (seen in 2.2.3.). Moreover, the Context and Implementation of Complex Interventions (CICI) framework was adopted to guide the comprehensive understanding and reporting of the context and setting for the developed program (Pfadenhauer et al., 2017) (Table B in Appendix B).

2.1.2.3 Designing and refining the program. The format (a group format with 3-10 participants), dose (six 120-min consecutive weekly sessions), and delivery (face-to-face modality, using motivational interviews, teach-back method, and goal-setting strategies) of the program was ensured on the basis of multicomponent lifestyle medicine programs for depression literature, health behavior change literature, the systematic review depicted in step one (Ruan et al., 2023), and discussions with stakeholders and our multi-professional research team (one psychiatrist, one clinical psychologist, two mental health nurses, one TCM nurse, and eight Hong Kong Chinese medicine practitioners).

Subsequently, the same research team and three program providers (demographic characteristics seen in Table C1 in Appendix C) as well as five Hong Kong Chinese depressed adults (demographic characteristics seen in Table C2 in Appendix C) were invited to evaluate and refine the initial program manual and measure how feasible, acceptable, and engaging the program is. Revisions and improvements to the program manual were made based on collected feedback accordingly.

2.1.3 Methods – step 3: drawing on existing theories and articulating program theory.

The aims of step 3 were to draw on existing theories and articulate program theory for the multicomponent TCM lifestyle medicine program for depression in a conceptual framework and presenting in a corresponding logic model.

2.1.3.1 Drawing on existing theories.

A series of behavior change theories and psychological theories supporting the development of lifestyle-related programs were reviewed. That included theory of reasoned action, theory of planned behavior, theory of the integrated behavior model, the health belief model, the transtheoretical model (TTM), social cognitive theory (SCT), and the socioecological model (focusing on the ecological level) (Frates & Eubanks, 2019).

2.1.3.2 Articulating program theory

A conceptual framework is intertwined with program theory and serves as the theoretical foundation for program theory (Leshem & Trafford, 2007). The conceptual framework for our program was created based on theoretical sources (stages of change and several theoretical constructs from the TTM), and empirical sources (literature and books of TCM health preservation and lifestyle medicine, and TCM clinical practice guidelines of depression treatment) (Table 1). A logic model, adopted to present our program theory, was led by the logical model development guide and influenced by several logic model templates. The quality of the developed logic model was ensured using the logic model review checklist (Table D in Appendix D).

2.1.4 Study registration.

The evaluation of the multicomponent TCM lifestyle medicine involving a pilot randomized controlled trial, which has been registered at ClinicalTrials.Gov (Registration Number: NCT05799586) on 05/04/2023.

3. Results

3.1 Results – step 1: preparation phase

3.1.1 Results of understanding the public health issue and identifying resources. The importance and need of a novel multicomponent TCM lifestyle medicine program for depression, an urgent public health issue, was confirmed after our literature review. We obtained two finding sources, one at the university stage and one at the territorial stage in Hong Kong to assist the program development.

3.1.2 Results of reviewing published evidence. In accordance with the updated textbook and health preservation, three components of the program were selected based on team discussion and experts' opinions, namely *nourishing the heart* (component 1), *nourishing according to time* (component 2), and *nourishing the Qi* (component 3). The decision was made because these components reflected TCM dialectical treatment and nursing most, were closely related to mood (depression) and might be most helpful for treating depression, as well as relatively easy to implement, with potential high feasibility and applicability for depressed individuals. Meanwhile, based on the integrated evidence from three resources, an initial seven-point Likert-type scale (1 = "strongly disagree" and 7 = "strongly agree") with 61 items regarding program content was developed for further content evaluation in the Delphi survey (40 items for component 1, 12 items for component 2, 9 items for component 3). Three open-ended questions inquiring about perceptions regarding each component of multicomponent TCM lifestyle medicine for depression were incorporated in the scale. Moreover, according to the findings of the systematic review (Ruan et al., 2023), research gaps like available studies lacking evidence supporting their developed programs being evidence-based and theory-informed, were shown. Also, the information that the average program duration was 6.5 weeks (2-12 weeks) was reported. Both provided directions for our being developed multicomponent TCM lifestyle medicine program for depression.

3.2 Results - step 2: validating program components and content within the understanding the context

3.2.1 A Delphi survey

3.2.1.1 Expert panel demographics. A total of 10 Chinese medicine practitioners (6 females, 4 males) with an average age of 41 years old participated in the three-round Delphi survey from 1 September to 12 November 2022. The response rate was 83.33% (out of 12 experts), and the retention rate was 100%. The demographic characteristics of the Delphi panel members are shown in Table 2.

Round 1: The first-round survey started from 1 September to 9 September 2022 (nine days). Consensus was reached in 42 items after the round 1 survey, which included 26 items for *nourishing the heart*, 8 items *for nourishing according to time*, and 8 items for *nourishing the Qi*. The median, interquartile range, and percentage agreement values in round 1 Delphi survey is presented in Table E1 in Appendix E.

Round 2: The second-round survey commenced on 30 September and ended on 9 October 2022 (ten days). Eight items showed agreement of ≥80% in Round 2. Fourteen items of <80% were removed and related reasons from experts were provided in Table E2 in Appendix E. The median, interquartile range, and percentage agreement values in round 2 Delphi survey is presented in Tabe E3 in Appendix E.

Round 3: The third-round survey started from 4 November to 12 November 2022 (nine days). "Theoretical knowledge of TCM health preservation" was given the highest priority of four dimensions of the development program (Tabe E4 in Appendix E). Twenty-six items were established as the consented content of the program, which included 14 top items (means ranging from 5.8 to 6.3) under *nourishing the heart*, 6 top items (means ranging from 6.0 to 6.5) under *nourishing according to time*, and 6 top items (means ranging from 5.9 to 6.2) under *nourishing the Qi*. The importance ratings in Round 3 Delphi survey are presented in Table 3.

3.2.2 Understanding the context

Based on the understanding of the context from different perspectives and corresponding adjustments, the context suitability of the initial program content has been enhanced. Examples of content revised, or added to fit the Hong Kong context were shown in Tables F1 and F2 in Appendix F.

3.2.3 Designing and refining the program

Three iterations of refinements were completed among research team regarding program objectives, content arrangement, time allocation for each segment in each session. Five iterations of refinements were completed among three Chinese medicine practitioners followed by one iteration of refinement in depressed patients. Table F2 in appendix F provides examples of comments during the iterations of refinement and

relevant modifications. The final version of the program manual was established (Appendix G). Meanwhile, examples of teaching materials for each session were created (Figures H1-H6 in Appendix H).

3.3 Results – step 3: drawing on existing theories and articulating program theory

Drawing on existing theories

The TTM was the theory drawn on for our program because of its characteristics suitable for the multicomponent TCM lifestyle medicine program and achieving research aim. Specifically, learning and practicing TCM lifestyle is not one-point or short-term behavioral change but a long-term process that unfolds over time through a sequence of change (Frates & Eubanks, 2019). Thus, TTM, together with stages of changes, the theory suitable for long-term behavior change, not only meets the requirements, but also provides a set of specific strategies that help individuals move along through the stages. Moreover, drawing on more than one theory, especially from different disciplines, may help inform the program development (O'Cathai et al., 2019).

3.3.1 Articulating program theory

The conceptual framework for the multicomponent TCM lifestyle medicine for depression was developed and has nine explanations and corresponding assumptions (Table I in Appendix I). The logic model was formed with the guidance of program theory (Fig. 2). The developed logic model relies on the assumption that the way in which depressed people live their life exerting an effect on their emotion (depression) and other health-related outcomes. Changing unhealthy lifestyle according to TCM health preservation theory will relieve depression, reduce anxiety, decrease stress, alleviate fatigue, increase sleep quality, improve quality of life, and promote health-promoting lifestyle behavior.

4. Discussion

This paper discusses the implementation of the updated Medical Research Council framework guidelines to create an evidence-based, theory-informed, implementable and practicable complex program for depression. Limited studies have

reported the detailed development process of the complex program using the updated Medical Research Council framework in fields like complementary and alternative medicine, lifestyle medicine, psychology, and nursing (O'Cathain et al., 2019; Skivington et al., 2021). Although compelling evidence from Hong Kong and other regions or countries have shown the effectiveness of using multicomponent lifestyle medicine programs to reduce depression, but no such a study has revealed the development of complex programs in detail. That may lead to research waste (O'Cathain et al., 2019) and hinder the positive development of those fields, particularly the emerging field, lifestyle medicine. Whereas our study functions as an instance of how to develop a complex health program and provides essential direction and inspiration for developing complex programs by demonstrating the employment of methodological approaches that incorporated a range of data, stakeholders, and expert views. More than that, this article also provides details for future similar RCTs' replication and improves the credibility of generated evidence.

This is a multi-method study with collaborative effort involving a multi-professional research team, stakeholders, Chinese medicine practitioners and researchers. Several actions followed the complex program development guidance were utilized (O'Cathain et al., 2019; Skivington et al., 2021), including reviewing published evidence, undertaking primary data collection, drawing on existing theory, articulating program theory and designing a logic model, understanding the context, and designing and refining the program. Although this study was conducted in a stepwise procedure, the application of these actions was not linear and could intermingle with other actions sometimes.

On the basis of reviewing published evidence, findings from the Delphi survey, and discussions with stakeholders and the multi-professional research team, we successfully developed a program manual for the multicomponent TCM lifestyle medicine for depression. It should be noted that the Delphi method has been widely adopted to obtain expert consensus in TCM (Ruan et al., 2024). Besides, the developed program manual can assist program providers and other research members

(e.g., research assistants who will collect data) understand the program, deliver, or replicate it (O'Cathain et al., 2019). Also, that will function as the basic materials used for further program training.

A program theory is the foundation of theory-based evaluation, the form of evaluation addressing to the limitations of traditional evaluation methodologies within the framework of positivist scientific understanding, and not only understands whether a program works, but also how a program is expected to generate findings (Wallner et al., 2023). However, a dearth of studies (particularly in lifestyle medicine for depression areas) have formulated or showed a program theory to elucidate how the active components of the program were expected to function, and which impacts the context brought to (Wallner et al., 2023). The current study made full of theoretical source and empirical source to develop a program theory for the multicomponent TCM lifestyle medicine program for depression, followed by creating a visual logic model. This works as an example of developing program theory and promoting further theory-based evaluation. This theory-based action is rooted in critical realism (O'Cathain et al., 2019), which is also consistent with the philosophical underpinning for the development and evaluation of the multicomponent TCM lifestyle medicine for depression, showing the rigor of research design.

Understanding the context while developing the program may reduce the risk of failure in later research stages, such as program evaluation or implementation (O'Cathain et al., 2019). Nevertheless, in the realm of lifestyle medicine for mental health, limited attention has been given to the issue of context during the process of developing multicomponent lifestyle medicine programs for depression (Chu et al., 2022; Ip et al., 2021; Wong, Ho, Shi, Sarris et al., 2021; Wong, Ho, Shi, Tong et al., 2021). In these studies, main actions taken to understand the context were only simple adjustments of the protocol which has been developed and validated in different countries influenced by various history, culture, economics, and healthcare system (e.g., protocols utilized in the Healthy Body Healthy Mind Integrative lifestyle

program in Australia is just an example) (Chu et al., 2022; Ip et al., 2021; Murphy et al., 2019). Main focus of protocol adaptation was just on the domain of diet instead of other areas, such as types of physical activities, sleep education, and stress management (Ip et al., 2021; Wong, Ho, Shi, Tong, et al., 2021). By contrast, our study involved a variety of members who provided comprehensive perspectives regarding Hong Kong context. Meanwhile, the CICI framework was applied to help us understand and analyze the context throughout the program development. Moreover, revisions based on findings from three approaches (the Delphi survey, published evidence review as well as program providers and depressed individuals review) were completed accordingly. Thus, those strategies together will comprehensively enhance the suitability of the program used in Hong Kong, not only just in diet domain, but also in other lifestyle related domains. That might thereby enhance the likelihood of acceptance, use and adherence to practice of the developed novel treatment among individuals with depression in corresponding regions, contributing to better depression management and the improvement of overall well-being.

4.1 Strengthens and limitations

To the best of our understanding, this is the first published article describing a similar detailed complex program for depression employing diverse designs in the development and integration of all elements of evidence (published one as well as consented one), theory, involving researchers with different professions, stakeholders, program providers, patients, and integration of context considerations from diverse perspectives. Our study serves as a model for future development of complex TCM health interventions.

Nonetheless, the present study has some limitations. First, only five Hong Kong depressed adults, who were relatively young and highly educated participated in the program development phase as volunteers, which may not be heterogenous enough to provide diverse feedback. Second, owing to the stringent time limit of the research project, we did not conduct qualitative interviews with volunteers to gain their deeper

insights to assess and refine the program. All of which may cause a few program contents not suitable for Hong Kong depressed adults with low education level, or those with poor TCM health literacy. Nevertheless, feedback from participants should be collected to refine the program content in the future studies.

5. Conclusions

This article reports the development of a complex multicomponent TCM lifestyle medicine program to relieve depression thoroughly and transparently, with a specific focus on Hong Kong context and a particular base on TCM theory. The developed program is planned for long-term implementation in clinical practice and research by a multi-professional team. Currently, as a next step in the short term, this program will be tested for its feasibility, acceptance, and preliminary efficacy in mixed methods research, showing as a pilot randomized controlled trial followed by a qualitative study and complemented by a thorough process evaluation in accordance with the Medical Research Council framework.

Declarations

Ethical approval and consent to participate

The Delphi study was approved by the Hong Kong Polytechnic University Institutional Review Board (Reference Number: HSEARS20220510003). Each expert was informed of the research aim, voluntary participation nature, and his or her own right to withdraw at any stage of the study without a penalty. A supermarket coupon worth HK $300 was offered to each expert after the completion of each round as gratitude for their participation and time.

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Table 1 Sources forming the conceptual framework for multicomponent traditional Chinese medicine lifestyle medicine program for depression

Source	Dimension		
Theoretical source	1.Stages of change (precontemplation, contemplation, preparation, action, and maintenance)	2. Several theoretical constructs from the Transtheoretical Model (self-efficacy, consciousness raising, self-revaluation, helping relationships, reinforcement management, counter conditioning, social liberation, and stimulus control)	
Empirical source	1. A review of Traditional Chinese Medicine health preservation literature and books	2. Lifestyle medicine literature and books for relevant topic	3. Traditional Chinese Medicine clinical practice guidelines of depression treatment

Table 2 Demographic characteristics of the Delphi panel members (*N* = 10)

Characteristic	Number	Percentage (%)
Age in years, mean (range; SD)	41 (32 to 52; 5.66)	/
Gender		
Female	6	60
Male	4	40
Education level		
Doctorate degree	8	80
Master's degree	2	20
Years of working as a CMP in Hong Kong		
6–10	3	30
11–15	4	40
16–20	3	30
Working units of local CMPs		
Private clinics	3	30
University affiliated clinics	6	60
Hospital authority tripartite Chinese Medicine clinics	1	10

Note. CMP = Chinese medicine practitioner; SD = standard deviation.

Table 3 The mean and SD values of the importance ratings for the multicomponent TCM lifestyle medicine program in round 3 Delphi survey

Items	Mean (SD)	Rank
Section 1: The curriculum setting of *nourishing the heart*		
Introduce the etiology and pathogenesis of TCM health preservation and emotion (depression)	**6.3 (0.67)**	**1**
Define mental health care in nourishing the heart	**6.3 (1.25)**	**2**
Provide simple, syndrome differentiation-based diet suggestions for depression in class	**6.3 (0.67)**	**3**
Introduce the definition of TCM health preservation	**6.1 (1.29)**	**4**
Introduce the theoretical foundation of TCM health preservation	**6.1 (0.74)**	**5**
Introduce the therapeutic strategies of TCM health preservation and emotion, including *nourishing the heart, nourishing the Qi,* and *nourishing according to time*	**6.1 (0.99)**	**6**
Practice *Baduanjin*, a method of qi regulation, in class with the instructor	**6.0 (0.94)**	**7**
Define refined hobbies in nourishing the heart	**6.0 (0.82)**	**8**
Describe the specific method of mental health care in nourishing the heart: Temperance method	**5.9 (0.74)**	**9**
Describe the specific method of mental health care in nourishing the heart: Catharsis method	**5.9 (1.29)**	**10**
Describe the specific method of mental health care in nourishing the heart: Abstinence and essence conservation, clear heart, and calm the mind	**5.9 (0.74)**	**11**
Describe the specific method of mental health care in nourishing the heart: Meditation	**5.9 (0.57)**	**12**
Practice meditation, a method of mental health care in class	**5.9 (0.74)**	**13**
Describe the specific method of mental health care in nourishing the heart: Qi regulation	**5.8 (0.63)**	**14**
Describe the specific method of mental health care in nourishing the heart: Spiritual cultivation in the four seasons	5.7 (1.06)	15
Describe the definition and function of social interaction in nourishing the heart	5.7 (1.16)	16
Introduce the syndrome differentiation and treatment of TCM health preservation and emotion	5.6 (0.70)	17
Describe the specific method of mental health care in nourishing the heart: Distraction	5.6 (1.07)	18
Describe the specific method of mental health care in nourishing the heart: Enlightened method	5.6 (1.07)	19
Describe the principles and measures of establishing a healthy communicative environment in social interaction for nourishing the heart	5.6 (1.17)	20

Describe a refined hobby for nourishing the heart: Travel	5.5 (1.18)	21
Describe a refined hobby for nourishing the heart: Music therapy	5.4 (1.26)	22
Try a refined hobby by appreciating a beautiful painting and/or calligraphy that could nourish the heart	5.2 (1.14)	23
Describe a refined hobby for nourishing the heart: Appreciation of flowers and birds	5.2 (1.23)	24
Describe a refined hobby for nourishing the heart: Aromatherapy	5.1 (1.66)	25
Describe a refined hobby in nourishing the heart: Reading beautiful articles	5.0 (0.82)	26
Describe a refined hobby for nourishing the heart: Tasting tea	4.9 (1.66)	27
Describe a refined hobby for nourishing the heart: Playing chess	4.7 (1.06)	28
Section 2: The curriculum setting of *nourishing according to time*		
Describe the concepts and principles of health-preserving daily schedule, which includes conforming to the laws of nature, complying with the patterns of human body, and maintaining the moderation of works and rests	**6.5 (0.71)**	**1**
Learn and practice acupoints that can improve sleep quality and relieve depression in class, including Baihui (DU20), Shenmen (HT7), Neiguan (PC6), and Yintang (EX－HN3)]	**6.4 (0.97)**	**2**
Describe 3–4 acupoints that can improve sleep quality, relieve depression, and be easy manipulated [Baihui (DU20), Shenmen (HT7), Neiguan (PC6), and Yintang (EX－HN3)]	**6.3 (0.95)**	**3**
Describe the principle of eating according to time and season, and introduce seasonal food	**6.3 (0.67)**	**4**
Describe sleep regulation methods, including "regulation before bedtime," "regulation at bedtime," and "ten contraindications regarding sleep"	**6.1 (0.74)**	**5**
Describe self-regulating sleep aids (meditation, self-hypnosis to fall asleep, tranquility)	**6.0 (0.67)**	**6**
Describe a sleep aid, diet for better sleep; for example, taking a small amount of food for better sleep, such as lily, longan, and jujube (appropriate type of syndrome and body constitution should be considered)	5.9 (0.74)	7
Practice nourishing according to time through tasting shen-calming foods and drinks (suitable food should be provided based type of syndrome and body constitution)	5.9 (0.74)	8
Describe a sleep aid, shen-calming music	5.7 (1.06)	9
Close the eyes and listen to calming music to experience nourishing according to time in class (e.g., five-tone music)	5.7 (1.34)	10
Describe the TCM theories and knowledge in sleep, including sleep stages, the role of sleep, and the judgment of sleep quality, etc.	5.3 (1.34)	11
Section 3: The curriculum setting of *nourishing the Qi*		
Define and describe the function of nourishing the *Qi*	**6.2 (1.23)**	**1**
Describe the relationship between "nourishment *Qi*" and "depression" in TCM ("adjustment of body," "regulation of breathing," and "regulation of mental activities")	**6.2 (0.79)**	**2**
Describe diet suggestions related to TCM emotion and depression and nourishing	**6.2 (0.63)**	**3**
Describe *Baduanjin*, a method for nourishing the *Qi*, including overview, function, and practical method	**6.1 (0.74)**	**4**
Experience nourishing the *Qi* by learning and practicing *Baduanjin* in class (twice)	**6.0 (1.15)**	**5**
Describe the relationship between Qigong and depression and the related function of Qigong on depression	**5.9 (0.74)**	**6**
Experience nourishing the *Qi* by learning and practicing six-character formula in class (twice)	5.8 (1.14)	7
Describe the philosophical foundation of Qigong in nourishing the *Qi*	5.7 (0.82)	8
Describe six-character formula, a method for nourishing the *Qi*, including overview, function, and practical method	5.7 (1.06)	9
Describe basic techniques of simple qigong, a method for nourishing the *Qi*, including overview, function, and practical method	5.6 (0.84)	10
Experience nourishing the *Qi* by learning and practicing basic techniques of simple Qigong in class (twice)	5.3 (1.34)	11

Note. SD = standard deviation; TCM = traditional Chinese medicine.

附錄 17 專家委員會和 5 位病人意見

編號	專家委員會		抑鬱病人	
	評論	相關修改	評論	相關修改
意見 1	將“狂躁”以陽氣過盛表達和“無精打采”用以陰氣過盛表達並不恰當。	修改為“陽氣過盛導致亢奮和不安”以及“陰氣過盛導致情緒低落”。	養心是否等同養生？ 一開始有些名詞術語不太懂	(1) 提供中醫養生、養心、時養、養氣的定義; and (2) 訓練中醫師傳授中醫養生課程定義和關係
意見 2	建議在中醫養生的病因病機部分增加兩個中醫術語，即外感（“六淫”）和內傷（“七情”）	將外感（“六淫”）和內傷（“七情”）納入養心 1 課程教材，“中醫養生的理論基礎”之“病因病機”之“導致疾病的原因及機理”中	對升降沉浮、歸經等詞彙不太瞭解。	(1) 在教學材料中增加更多關於這些術語的資訊，例如與歸經成分有關的定義和示例，如“黑芝麻補腎”；(2) 培訓中醫師在提供相關課程時詳細解釋這些術語。
意見 3	在教材中睡前多久不宜進食、飲水	在教材中增加“睡前一小時內不飲水和進食”。	建議提供更多的中醫膳食療方，特別是針對不同時節的配方	在課程教材中新增中醫膳食遼方，並在“時養”課程教材，增加更多基於不同時節的食物與食材
意見 4	這兩種中醫食療方法，“棗竹燈心粥”和“阿膠佛手羹”，與香港人的飲食習慣不太一致，且不夠健康和美味。	以“鮮菇魚片粥”來替代這兩種不那麼符合當地語系化的中醫食療方案。	狀態及穴位按摩， 相信會有一定幫助。如果可以介紹不良睡姿可能會更好。	向中醫師提供有關不良睡姿負面影響的知識，並培訓他們在相關課程中提供相關資訊。
意見 5	建議提供陳皮的性、味、歸經及其功效的資訊，並介紹製作陳皮飲的方法	增加陳皮的性、味、歸經以及如何準備陳皮飲	內容詳細，何為陰/陽，抑鬱症以中醫角度之成因及理論， 但五行相生相剋未有解釋，各種體質未有詳細列表，例如氣虛是怎樣，虛實之分別，陰虛火旺	向中醫師提供關於五行相生的詳細資訊，並培訓他們在進行相關課程時傳授這些內容。

附錄 18 人口學資料、臨床特徵方面及結局指標方面無統計學差異

表 1

參與者基線人口學特徵

人口學特徵	總計 (*n* = 42)	中醫情志養生組 (*n* = 21)	對照組 (*n* = 21)	統計	*p* 值
年齡 (歲), 均值 (標準差)	44.14 (14.13)	42.05 (13.83)	46.24 (14.44)	z = 0.781	.435
性別, *n* (%)					
男	11 (26.20)	5 (23.80)	6 (28.57)	χ^2 = 0.123	.726
女	31 (73.80)	16 (76.20)	15 (71.43)		
教育水準, *n* (%)					
初中及以下	4 (9.52)	2 (9.52)	2 (9.52)	χ^2 = 1.396	.637
高中	9 (21.43)	3 (14.29)	6 (28.57)		
大專及以上	29 (69.05)	16 (76.19)	13 (61.91)		
婚姻狀況, *n* (%)					
單身	24 (57.14)	13 (61.90)	11 (52.38)	χ^2 = 1.551	.897
已婚	14 (33.33)	7 (33.33)	7 (33.33)		
離婚	3 (7.14)	1 (4.76)	2 (9.52)		
喪偶	1 (2.38)	0 (0)	1 (4.76)		
居住狀態, *n* (%)					
獨居	15 (35.71)	4 (19.05)	11 (52.38)	χ^2 = 9.056	.061
與父母同住	12 (28.57)	9 (42.86)	3 (14.29)		
與配偶同住	4 (9.52)	1 (4.76)	3 (14.29)		
與父母和姐姐同住	1 (2.38)	1 (4.76)	0 (0)		
與父母和孩子同住	9 (21.43)	5 (23.81)	4 (19.04)		
與孩子同住	1 (2.38)	1 (4.76)	0 (0)		
職業, *n* (%)					
高管、專業人士或半專業人士	17 (40.48)	10 (47.62)	7 (33.33)	χ^2 = 4.336	.865
技術工人	2 (4.76)	1 (4.76)	1 (4.76)		
非技術工人	1 (2.38)	0 (0)	1 (4.76)		
自由職業者	1 (2.38)	1 (4.76)	0 (0)		
家庭主婦	6 (14.29)	2 (9.52)	4 (19.05)		
學生	5 (11.90)	3 (14.29)	2 (9.52)		
失業	6 (14.29)	2 (9.52)	4 (19.05)		
已退休	4 (9.52)	2 (9.52)	2 (9.52)		
家庭月收入 (HK dollar), *n* (%)					
無收入	6 (14.29)	1 (4.76)	5 (23.81)	χ^2 = 6.188	.254
綜合社會保障援助	1 (2.38)	1 (4.76)	0 (0)		
≤ 10,000	1 (2.38)	0 (0)	1 (4.76)		
10,001-24,999	15 (35.71)	10 (47.62)	5 (23.81)		
25,000-49,999	15 (35.71)	7 (33.33)	8 (38.10)		
≥ 50,000	4 (9.52)	2 (9.52)	2 (9.52)		
飲啤酒/葡萄酒/烈酒 ≥ 1 次/周, *n* (%)					
偶爾	4 (9.52)	2 (9.52)	2 (9.52)	χ^2 = 0.682	.887
很少	10 (23.81)	4 (19.05)	6 (28.57)		
無	28 (66.67)	15 (71.43)	13 (61.90)		
吸煙 ≥ 1 次/周	0 (0)	0 (0)	0 (0)		
體力活動 ≥ 1 次/周, *n* (%)					
經常	7 (16.67)	2 (9.52)	5 (23.81)	χ^2 = 3.861	.293
偶爾	13 (30.95)	9 (42.86)	4 (19.05)		
很少	7 (16.67)	4 (19.05)	3 (14.29)		
沒有任何	15 (35.71)	6 (28.57)	9 (42.86)		

表 2

參與者基線臨床特徵

臨床特徵	總計 (*n* = 42)	中醫情志養生組 (*n* = 21)	對照組 (*n* = 21)	統計	*p* 值
身高 (釐米), 平均值 (標準差)	161.50 (7.72)	161.70 (7.54)	161.30 (8.08)	t = 0.197	.844
體重 (公斤), 平均值 (標準差)	58.80 (9.52)	55.99 (7.86)	61.60 (10.40)	t = -1.977	.055
血壓 (mm Hg), 平均值 (標準差)					
收縮壓	114.38 (15.19)	112.2 (16.88)	116.5 (13.40)	t = -0.912	.367
舒張壓	73.81 (10.43)	72.80 (12.00)	74.90 (8.70)	t = -0.646	.522
心率 (次/分鐘), 平均值 (標準差)	72.57 (9.67)	72.60 (9.56)	72.52 (10.0)	t = 0.032	.975
精神疾病, *n* (%)					
有	14 (33.33)	4 (19.05)	10 (47.62)	χ^2 = 3.857	.050
無	28 (66.67)	17 (80.95)	11 (52.38)		
精神疾病類型, *n* (%)					
抑鬱症	13 (30.95)	3 (14.29)	10 (47.60)	χ^2 = 2.692	.101
混合焦慮和抑鬱	1 (2.38)	1 (4.70)	0 (0)		
目前抗抑鬱藥物的使用情況, *n* (%)					
有	10 (23.81)	3 (14.29)	7 (33.33)	χ^2 = 2.10	.147
無	32 (76.19)	18 (85.71)	14 (66.67)		
每月抗抑鬱藥費用 （港幣）, 平均值 (標準差)	75.39 (153.72)	3.633 (3.19)	106.143 (178.22)	z = -2.058	**.040**
既往身體疾病, *n* (%)					
有	16 (38.10)	9 (42.86)	7 (33.33)	χ^2 = 0.404	.525
無	26 (61.90)	12 (57.14)	14 (66.67)		
既往疾病類型, *n* (%)					
骨科疾病	4 (9.52)	4 (19.05)	0 (0)	χ^2 = 8.127	.109
疼痛障礙	3 (7.14)	2 (9.52)	1 (4.76)		
胃腸道疾病	3 (7.14)	2 (9.52)	1 (4.76)		
內分泌失調	2 (4.76)	1 (4.76)	1 (4.76)		
子宮或卵巢疾病	3 (7.14)	0 (0)	3 (14.29)		
癌症	1 (2.38)	0 (0)	1 (4.76)		
目前身體疾病, *n* (%)					
有	8 (19.05)	2 (9.52)	6 (28.57)	χ^2 = 2.471	.116
無	34 (80.95)	19 (90.48)	15 (71.43)		
當前身體疾病類型, *n* (%)					
疼痛障礙	3 (7.14)	1 (4.76)	2 (9.52)	χ^2 = 0.889	.828
高血壓	3 (7.14)	1 (4.76)	2 (9.52)		
內分泌失調	1 (2.38)	0 (0)	1 (4.76)		
血液疾病（地中海貧血）	1 (2.38)	0 (0)	1 (4.76)		
曾尋求過專業幫助, *n* (%)					
精神科醫生	14 (20.29)	4 (12.90)	10 (26.32)	χ2 = 1.899	.168
全科醫生或其他醫生	2 (2.90)	1 (3.23)	1 (2.63)	χ2 = 0.020	.884
中醫師	12 (17.39)	7 (22.58)	5 (13.16)	χ2 = 1.055	.304
臨床心理學家	10 (14.49)	4 (12.90)	6 (15.79)	χ2 = 1.115	.735
輔導員	9 (13.04)	4 (12.90)	5 (13.16)	χ2 = 0.001	.975
護士	4 (5.80)	1 (3.23)	3 (7.89)	χ2 = 0.681	.409
社會工作者	7 (10.14)	6 (19.35)	1 (2.63)	χ2 = 5.238	**.002**
無	11 (15.94)	4 (12.90)	7 (18.42)	χ2 = 0.388	.533
以前使用過緩解抑鬱症的方法, *n* (%)					
處方藥	9 (12.50)	3 (8.33)	6 (16.67)	χ2 = 1.143	.478
中藥	6 (8.30)	3 (8.33)	3 (8.33)	χ2 = 0	1.00
針刺	1 (1.40)	1 (2.78)	0 (0)	χ2 = 1.014	.314
按摩	7 (9.70)	4 (11.10)	3 (8.33)	χ2 = 1.158	.691
練習	23 (31.90)	13 (36.10)	10 (27.78)	χ2 = 0.575	.448
心理治療	8 (11.10)	4 (11.10)	4 (11.11)	χ2 = 0	1.000
其他	18 (25.0)	8 (22.20)	10 (27.78)	χ2 = 0.296	.586

藥物或正念	9 (12.50)	4 (11.10)	5 (13.89)
閱讀、聽音樂、散步或園藝	6 (8.30)	3 (8.33)	3 (8.33)
宗教或精神信仰	1 (1.40)	0 (0)	1 (2.78)
與朋友一起出去玩	1 (1.40)	1 (2.78)	0 (0)
遠離社交圈	1 (1.40)	0 (0)	1 (2.78)

表 3

參與者基線結局變數特徵

結局變數	總計 (*n* = 42)	中醫情志養生組 (*n* = 21)	對照組 (*n* = 21)	統計	*p* 值
PHQ-9, 平均值 (標準差)	12.88 (2.17)	12.81 (1.91)	12.95 (2.44)	z = -0.077	.939
GAD-7, 平均值 (標準差)	11.98 (4.09)	11.95 (4.71)	12 (3.49)	z = 0.177	.859
PSS-10, 平均值 (標準差)	24.40 (4.26)	24.19 (4.52)	24.6 (4.08)	t = -0.322	.749
ISI, 平均值 (標準差)	16.86 (5.09)	16.86 (4.96)	16.86 (5.33)	t = 0.000	1.00
FAS 平均值 (標準差)	34.95 (5.87)	34.19 (6.27)	35.71 (5.47)	t = -0.838	.407
GSE 平均值 (標準差)	19.33 (4.29)	18.33 (4.75)	20.33 (3.62)	t = -1.535	.133
SF-6D, mean (SD) 平均值 (標準差)	0.71 (0.07)	0.71 (0.08)	0.71 (0.07)	z = 0.591	.554
HPLP-II Total 平均值 (標準差)	104.07 (16.89)	104.38 (19.64)	103.76 (14.09)	t = 0.117	.907

注. FAS = 疲勞評估量表（fatigue assessment scale）；GAD-7 = 廣泛性焦慮症-7（generalized anxiety disorder-7）；GSE = 一般自我效能量表（general self-efficacy scale）；HPLP-II = 健康促進生活方式量表 II（health-promoting lifestyle profile II）；ISI = 失眠嚴重程度指數（insomnia severity index）；PHQ-9 = 患者健康問卷-9（patient health questionnaire-9）; PSS-10 = 感知壓力量表（perceived stress scale）；SF-6D = 簡式 6 維（short form 6-dimension）

附錄 19 中醫情志養生課堂時間安排和導師資訊

輪次	課程	日期	導師
第一輪	養心 1	20230525	鍾偉楊
	養心 2	20230601	鍾偉楊
	時養 1	20230608	鍾偉楊
	時養 2	20230615	鍾偉楊
	養氣 1	20230622	鍾偉楊
	養氣 2	20230629	鍾偉楊
第二輪	養心 1	20230627	楊穎輝
	養心 2	20230704	楊穎輝
	時養 1	20230711	林穎樂
	時養 2	20230718	林穎樂
	養氣 1	20230725	林穎樂
	養氣 2	20230801	林穎樂
第三輪	養心 1	20230706	鍾偉楊
	養心 2	20230713	鍾偉楊
	時養 1	20230720	鍾偉楊
	時養 2	20230727	鍾偉楊
	養氣 1	20230803	鍾偉楊
	養氣 2	20230810	鍾偉楊
第四輪	養心 1	20230729	吳文玲
	養心 2	20230805	吳文玲
	時養 1	20230812	吳文玲
	時養 2	20230819	吳文玲
	養氣 1	20230826	吳文玲
	養氣 2	20230902	吳文玲

附錄 20 課程評價反饋資料

表 4

學員繼續參與中醫情志養生課程意願接受性評估結果

課程	中立 *n* (%)	有點願意 *n* (%)	中度願意 *n* (%)	很願意 *n* (%)	非常願意 *n* (%)	極其願意 *n* (%)	平均數 (標準差)
养心 1 (*n* = 19)	1 (5.26)	1 (5.26)	0 (0)	5 (26.32)	0 (0)	12 (63.16)	9.00 (1.53)
养心 2 (*n* = 17)	1 (5.88)	/	2 (11.76)	2 (11.76)	3 (17.65)	9 (52.94)	8.94 (1.48)
时养 1 (*n* = 17)		/	1 (5.88)	3 (17.65)	2 (11.76)	11 (64.71)	9.35 (0.10)
时养 2 (*n* = 18)	/	/	1 (5.56)	3 (16.67)	3 (16.67)	11 (61.11)	9.33 (0.97)
养气 1 (*n* = 19)			3 (15.79)	3 (15.79)	3 (15.79)	10 (52.63)	9.05 (1.18)
养气 2 (*n* = 16)			1 (6.25)	2 (12.50)	1 (6.25)	12 (75.00)	9.50 (0.97)
整体课程 (*n* = 16)	/	/	1 (6.25)	2 (12.50)	5 (31.25)	8 (50.00)	9.25 (0.93)

表 5

學員關於中醫情志養生課程及整體中醫養生課程的接受性評價結果

條目	沒有幫助 *n* (%)	沒幫助 *n* (%)	一般 *n* (%)	有幫助 *n* (%)	非常有幫助 *n* (%)	平均數 (標準差)
養心 1 (*n* = 19)						
1. 中醫養生定義、作用及及理論基礎	0	0	1 (5.26)	12 (63.16)	6 (31.58)	4.26 (0.56)
2. 中醫養生理論基礎之陰陽五行學說	0	0	2 (10.53)	12 (63.16)	5 (26.32)	4.16 (0.60)
3. 中醫養生理論基礎之病因病機	0	0	4 (21.05)	12 (63.16)	3 (15.79)	3.95 (0.62)
4. 中醫養生理論基礎之整體觀念（“天人相應”與“形神合一”）	0	0	3 (15.79)	11 (57.89)	5 (26.32)	4.11 (0.66)
5. 中醫養生與情志的的病因病機	0	0	1 (5.26)	13 (68.42)	5 (26.32)	4.21 (0.54)
6. 中醫養生與情志的的治療策略	0	0	1 (5.26)	13 (68.42)	5 (26.32)	4.21 (0.54)
7. “養心”之“雅趣養生”定義	0	0	1 (5.26)	13 (68.42)	5 (26.32)	4.21 (0.54)
8. 實踐八段錦	0	0	1 (5.26)	13 (68.42)	5 (26.32)	4.21 (0.54)
9. 基於辨證基礎上的抑鬱飲食建議 (1)	0	0	1 (5.26)	13 (68.42)	5 (26.32)	4.21 (0.54)
養心 2 (*n* = 17)						
1. 中醫精神養生的定義	0	0	2 (11.76)	11 (64.71)	4 (23.53)	4.12 (0.60)
2. 精神養生的具體方法之節制法	0	0	2 (11.76)	10 (58.82)	5 (29.41)	4.18 (0.64)
3. 精神養生的具體方法之疏泄法	0	0	3 (17.65)	10 (58.82)	4 (23.53)	4.06 (0.66)
4. 精神養生的具體方法之節慾保精、清心養神	0	0	2 (11.76)	11 (64.71)	4 (23.53)	4.12 (0.60)
5. 精神養生的具體方法之調氣法	0	0	1 (5.88)	8 (47.06)	8 (47.06)	4.41 (0.62)
6. 精神養生的具體方法之存視靜神	0	0	1 (5.88)	10 (58.82)	6 (35.29)	4.29 (0.59)
7. 實踐精神養生之存視靜神	0	0	0	10 (58.82)	7 (41.18)	4.41 (0.51)
8. 基於辨證基礎上的抑鬱飲食建議 2	0	0	0	12 (70.59)	5 (29.41)	4.29 (0.47)
時養 1 (*n* = 17)						
1. 時養的概念與表現	0	0	0	13 (76.47)	4 (23.53)	4.24 (0.44)
2. 起居養生的概念及原則	0	0	1 (5.88)	9 (52.94)	7 (41.18)	4.35 (0.61)
3. 睡眠調攝法 1“睡前調攝”之“宜調攝精神”	0	0	1 (5.88)	10 (58.82)	6 (35.29)	4.29 (0.59)
4. 睡眠調攝法 1“睡前調攝”之“稍動以助眠”	0	0	0	11 (64.71)	6 (35.29)	4.35 (0.49)
5. 睡眠調攝法 1“睡前調攝”之“宜濯足，按摩湧泉穴	0	0	0	9 (52.94)	8 (47.06)	4.47 (0.51)
6. 睡眠調攝法 1“睡前調攝”之“睡前 1 小時內不宜飲水進食”	0	0	1 (5.88)	11 (64.71)	5 (29.41)	4.24 (0.56)
7. 睡眠調攝法 1“睡前調攝”之“做好清潔”	0	0	2 (11.76)	7 (41.18)	8 (47.06)	4.35 (0.70)
8. 助眠、解鬱且便於操作的穴位 1（百會穴）	0	0	0	7 (41.18)	10 (58.82)	4.59 (0.51)
9. 基於辨證基礎上的抑鬱飲食建議 3	0	0	0	10 (58.82)	7 (41.18)	4.41 (0.51)
時養 2 (n = 18)						
1. 睡眠調攝法 2“睡時調攝”之“睡眠時間”	0	0	0	12 (66.67)	6 (33.33)	4.33 (0.49)
2. 睡眠調攝法 2“睡時調攝”之“睡眠姿勢”	0	0	0	9 (50.00)	9 (50.00)	4.50 (0.51)

3. 睡眠調攝法 2“睡時調攝”之“睡眠環境”	0	0	0	11 (61.11)	7 (38.89)	4.39 (0.50)
4. 睡眠調攝法 2“睡眠十忌”	0	0	0	8 (44.44)	10 (55.56)	4.56 (0.51)
5. 不時不食的飲食原則，介紹適合當季的合適食物	0	0	0	8 (44.44)	10 (55.56)	4.56 (0.51)
6. 自我調節助眠法“自我調節”之“操法”	0	0	0	9 (50.00)	9 (50.00)	4.5 (0.51)
7. 自我調節助眠法“自我調節”之“縱法”	0	0	0	8 (44.44)	10 (55.56)	4.56 (0.51)
8. 助眠、解鬱且便於操作的穴位 2（“印堂穴”）	0	0	0	5 (27.78)	13 (72.22)	4.72 (0.46)
9. 助眠、解鬱且便於操作的穴位 2（“內關穴”）	0	0	0	5 (27.78)	13 (72.22)	4.72 (0.46)
10. 助眠、解鬱且便於操作的穴位 2（“神門穴”）	0	0	0	5 (27.78)	13 (72.22)	4.72 (0.46)
養氣 1 (*n* = 19)						
1. 理解養氣的定義及作用	0	0	0	12 (63.16)	7 (36.84)	4.37 (0.50)
2. 養氣與中醫情志中抑鬱的關係之“調身”	0	0	0	11 (57.89)	8 (42.11)	4.42 (0.51)
3. 養氣與中醫情志中抑鬱的關係之“調息”	0	0	0	10 (52.63)	9 (47.37)	4.48 (0.51)
4. 養氣與中醫情志中抑鬱的關係之“調心”	0	0	1 (5.26)	10 (52.63)	8 (42.11)	4.37 (0.60)
5. 認識氣功養生	0	0	1 (5.26)	10 (52.63)	8 (42.11)	4.37 (0.60)
6. 氣功養生的五大流派	0	0	1 (5.26)	7 (36.84)	10 (52.63)	4.37 (0.83)
7. 氣功養生的原理	0	0	0	11 (57.89)	8 (42.11)	4.42 (0.51)
8. 氣功養生的作用	0	0	0	11 (57.89)	8 (42.11)	4.42 (0.51)
9. 練習氣功的心態	0	0	0	12 (63.16)	7 (36.84)	4.37 (0.50)
10. 實踐八段錦感受養氣	0	0	0	9 (47.37)	10 (52.63)	4.53 (0.51)
11. 中醫情志抑鬱有關的養氣飲食建議 1	0	0	1 (5.26)	10 (52.63)	8 (42.11)	4.37 (0.60)
養氣 2 (*n* = 16)						
1. 基於辨證基礎上的抑鬱飲食建議 2	0	0	1 (6.25)	11 (68.75)	4 (25)	4.19 (0.54)
2. 八段錦概述	0	0	1 (6.25)	10 (62.5)	5 (31.25)	4.25 (0.58)
3. 八段錦作用	0	0	2 (12.5)	10 (62.5)	4 (25.00)	4.13 (0.62)
4. 八段錦功法特點	0	0	3 (18.75)	9 (56.25)	4 (25.00)	4.06 (0.68)
5. 八段錦練功要領	0	0	1 (6.25)	10 (62.5)	5 (31.25)	4.25 (0.58)
6. 實踐八段錦感受養氣	0	0	2 (12.5)	10 (62.5)	4 (25.00)	4.13 (0.62)
整體課程 (*n* = 16)						
1. 中醫養生定義與理論基礎	0	0	0	10 (62.5)	6 (37.50)	4.38 (0.50)
2. 中醫養生病因病機	0	0	1 (6.25)	12 (75)	3 (18.75)	4.13 (0.50)
3. 中醫養生與情志的病因病機	0	0	0	12 (75.00)	4 (25.00)	4.25 (0.45)
4. 養心 1	0	0	0	13 (81.25)	3 (18.75)	4.19 (0.40)
5. 養心 2	0	0	0	11 (68.75)	5 (31.25)	4.31 (0.48)
6. 時養 1	0	0	0	12 (75.00)	4 (25.00)	4.25 (0.45)
7. 時養 2	0	0	0	13 (81.25)	3 (18.75)	4.19 (0.40)
8. 養氣 1	0	0	0	11 (68.75)	5 (31.25)	4.31 (0.48)
9. 養氣 2	0	0	0	11 (68.75)	5 (31.25)	4.31 (0.48)

附錄 21 先導隨機對照試驗論文報告

A Multicomponent Traditional Chinese medicine lifestyle medicine program for depression: A pilot randomized controlled trial

Keywords: Community trials, Depression, Lifestyle, Medicine, Chinese Traditional, Program evaluation

1. Introduction

Depression, a debilitating mental disorder disturbing 322 million global people, is treatable, but its management is unsatisfactory (Herrman et al., 2022; World Health Organization, 2017). Alternative effective treatments are warranted. A meta-analysis and recent randomized controlled trials (RCTs) indicated that lifestyle medicine (LM) that target these unhealthy lifestyle factors together has been shown to effectively relieve depression (Ip et al., 2021; Wong, Ho, Shi, Sarris, et al., 2021; Wong, Ho, Shi, Tong, et al., 2021; Wong et al., 2024).

While depression is universal, culture and context matter (Herrman et al., 2022). Depression is the consequence of a series of factors, typically the interaction of proximal adversities with social, environmental, genetic, resilience and developmental risk factors (Herrman et al., 2022). Lifestyle is formed in particular cultural, geographical, political, and religious contexts, reflecting values, attitudes, and customs (Chaney, 1996; Farhud, 2015). In different regions, inhabitants possess lifestyles that exhibit distinct characteristics (Farhud, 2015). Thus, a culturally tailored intervention will be critical to engage local people with the treatment (Barrera et al., 2013).

Traditional Chinese medicine (TCM) has a long history in Hong Kong and a profound influence on the residents' beliefs, behavior, health-related perceptions, and actions such as carefully selecting a diet to maintain the balance of *yin* and *yang* (Chung et al., 2014). As the positive attitude towards TCM predicted the utilization of TCM (Ng et al., 2022), the LM program for depression may be more appealing to the

Hong Kong Chinese people if being developed based on local culture and context using TCM theory. Such design may further enhance the treatment acceptability and compliance, thereby increasing treatment efficacy. A recent RCT demonstrated that a cognitive behavioral intervention specifically tailored for Black women significantly improved insomnia and achieved higher completion rates among such demographic (Zhou et al., 2022).

Therefore, we developed the first evidence-based, expert consensus-achieved, theory-informed, and multicomponent TCMLM program for depression using a multimethod study (Ruan et al., 2023; 2024). In the current study, we aimed to examine the feasibility, acceptability, and preliminary efficacy of this novel program for adults with moderate depression.

2. Methods

2.1 Study design

The study was a single-blind, two-arm, parallel-group pilot RCT. The Human Subjects Ethics Committee of the Hong Kong Polytechnic University approved the study protocol (HSEARS20230110005). The trial was registered at clinicaltrials.gov (NCT05799586).

2.2 Participants

The inclusion criteria were: 1) Hong Kong Chinese adults aged 18–65 years; 2) with a Patient Health Questionnaire-9 (PHQ-9) score of 10–19, indicating moderate level of depression (Kroenke et al., 2001); 3) able to communicate in spoken Cantonese and written Chinese; (4) willing to provide a written informed consent; and 5) able to comply with the trial protocol.

The exclusion criteria were: 1) starting new antidepressants or changing the type or dosage within the last 3 months; 2) pregnant, during lactation, or planning to be pregnant; 3) had suicidal ideations evaluated by the Hamilton Depression Rating Scale item on suicide (score ≥ 3) (Zheng et al., 1988); 4) cognitive impairment (Hong

Kong Montreal Cognitive Assessment score < 22) (Yeung et al., 2014); 5) diagnosed with schizophrenia, psychotic disorders, or bipolar disorder screened by the Chinese version of the Structured Clinical Interview for DSM-IV (So et al., 2003); 6) any medical condition that physicians or investigator deemed not suitable for participation; and 7) participating in another clinical trial or using psychotherapy during the study period.

2.3 Procedures

2.3.1 Randomization and concealment

Eligible participants were randomly assigned to either the multicomponent TCMLM group or the waitlist control group (WLCG) at a ratio of 1:1 by block randomization with random block sizes of 4 or 6. The randomization was performed by an independent researcher using a computer-generated list of numbers. Allocation concealment was ensured by storing the randomization sequence in an encrypted electronic file, which was inaccessible to the study investigators and program providers. Blinding participants and program providers was not possible.

2.3.2 Interventions

2.3.2.1 TCMLM group

The TCMLM program consisted of six 2-hour weekly sessions on a face-to-face small group basis (4–8 participants), which covered three topics in terms of TCM theory ("*nourishing the heart*," "*nourishing according to time*," and "*nourishing the Qi*") (see in supplementary document and Table S1 in Supplementary Table). Each session covered at least two lifestyle-related components from sleep, diet, exercise, and stress management.

Cantonese was the medium of instruction. The instructors utilized interactive techniques, motivational interviewing strategies, and teach-back methods to elicit participants' motivation to change a specific negative behavior, ensure participants' understanding of TCMLM and improve trial compliance. Meanwhile, the SMART

(Specific, Measurable, Achievable, Relevant, and Time-Bound) goal-setting strategies were introduced to promote weekly lifestyle goal setting.

2.3.2.2 WLCG group

WLCG group did not receive the TCMLM program during the 12-week follow-up. The TCMLM program was provided as compensation at week 12.

2.3.3 Concurrent treatment

Both groups received usual care, such as healthcare services and current medications (Petersson et al., 2023). Antidepressants were allowed given that the dosage and types remained unchanged.

2.4 Assessment measures

2.4.1 Program feasibility and acceptability

The program's feasibility was evaluated by examining various factors related to recruitment and screening feasibility and retention and attrition rates (Jacques et al., 2022; Nic Giolla Easpaig et al., 2022). Program acceptability was measured using two 10-point numeric items from 1 (extremely dissatisfied/extremely unwilling) to 10 (extremely satisfied/extremely willing), which were "Are you satisfied with the sessions of multicomponent TCMLM program for depression?" and "Would you be willing to learn more about the content of multicomponent TCMLM program for depression?" Adverse events were documented if reported.

2.4.2 Outcome evaluation

The primary outcome measure was the PHQ-9 for depression (Kroenke et al., 2001; Yu et al., 2012). Secondary outcomes included Generalized Anxiety Disorder-7 (GAD-7) for anxiety (Spitzer et al., 2006), Perceived Stress Scale (PSS-10) for stress (Cohen & Williamson, 1988), Insomnia Severity Index (ISI) for sleep (Bastien et al., 2001), Fatigue Assessment Scale (FAS) for fatigue (Ho, Lai, Ng., 2021), Short Form

6-Dimension (SF-6D) for quality of life (Brazier et al., 2002), the General Self-Efficacy Scale (GSE) for self-efficacy (Schwarzer & Jerusalem, 1995), the Health-Promoting Lifestyle Profile II (HPLP II) for health-promoting behavior (Walker et al., 1995), and the Credibility/Expectancy Questionnaire (CEQ) for treatment evaluation (Devilly & Borkovec, 2000).

Assessments were conducted at baseline (T0), week 2 (week-2 mid-treatment, T1), week 4 (week-4 mid-treatment, T2), week 6 (week-6 immediate post-treatment, T3), week 8 (2 weeks post-treatment, T4), and week 12 (6 weeks post-treatment, T5) for depression, anxiety, stress, sleep quality, fatigue, and self-efficacy; at T0, T2, T3, T4, and T5 for health-promoting behavior; and at T0, T3, T4, and T5 for quality of life. Treatment evaluation was measured at the first session and the sixth (final) session of the program. Apart from the treatment evaluation, all questionnaires were administered through the Qualtrics platform (Qualtrics, Provo, UT, USA).

Sociodemographic and clinical characteristics were collected at baseline. A TCM Body Constitution Questionnaire (China Association of Chinese Medicine, 2009) was used to assess their constitutions.

2.5 Statistical analyses

The sample size calculation followed the recommendation of at least 12 patients in each group in a pilot clinical trial combined with the consideration of 30% dropout (Castro et al., 2021). Thus, at least 18 patients per group is required.

All analyses were conducted using SPSS Windows (version 28.0, IBM Corp., Armonk, NY, USA). Statistical significance was set with a *P* value of less than 0.05. An intention-to-treat analysis approach based on randomized assignments was applied. The baseline characteristics of the TCMLM group and WLCG were presented using descriptive statistics and compared using an independent sample *t*-test or chi-square test, as appropriate.

A generalized estimating equations (GEE) model was used to compare the primary and secondary outcomes between the TCMLM and WLCG groups from

baseline (T0) to mid-treatment (T1, T2), 6-week immediate posttreatment (T3), and follow-up assessments (T4, T5). Bonferroni corrections were used for adjustment of multiple timepoint comparisons, with a conservative threshold *P* value of < 0.01 for outcomes measured at five post-baseline timepoints (PHQ-9, GAD-7, PSS-10, ISI, FAS, and GSE); a *P* value of < 0.0125 for HPLP-II measured at four post-baseline timepoints; and a *P* value of < 0.0167 for SF-6D measured at three post-baseline timepoints (Lee & Lee, 2018). Between-group effect sizes were calculated and reported using Cohen's *d*, with magnitudes of 0.2, 0.5, and 0.8 referring to small, moderate, and large effects, respectively (Cohen, 1998).

Reaching clinical significance was defined as at least a five-point drop in the PHQ-9 score from baseline to 6-week immediate posttreatment (T3) (Löwe et al., 2004). The chi-square test of independence or Fisher's exact test was applied to measure any significant difference in the number of patients who reached clinical significance and in the proportion of patients who reached a PHQ-9 score of < 10 at 6-week immediate posttreatment between the two groups (Kroenke et al., 2001; Kroenke et al., 2010). A paired sample *t*-test was conducted to examine the treatment credibility and expectancy in the TCMLM group from the first session to the sixth session.

3. Results

3.1 Baseline characteristics of participants

A total of 42 participants were grouped into the TCMLM group (*n* = 21) and WLCG (*n* = 21). The mean age of these 42 participants was 44.1 (*SD* = 14.1) years. The two groups did not differ in sociodemographic characteristics, clinical characteristics, and clinical measure at baseline (*P* values > 0.05, Table 1). The CONSORT flow diagram of study participants is provided in Figure 1.

INSERT FIGURE ONE HERE

INSERT TABLE ONE HERE

3.2 Program feasibility and acceptability

The recruitment target of 42 participants was achieved after 94 recruitment days. Across the 3-month recruitment period, an average of 69 potential eligible participants were screened per month, and 14 were randomized per month. During the intervention, 18 participants completed all six sessions (85.7%).

The total retention rate for all participants randomized in the study was 88.1% (37 out of 42, Fig. 1). The attrition rate for the TCMLM group was 14.3% (3 out of 21). Related reasons for dropout were shown in Figure 1, and no statistically significant difference was observed regarding attrition rates between the two groups ($P = 0.634$).

In terms of program acceptability, 43.8%, 18.8%, and 31.3% of participants in the TCMLM group evaluated the program as “extremely satisfied,” “very satisfied,” and “quite satisfied,” respectively. Moreover, 81.5% of participants in the intervention group who completed the assessment showed a strong willingness (including “very willing” and “extremely willing”) to learn more about the TCMLM (see Table S2 in Supplementary Table).

3.3 Treatment effects

Tables 2 and 3 show the statistical summary of outcome measures across five assessment timepoints.

3.3.1 Primary outcome

The GEE model demonstrated that the TCMLM group had a significantly greater reduction in PHQ-9 score than WLCG, with a large effect size at five assessment timepoints (T1: β, 2.435 [95% CI, 0.330–4.540; $P = 0.023$, $d = 0.82$]; T2: β, 3.016 [95% CI, 0.920–5.111; $P = 0.005$. $d = 0.94$]; T3: β, 3.579 [95% CI, 1.161–5.997; $P = 0.004$, $d = 1.07$]; T4: β, 3.513 [95% CI, 1.151–5.875; $P = 0.004$, $d = 0.94$]; T5: β, 3.314 [95% CI, 1.407–5.220; $P < 0.001$, $d = 1.01$]; Table 2 and Figure 2). The differences remained significant after Bonferroni correction for multiple time

comparison points ($P < 0.01$), except at T1 ($P = 0.023$, Figure 2 and Table S3 in Supplementary Table).

3.3.2 Secondary outcomes

3.3.2.1 Anxiety, insomnia, and stress

The TCMLM group was superior to WLCG in improving the GAD-7 score (T2: $P = 0.005$, $d = 0.98$]; T3: $P = 0.036$, $d = 0.76$]; T4: $P = 0.014$, $d = 0.78$]; T5: $P = 0.006$, $d = 0.77$]) and ISI score (T1: $P = 0.009$, $d = 0.72$]; T3: $P = 0.007$, $d = 0.78$]; T4: $P < 0.001$, $d = 1.3$]; T5: $P < 0.001$, $d = 1.21$]) from baseline to mid-treatment (T1 and T2), 6-week immediate posttreatment (T3), and posttreatment (T4 and T5), with medium-to-large effect sizes (Table 2 and Figure S1 and S2 in Supplementary Figure). However, no significant group-by-time interaction was found in PSS-10 across the timepoints ($P = 0.094$–0.647; Table 2 and Figure S3 in Supplementary Figure).

3.3.2.2 Fatigue, quality of life, health-promoting behavior, and self-efficacy

The TCMLM group was superior to WLCG in improving FAS (T3: $P = 0.005$, $d = 0.74$]; T4: $P = 0.025$, $d = 0.57$]; T5: $P = 0.023$, $d = 0.67$]), SF-6D (T4: $P = 0.032$, $d = 0.53$]), HPLP-II (T2: $P < 0.001$. $d = 0.7$]; T3: $P < 0.001$, $d = 0.63$]; T4: $P < 0.001$, $d = 0.81$]; T5: $P = 0.013$, $d = 0.66$], and GSE (T2: $P = 0.005$. $d = 0.73$]; T3: $P = 0.044$, $d = 0.56$]; T4: $P = 0.037$, $d = 0.53$]) from baseline to mid-treatment (T1 and T2), 6-week immediate posttreatment (T3), and posttreatment (T4 and T5), with medium-to-large effect sizes (Table 3 and Figures S4-S7 in Supplementary Figure).

INSERT FIGURE TWO HERE

INSERT TABLE TWO HERE

INSERT TABLE THREE HERE

3.4 Clinical significance

A significantly higher proportion of participants in the TCMLM group achieved a clinically significant reduction in depressive symptoms compared with WLCG (TCMLM vs. WLCG: 10/20 vs. 3/19, $P = 0.023$). Additionally, 15 out of 20 participants in the TCMLM group and five out of 19 participants in the WLCG group achieved PHQ-9 scores of < 10 at the week 6 assessment with a statistically significant difference between the two groups ($P = 0.002$).

3.5 Treatment credibility and expectancy

The paired sample t-tests revealed no significant difference in treatment credibility, [$t(16) = -0.879$, $P = 0.393$] and treatment expectancy, [$t(16) = 1.734$, $P = 0.102$] from the first session (week 1) to the last session (week 6) in the TCMLM group.

3.6 Adverse events

Adverse events were reported, including increasing bowel movements after consuming rose tea ($n = 1$), and experiencing dizziness during practice of the fifth style of *Baduanjin* (sway the head and shake the tail) ($n = 1$).

4. Discussion

This RCT was the first to explore the feasibility, acceptability, and effectiveness of a culturally contextualized LM program that integrated TCM theory for treating depression. The results indicated that the program was feasible and acceptable to participants, as evidenced by the satisfactory recruitment rate, retention rate, and participants' acceptability. The preliminary findings suggested that our TCMLM program was more effective in reliving depression and improving other related outcomes when compared to waitlist control.

The total retention rate of this project (88.1%) was satisfactory, which was higher than that observed in several existing multicomponent LM interventions for depression (50%–78.72%) (Aguilar-Latorre et al., 2023; Chu et al., 2022; Garcia et

al., 2023; Ip et al., 2021; Wong, Ho, Shi, Tong, et al., 2021). Over 90% of participants completed at least five out of six sessions. These notable positive findings may be related to the high applicability of the culturally contextualized program content for the local participants. Also, that may be attributed to the strategically planning of the program content presentation, in which at least two lifestyle-related aspects in each session, which may pique participants' curiosity regarding the specific content of each session, leading to an increased retention rate.

The results of the primary and secondary outcome measures suggested that the TCMLM program was effective in relieving depressive symptoms and improving other health-related outcomes. Large effect sizes were observed for TCMLM for depression reduction during both treatment and follow-up period. The effect for improving depressive symptoms at 6-week immediate posttreatment (d = 1.07) was comparable to the effects from other psychological interventions using waitlist as a control group (e.g., effect sizes of 0.81 to 1.07 in CBT, −1.01 to 1.15 in behavioral activation, and −0.86 in supportive counselling) (Barth et al., 2016; Ciharova et al., 2021; Cuijpers et al., 2019) and apparently higher than those of other multicomponent LMs for depression (d = 0.56–0.69) (Bringmann et al., 2022; Ip et al., 2021; Wong, Ho, Shi, Tong, et al., 2021; Wong et al., 2024).

These beneficial effects may be explained by three aspects. Firstly, our LM program was culturally contextualized using a TCM theory-based approach was more appealing to the participants. The participants showed a higher adherence and engagement to the program and hence a higher treatment response. Secondly, our program was run in a small-group basis rather than self-help approach. Group modality, in which active group discussions are encouraged and group activities are held, not only help participants normalize their own learning experience through observing and identifying with others but also foster a sense of mastery through providing positive reinforcement to other group members (Marmarosh et al., 2022; Whitfield, 2010; Yalom & Leszcz, 2020). Thirdly, the application of motivational interviewing strategies, teach-back method, and goal setting strategies may strengthen

the compliance to changed behavior recommended in the program and lead to enhanced effects (Cheng et al., 2023; Keeley et al., 2016; McNaughton et al., 2019). Moreover, the potential transdiagnostic nature of the treatment might be one cause (Ruan et al., 2023; Wong et al., 2024), but needs more studies to examine the assumption.

Two adverse events were reported. Increased bowel movements were reported after consuming rose drink may be related to its ingredients that facilitate the prokinetic and laxative activities of the intestine (Akram et al., 2020). Another reported experiencing dizziness while practicing the fifth style of *Baduanjin* may be associated with the quick practice of the fifth movement, which involves moving the head in a semi-squat position. The cilia may be stimulated extensively if the head moves quickly, leading to benign paroxysmal positional vertigo (Parham, 2014).

4.1 Limitations

The findings should be considered within the context of study limitations. First, the sample size was small and relatively homogeneous, thus restricting the generalizability of findings. Second, the participants in the control group were unmasked. This may possibly inflate the estimates of program effects. Finally, the treatment and follow-up periods of the current program were relatively short. A longer program and a longer follow-up period are required to examine the long-term effects and compliance of the TCMLM program for the management of depression.

5. Conclusion

The findings revealed that TCMLM is a feasible, acceptable, and potentially efficacious strategy for relieving depression among Hong Kong Chinese adults. Future evaluation of RCTs with large sample size and longer follow-up period are warranted. With further support from future studies, TCMLM could be a potentially effective and safe approach for management and treatment of depression in community mental health services.

Declaration of competing interest

The authors declare no potential conflict of interest.

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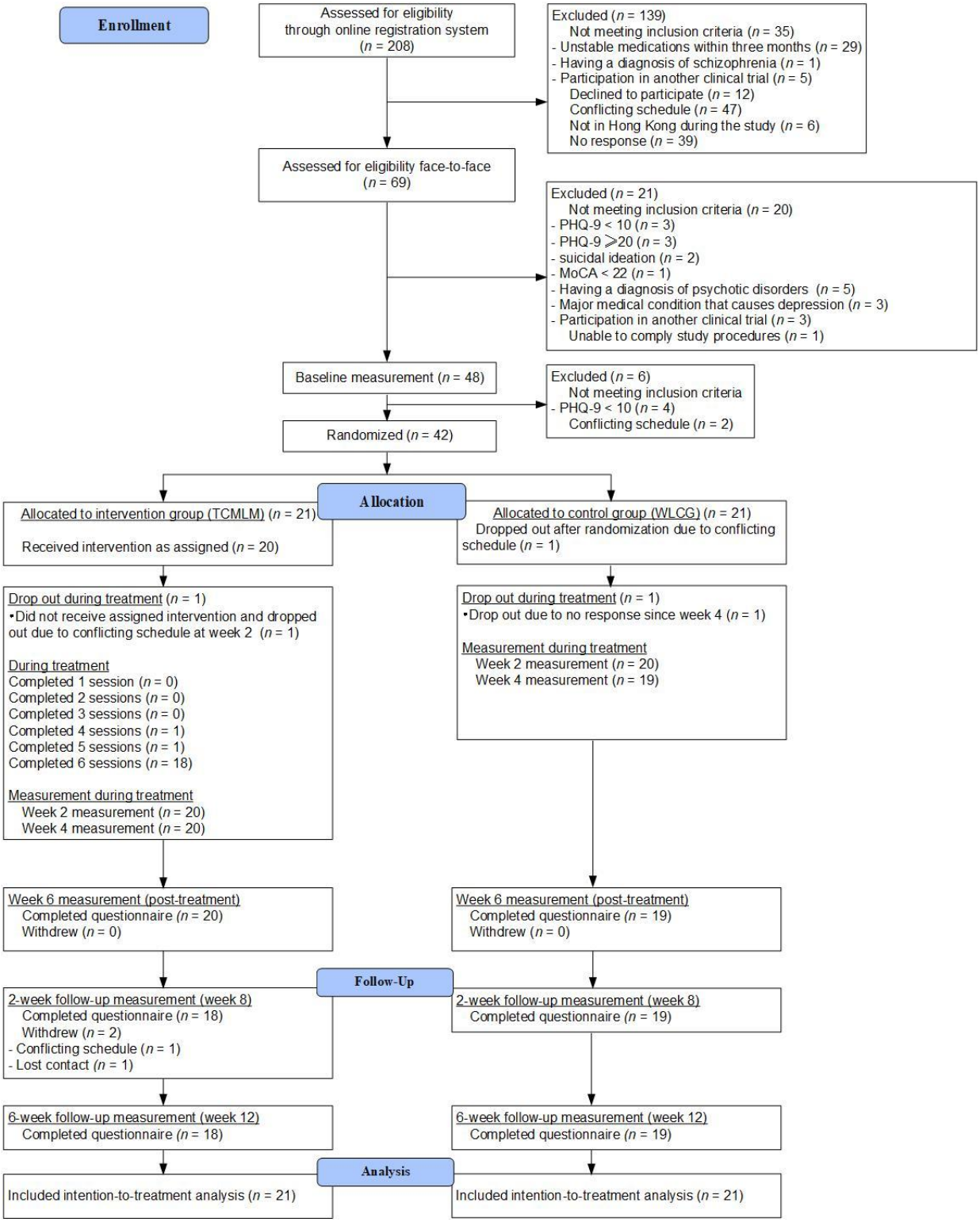
Figure

Figure 1

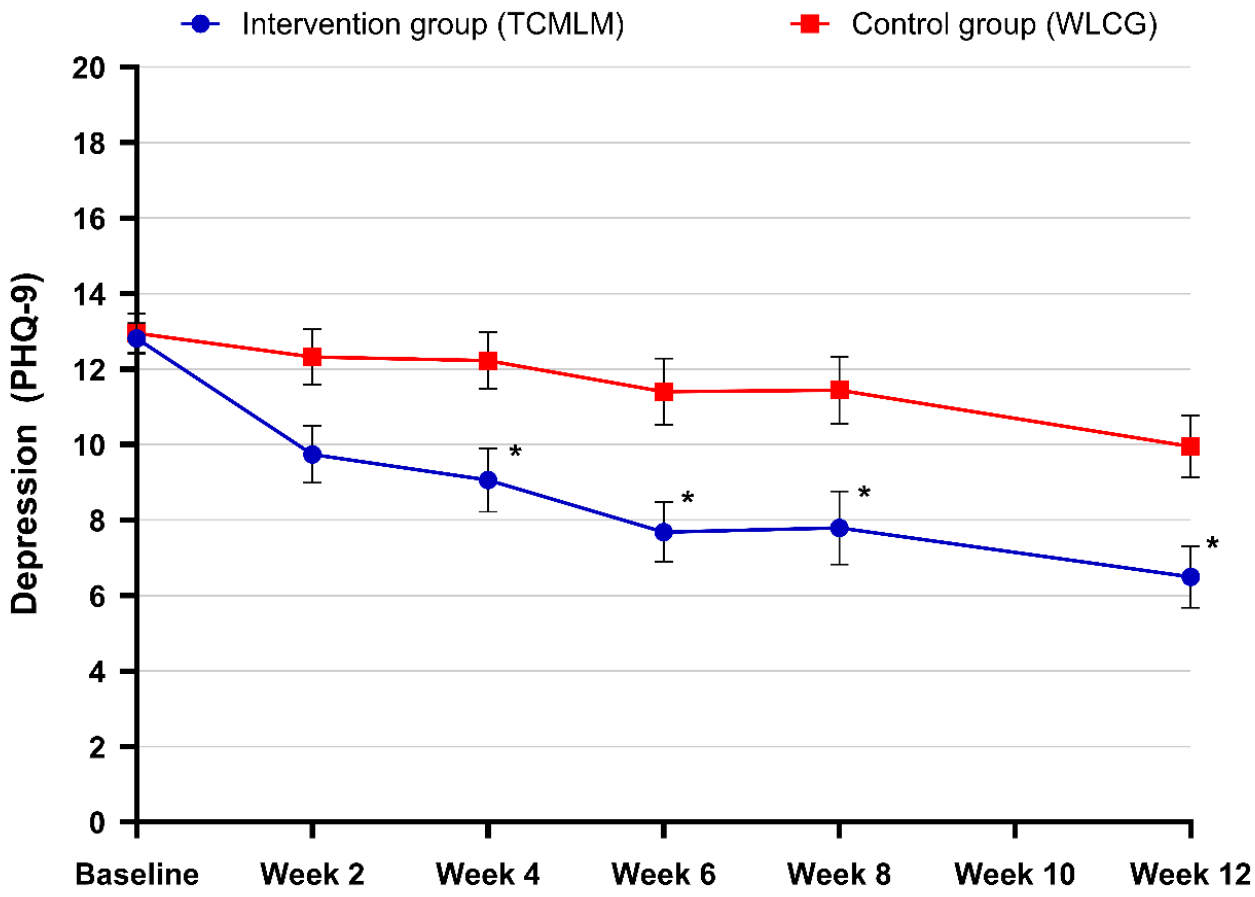
CONSORT Study Flow Diagram



Note. MoCA = Montreal cognitive assessment; PHQ-9 = patient health questionnaire; TCMLM = traditional Chinese medicine lifestyle medicine.

Figure 2

PHQ-9 Scores Across Assessment Time Points



Note. PHQ-9 = patient health questionnaire; TCMLM = traditional Chinese medicine lifestyle medicine; WLCG = waitlist control group. *$p < .01$, the significance threshold after Bonferroni correction.

Tables

Table 1. *Sociodemographic Characteristics, Clinical Characteristics and Clinical Measures of Participants at Baseline*

Characteristics	Total (*n* = 42)	TCMLM (*n* = 21)	WLCG (*n* = 21)	Statistics	*p* value
Age (years), mean (SD)	44.14 (14.13)	42.05 (13.83)	46.24 (14.44)	z = 0.781	.435
Sex, *n* (%)					
Male	11 (26.19)	5 (23.81)	6 (28.57)	χ^2 = 0.123	.726
Female	31 (73.81)	16 (76.19)	15 (71.43)		
Education level, *n* (%)					
Secondary or below	13 (30.95)	5 (23.81)	8 (38.10)	χ^2 = 1.003	.317
Tertiary or above	29 (69.05)	16 (76.19)	13 (61.90)		
Marital status, *n* (%)					
Single / Divorced / Widowed	28 (66.67)	14 (66.67)	14 (66.67)	χ^2 = 0.000	1.000
Married	14 (33.33)	7 (33.33)	7 (33.33)		
Occupation, *n* (%)				χ^2 = 1.933	.586
Employed	20 (47.62)	11 (52.38)	9 (42.85)		
Freelancers	1 (2.38)	1 (4.76)	0 (0)		
Unemployed	6 (14.29)	2 (9.52)	4 (19.05)		
Homemakers / Students / Retired	15 (35.71)	7 (33.33)	8 (38.10)		
Drinking beers/wines/spirits ≥ 1 time/week, *n* (%)					
Occasionally	4 (9.52)	2 (9.52)	2 (9.52)	χ^2 = 0.682	.887
Rarely	10 (23.81)	4 (19.05)	6 (28.57)		
None	28 (66.67)	15 (71.43)	13 (61.90)		
Physical activities ≥ 1 time/week, *n* (%)					
Often	7 (16.67)	2 (9.52)	5 (23.81)	χ^2 = 3.861	.293
Occasionally	13 (30.95)	9 (42.86)	4 (19.05)		
Rarely	7 (16.67)	4 (19.05)	3 (14.28)		
None	15 (35.71)	6 (28.57)	9 (42.86)		
Current psychiatric disorders, *n* (%)					
Yes*	10 (23.81)	3 (14.29)	7 (33.33)	χ^2 = 2.100	.147
No	32 (76.19)	18 (85.71)	14 (66.67)		
Current antidepressant use, *n* (%)					
Yes	10 (23.81)	3 (14.29)	7 (33.33)	χ^2 = 2.10	.147
No	32 (76.19)	18 (85.71)	14 (66.67)		
Current medical conditions, *n* (%)					
Yes	8 (19.05)	2 (9.52)	6 (28.57)	χ^2 = 2.471	.116
No	34 (80.95)	19 (90.48)	15 (71.43)		
Outcome measures					
PHQ-9, mean (SD)	12.88 (2.17)	12.81 (1.91)	12.95 (2.44)	z = -0.077	.939
GAD-7, mean (SD)	11.98 (4.09)	11.95 (4.71)	12 (3.49)	z = 0.177	.859
PSS-10, mean (SD)	24.40 (4.26)	24.19 (4.52)	24.6 (4.08)	t = -0.322	.749
ISI, mean (SD)	16.86 (5.09)	16.86 (4.96)	16.86 (5.33)	t = 0.000	1.00
FAS, mean (SD)	34.95 (5.87)	34.19 (6.27)	35.71 (5.47)	t = -0.838	.407
GSE, mean (SD)	19.33 (4.29)	18.33 (4.75)	20.33 (3.62)	t = -1.535	.133
SF-6D, mean (SD)	0.71 (0.07)	0.71 (0.08)	0.71 (0.07)	z = 0.591	.554
HPLP-II, mean (SD)	104.07 (16.89)	104.38 (19.64)	103.76 (14.09)	t = 0.117	.907

Note. FAS = fatigue assessment scale; GAD-7 = generalized anxiety disorder-7; GSE = general self-efficacy; HPLP-II = health-promoting lifestyle profile II; ISI = insomnia severity index; PHQ-9 = patient health questionnaire; PSS-10 = perceived stress scale; SD = standard deviation; SF-6D = short form 6-dimension; TCMLM = traditional Chinese medicine lifestyle medicine; WLCG = waitlist control group. * All psychiatric disorders diagnosed were major depressive disorders.

Table 2

GEE Model for Comparison of Outcome Measures (Depression, Anxiety, Insomnia, Stress) Between the Intervention and Control Groups Based on All Participants (n = 42)

	Mean (SE)		Group* time effect			Effect size
Variables	Intervention group	Control group	β (95%CI)	Wald χ^2	*p*	(*d*)
PHQ-9						
T0, baseline	12.81 (0.408)	12.95 (0.519)	NA	NA	NA	NA
T1, week 2	9.74 (0.753)	12.32 (0.734)	2.435 (0.330, 4.540)	5.139	**.023**	0.82
T2, week 4	9.06 (0.841)	12.22 (0.756)	3.016 (0.920, 5.111)	7.953	**.005**	0.94
T3, week 6	7.68 (0.794)	11.40 (0.881)	3.579 (1.161, 5.997)	8.417	**.004**	1.07
T4, week 8	7.79 (0.975)	11.44 (0.885)	3.513 (1.151, 5.875)	8.500	**.004**	0.94
T5, week 12	6.49 (0.819)	9.95 (0.822)	3.314 (1.407, 5.220)	11.609	**<.001**	1.01
GAD-7						
T0, baseline	11.95 (1.002)	12.00 (0.744)	NA	NA	NA	NA
T1, week 2	8.24 (0.870)	10.54 (0.791)	2.251 (-0.231, 4.732)	3.160	.075	0.57
T2, week 4	7.23 (0.904)	11.42 (0.967)	4.145 (1.279, 7.011)	8.035	**.005**	0.98
T3, week 6	6.77 (0.901)	10.13 (1.077)	3.317 (0.212, 6.421)	4.385	**.036**	0.76
T4, week 8	6.94 (1.050)	10.58 (1.097)	3.590 (0.722, 6.459)	6.019	**.014**	0.78
T5, week 12	6.16 (0.73)	9.28 (0.903)	3.066 (0.862, 5.270)	7.435	**.006**	0.77
ISI						
T0, baseline	16.86 (1.057)	16.86 (1.135)	NA	NA	NA	NA
T1, week 2	12.52 (1.117)	16.21 (1.156)	3.689 (0.919, 6.460)	6.811	**.009**	0.72
T2, week 4	11.75 (1.368)	14.64 (1.363)	2.892 (-0.416, 6.199)	2.937	.087	0.50
T3, week 6	11.26 (0.952)	15.43 (1.435)	4.166 (1.163, 7.170)	7.391	**.007**	0.78
T4, week 8	10.37 (1.139)	17.15 (1.196)	6.775 (3.426,10.123)	15.722	**<.001**	1.30
T5, week 12	9.24 (1.067)	15.44 (1.211)	6.203 (3.063, 9.342)	14.992	**<.001**	1.21
PSS-10						
T0, baseline	24.19 (0.963)	24.62 (0.869)	NA	NA	NA	NA
T1, week 2	22.63 (1.022)	23.91 (0.837)	0.852 (-0.809, 2.513)	1.012	.315	0.20
T2, week 4	20.72 (1.406)	23.69 (1.047)	2.542 (-0.437, 5.520)	2.797	.094	0.50
T3, week 6	20.51 (0.772)	22.51 (1.030)	1.568 (-1.023, 4.158)	1.406	.236	0.37
T4, week 8	21.63 (1.187)	23.43 (1.295)	1.367 (-1.883, 4.617)	0.680	.410	0.27
T5, week 12	19.61 (1.046)	20.70 (1.092)	0.663 (-2.171, 3.498)	0.210	.647	0.14

Note. CI = confidential interval; GAD-7 = generalized anxiety disorder-7; GEE = generalized estimating equations; ISI = insomnia severity index; NA = not appliable; PHQ-9 = patient health questionnaire; PSS-10 = perceived stress scale; SD = standard deviation; SE = standard error; TCMLM = traditional Chinese medicine lifestyle medicine. A higher total score of PHQ-9, GAD-7, ISI, PSS-10 indicate worse depression, anxiety, sleep quality and stress, respectively.

Table 3

GEE Model for Comparison of Outcome Measures (Faitgue, Quality of life, Health-promoting behavior, Self-efficacy) Between the Intervention and Control Groups Based on All Participants (n = 42)

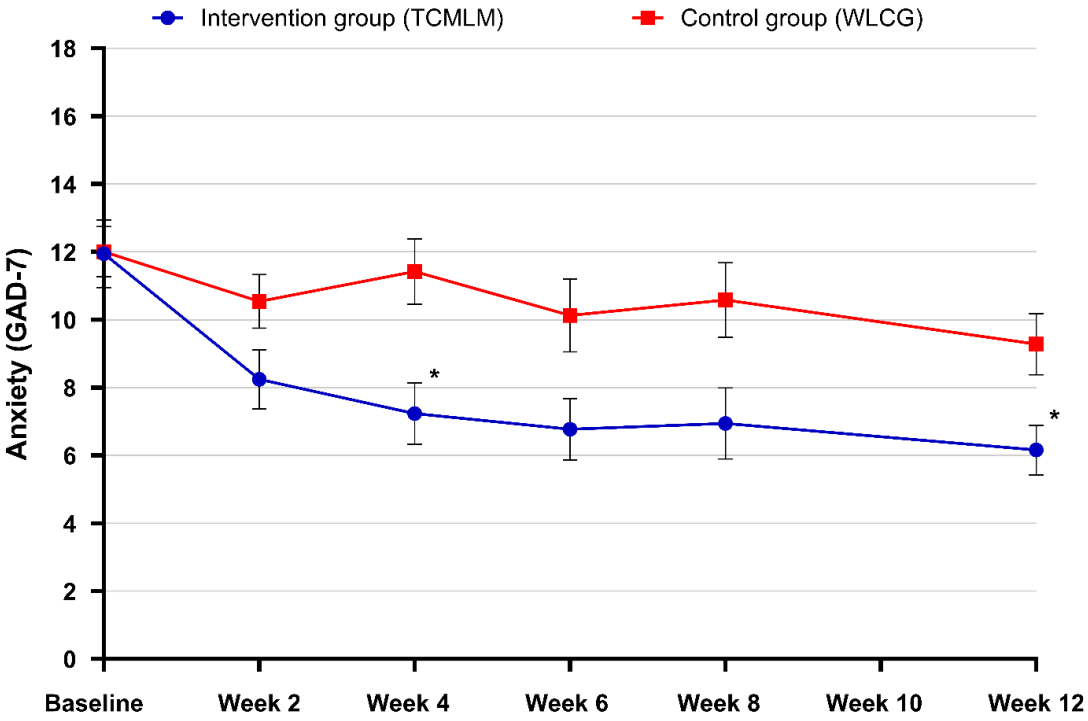
	Mean (SE)		Group* time effect			Effect size
Variables	Intervention group	Control group	β (95%CI)	Wald χ^2	*p*	(*d*)
FAS						
T0, baseline	34.19 (1.336)	35.71 (1.167)	NA	NA	NA	NA
T1, week 2	32.41 (1.522)	35.43 (1.366)	1.491 (-1.097, 4.078)	1.275	.259	0.24
T2, week 4	30.19 (1.339)	34.36 (1.675)	2.648 (-0.665, 5.961)	2.453	.117	0.41
T3, week 6	28.53 (1.237)	34.67 (1.583)	4.614 (1.407, 7.822)	7.950	**.005**	0.74
T4, week 8	28.81 (1.363)	34.19 (1.789)	3.864 (0.488, 7.240)	5.033	**.025**	0.57
T5, week 12	27.64 (1.288)	33.45 (1.687)	4.286 (0.585,7.988)	5.152	**.023**	0.67
SF-6D						
T0, baseline	0.71 (0.016)	0.71 (0.015)	NA	NA	NA	NA
T3, week 6	0.74 (0.014)	0.72 (0.013)	-0.024 (-0.060, 0.013)	1.617	.203	0.29
T4, week 8	0.76 (0.017)	0.72 (0.013)	-0.041 (-0.079, -0.003)	4.575	**.032**	0.53
T5, week 12	0.75 (0.012)	0.72 (0.012)	-0.032 (-0.076, 0.012)	2.018	.155	0.43
HPLP-II						
T0, baseline	104.38 (4.183)	103.76 (3.003)	NA	NA	NA	NA
T2, week 4	115.96 (4.154)	103.72 (2.927)	-11.616 (-17.498, -5.733)	14.976	**<.001**	0.70
T3, week 6	114.16 (4.017)	103.20 (2.804)	-10.341 (-16.463, -4.218)	10.959	**<.001**	0.63
T4, week 8	117.74 (5.524)	101.91 (2.825)	-15.215 (-22.744, -7.685)	15.685	**<.001**	0.81
T5, week 12	116.11 (5.870)	102.77 (2.639)	-12.718 (-22.719, -2.717)	6.212	**.013**	0.66
GSE						
T0, baseline	18.33 (1.011)	20.33 (0.772)	NA	NA	NA	NA
T1, week 2	19.49 (1.128)	20.19 (0.806)	-1.294 (-3.015, 0.427)	2.171	.141	0.30
T2, week 4	21.47 (1.511)	19.71 (0.906)	-3.764 (-6.362, -1.165)	8.058	**.005**	0.73
T3, week 6	19.80 (0.913)	19.54 (0.796)	-2.254 (-4.447, -0.060)	4.055	**.044**	0.56
T4, week 8	20.18 (1.081)	19.91 (0.862)	-2.270 (-4.400, -0.139)	4.361	**.037**	0.53
T5, week 12	19.96 (1.178)	19.80 (0.869)	-2.164 (-5.159, 0.831)	2.006	.157	0.48

Note. CI = confidential interval; FAS = fatigue assessment scale; GEE = generalized estimating equations; GSE = general self-efficacy; HPLP-II = health-promoting lifestyle profile II; ISI = insomnia severity index; NA = not appliable; SD = standard deviation; SF-6D = short form 6-dimension; SE = standard error; TCMHP = traditional Chinese medicine health preservation. A higher total score of FAS, SF-6D, HPLP-II, and GSE indicate severe fatigue level. Better quality of life, higher level of health-promoting behavior, and increased self-efficacy, respectively.

Supplementary Figure

Figure S1

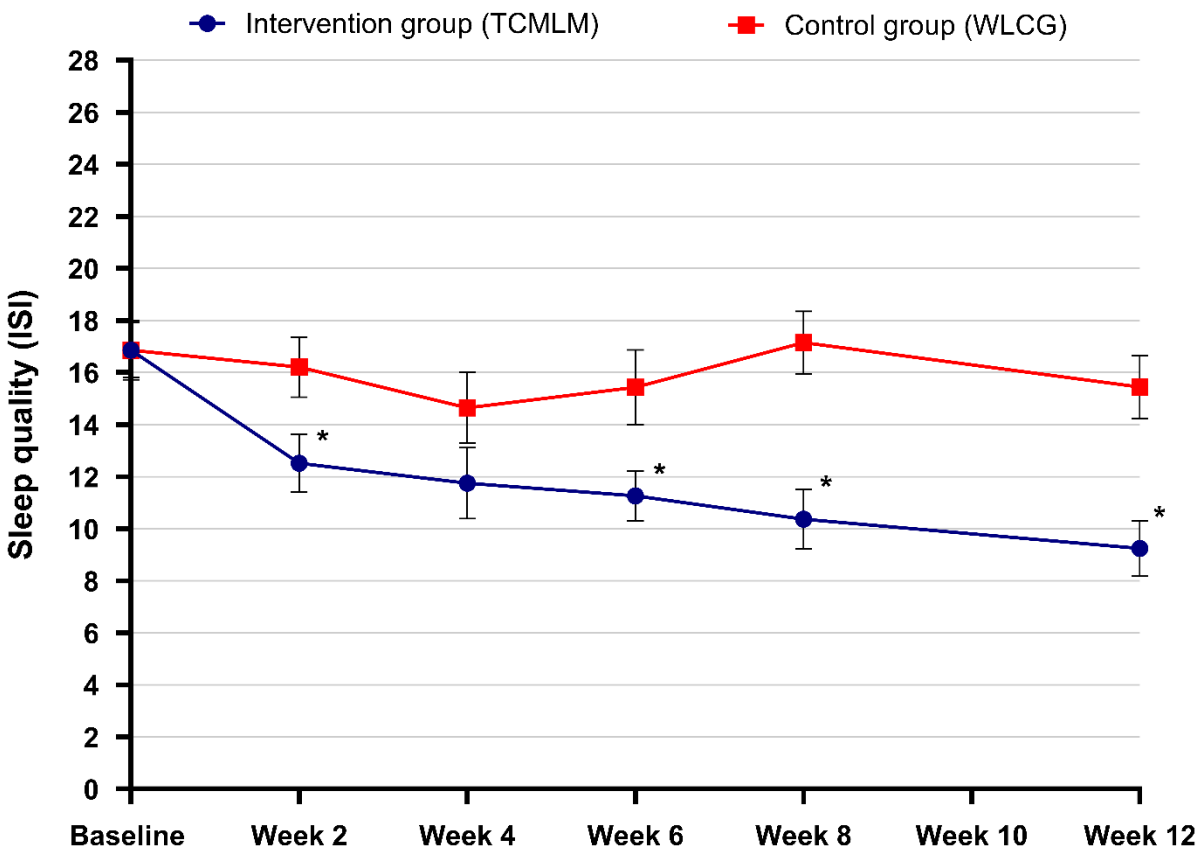
GAD-7 Scores Across Assessment Time Points



Note. GAD-7 = anxiety disorder assessment; TCMLM = traditional Chinese medicine lifestyle medicine; WLCG = waitlist control group. *$p < .01$, the significance threshold after Bonferroni correction.

Figure S2

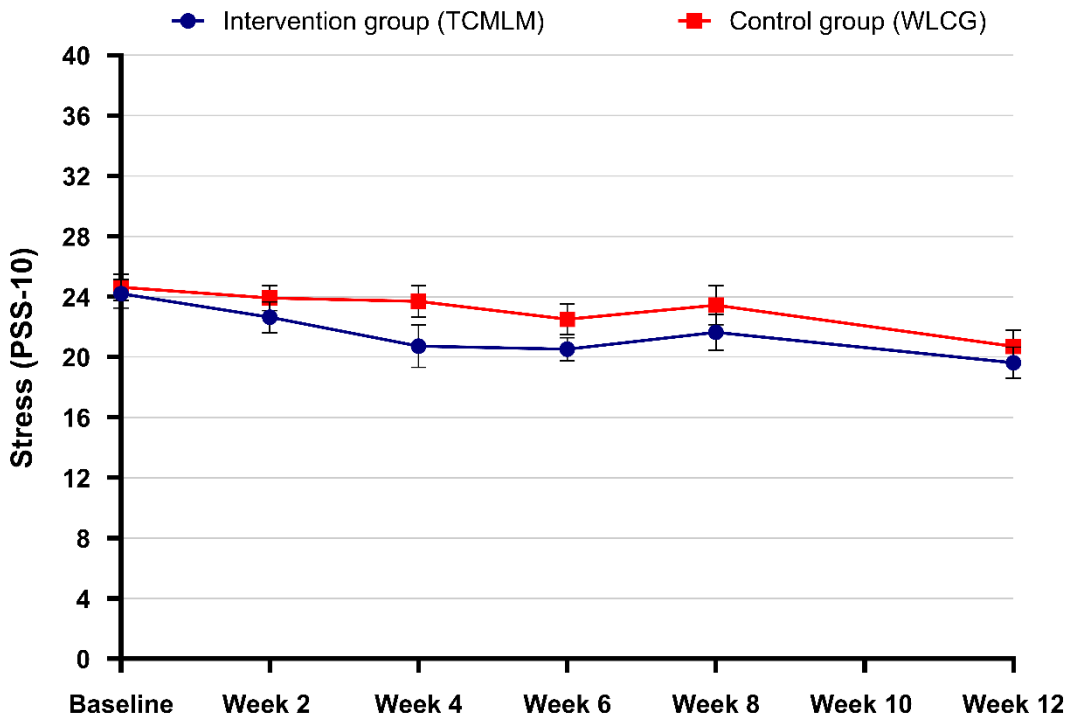
ISI Scores Across Assessment Time Points



Note. ISI = insomnia severity index; TCMLM = traditional Chinese medicine lifestyle medicine; WLCG = waitlist control group. *$p < .01$, the significance threshold after Bonferroni correction.

Figure S3

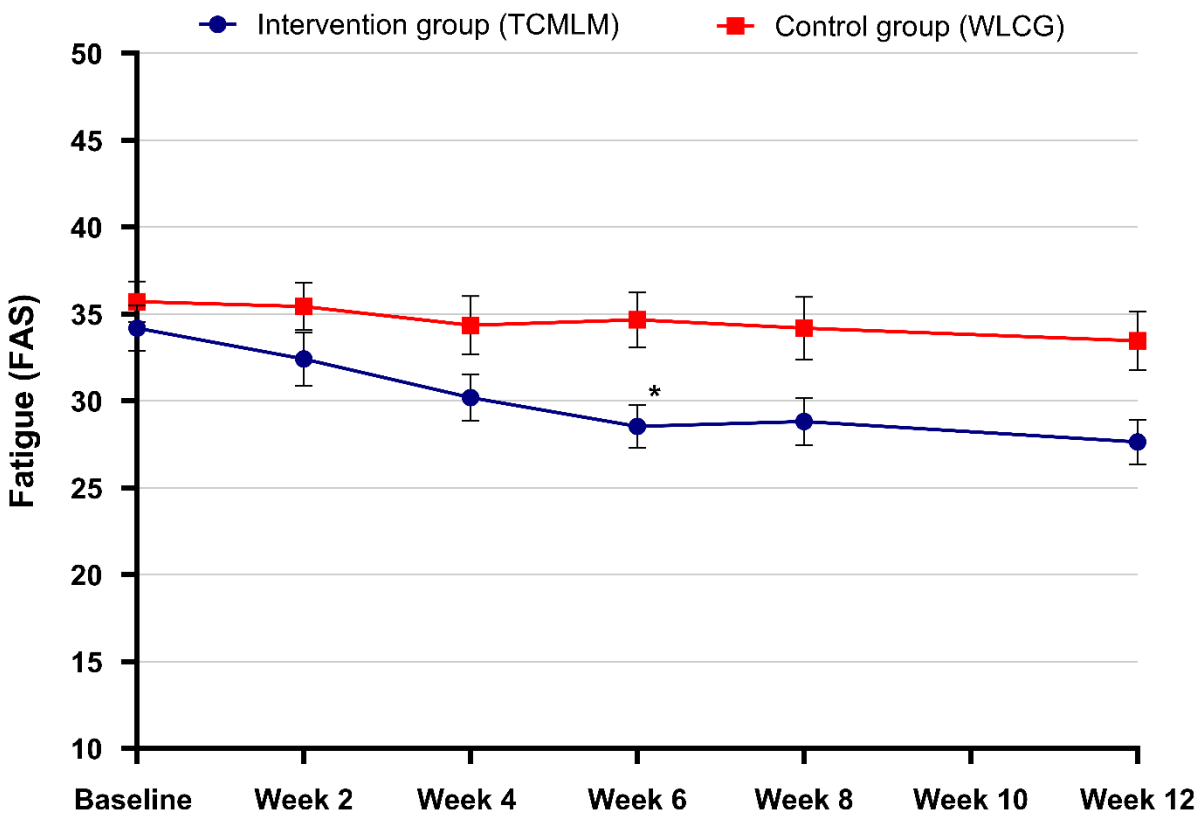
PSS-10 Scores Across Assessment Time Points



Note. PSS-10 = perceived stress scale; TCMLM = traditional Chinese medicine lifestyle medicine; WLCG = waitlist control group.

Figure S4

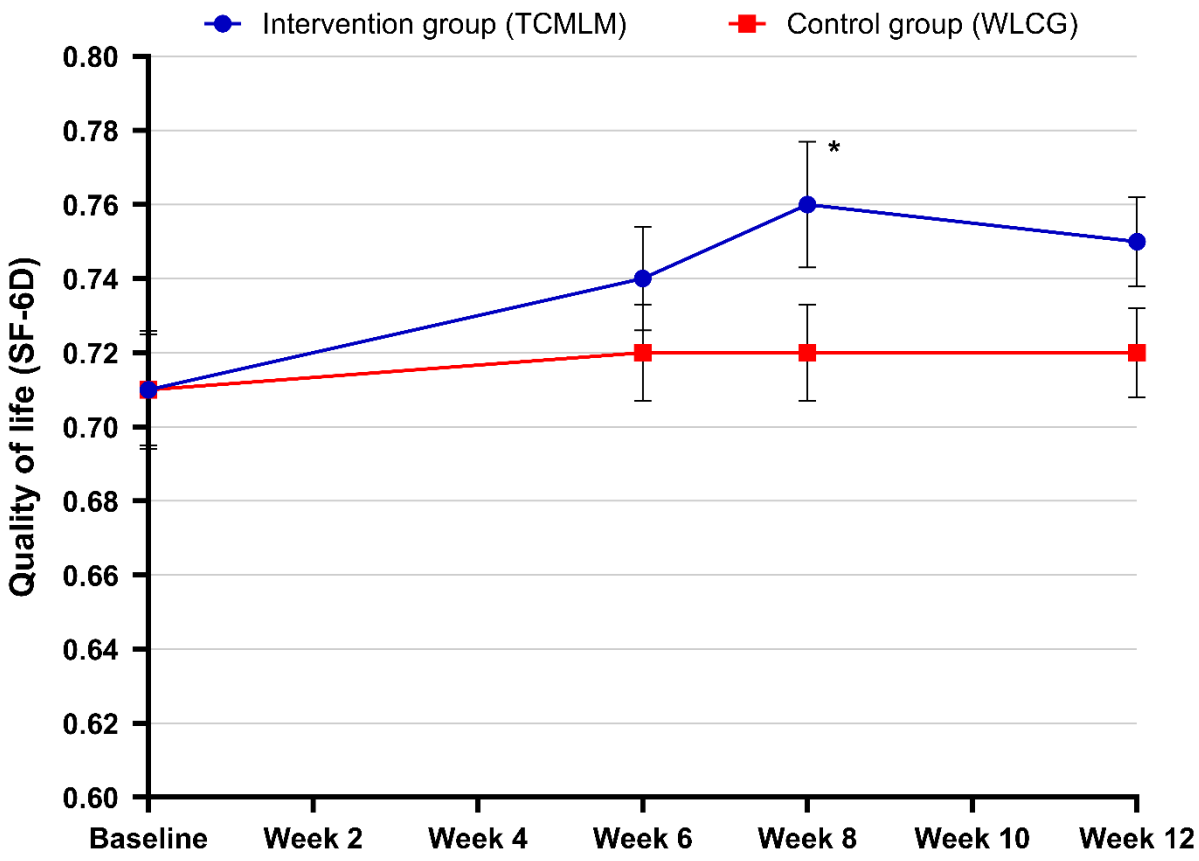
FAS Scores Across Assessment Time Points



Note. FAS = fatigue assessment scale; TCMLM = traditional Chinese medicine lifestyle medicine; WLCG = waitlist control group. *$p < .01$, the significance threshold after Bonferroni correction.

Figure S5

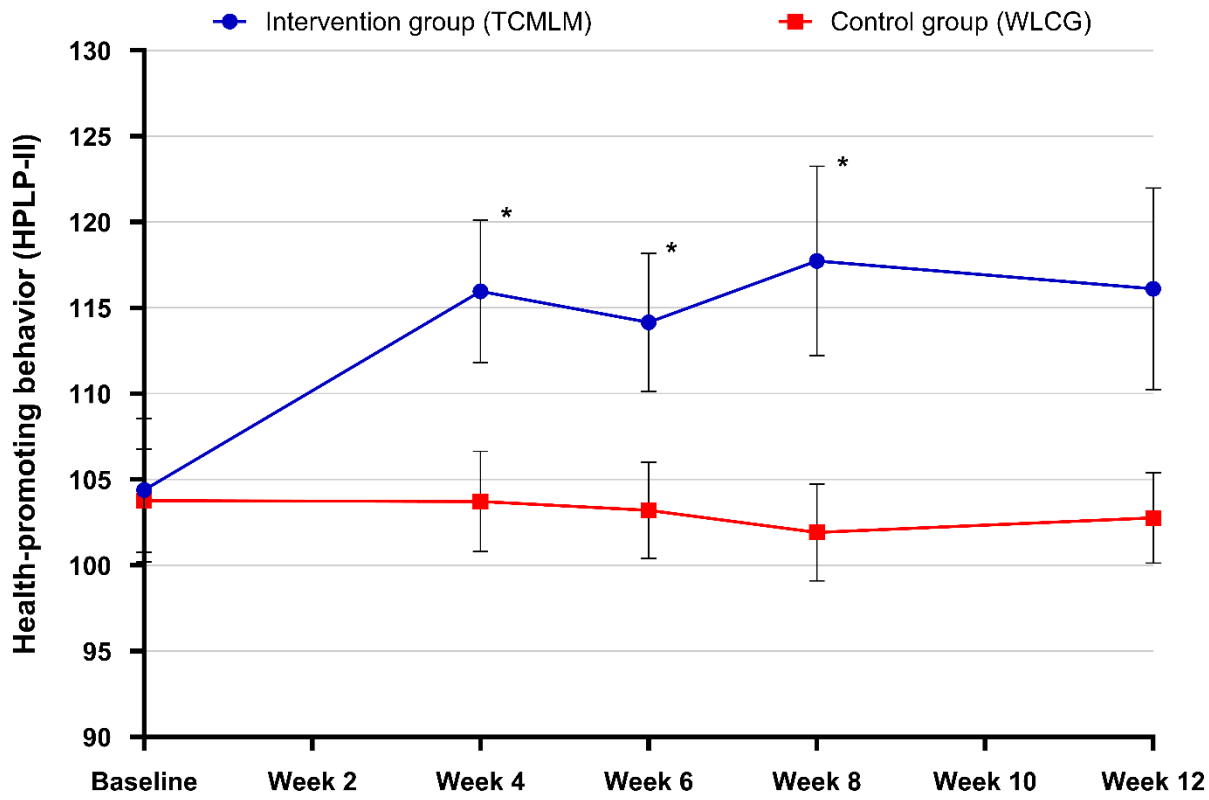
SF-6D Scores Across Assessment Time Points



Note. SF-6D = short form 6 dimension; TCMLM = traditional Chinese medicine lifestyle medicine; WLCG = waitlist control group. *$p < .0167$, the significance threshold after Bonferroni correction.

Figure S6

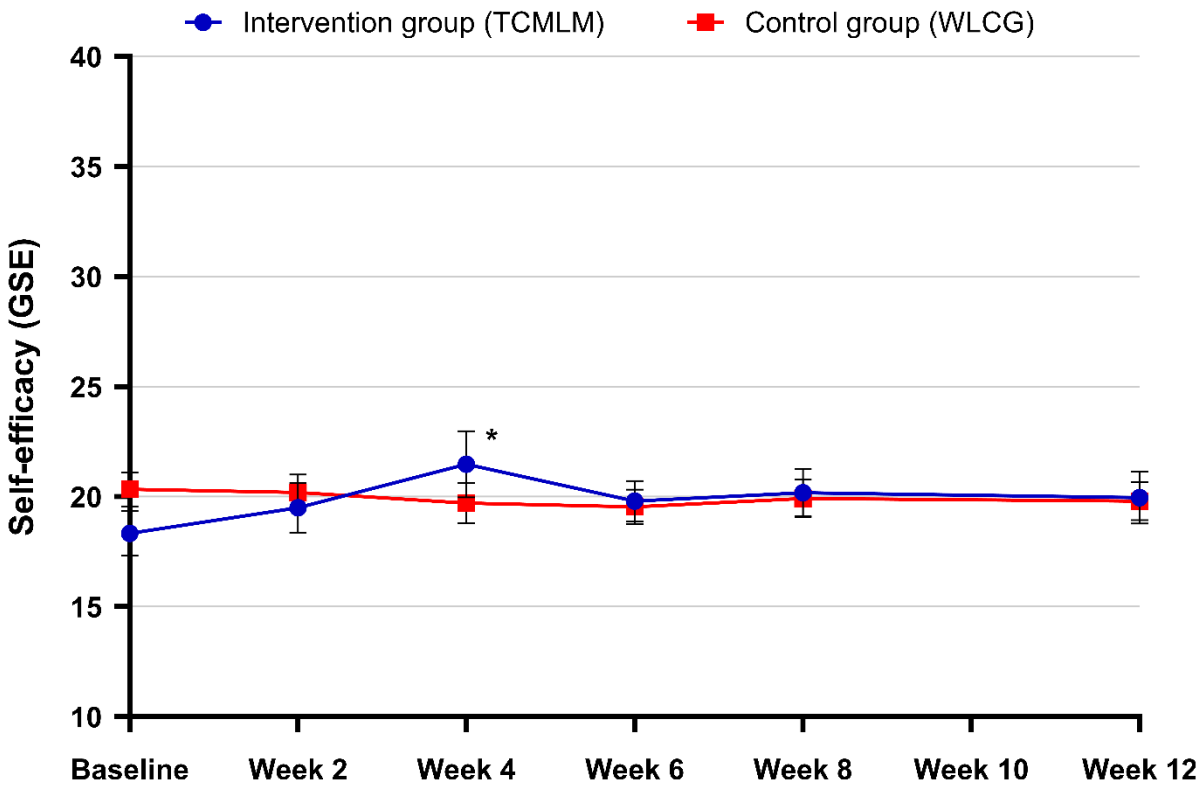
HPLP-II Scores Across Assessment Time Points



Note. HPLP-II = health promoting lifestyle profile II; TCMLM = traditional Chinese medicine lifestyle medicine; WLCG = waitlist control group. *$p < .0125$, the significance threshold after Bonferroni correction.

Figure S7

GSE Scores Across Assessment Time Points



Note. GSE = general self-efficacy scale; TCMLM = traditional Chinese medicine lifestyle medicine; WLCG = waitlist control group. *$p < .01$, the significance threshold after Bonferroni correction.

Supplementary Tables

Table S1

Template for Intervention Description and Replication Checklist

Item number	Item	Where located **	
		Primary paper (page or appendix number)	Other † (details)
	BRIEF NAME		
1	Provide the name or a phrase that describes the intervention.	2-4, Supplementary document	
	WHY		
2	Describe any rationale, theory, or goal of the elements essential to the intervention.	2-4, Supplementary document	
	WHAT		
3	Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).	2-4, Supplementary document	
4	Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.	2-4, Supplementary document	
	WHO PROVIDED		
5	For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.	2-4, Supplementary document	
	HOW		
6	Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.	2-4, Supplementary document	
	WHERE		
7	Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.	2-4, Supplementary document	
	WHEN and HOW MUCH		
8	Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.	6-8	
	TAILORING		
9	If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.	NA	
	MODIFICATIONS		
10‡	If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).	Supplementary Document	
	HOW WELL		
11	Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.	6-8	

12‡	Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.	6-8, Table S2 in Suppmentary Table	

Note. Adapted from "Better Reporting of Interventions: Template for Intervention Description and Replication (TIDieR) Checklist and Guide," by T.C. Hoffmann, P.P. Glasziou, I. Boutron, R. Milne, R. Perera, D. Moher, D.G. Altman, V. Barbour, H. Macdonald, M. Johnston, S.E. Lamb, M. Dixon-Woods, P. McCulloch, J.C.Wyatt, A.W. Chan, S. Michie, 2014, BMJ, 348, p. g1687 (https://doi.org/10.1136/bmj.g1687). Copyright 2014 by the BMJ.

** **Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use '?' if information about the element is not reported/not sufficiently reported.

† If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).

‡ If completing the TIDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete

Table S2

Acceptability Evaluation Results Regarding the Willingness of Participants to Learn More about the TCMLM Program Sessions

Sessions	Neutral *n* (%)	Slightly willing *n* (%)	Moderately willing *n* (%)	Quite willing *n* (%)	Very willing *n* (%)	Extremely willing *n* (%)	Mean (SD)
Session 1 (*n* = 19)	1 (5.26)	1 (5.26)	0 (0)	5 (26.32)	0 (0)	12 (63.16)	9.00 (1.53)
Session 2 (*n* = 17)	1 (5.88)	/	2 (11.76)	2 (11.76)	3 (17.65)	9 (52.94)	8.94 (1.48)
Session 3 (*n* = 17)		/	1 (5.88)	3 (17.65)	2 (11.76)	11 (64.71)	9.35 (0.10)
Session 4 (*n* = 18)	/	/	1 (5.56)	3 (16.67)	3 (16.67)	11 (61.11)	9.33 (0.97)
Session 5 (*n* = 19)			3 (15.79)	3 (15.79)	3 (15.79)	10 (52.63)	9.05 (1.18)
Session 6 (*n* = 16)			1 (6.25)	2 (12.50)	1 (6.25)	12 (75.00)	9.50 (0.97)
Overall session (*n* = 16)	/	/	1 (6.25)	2 (12.50)	5 (31.25)	8 (50.00)	9.25 (0.93)

Note. SD = standard deviation; TCM = traditional Chinese medicine; TCMLM = traditional Chinese medicine lifestyle medicine.

Table S3

Comparison of Per Protocol and Intentional-to-Treat Analysis Regarding Primary Outcome and Secondary Outcome Measures

	Per protocol analysis (*n* = 38)						Intentional-	
Variables	β	(95% CI)	*p*	Adjusted *p*	Significant	*d*	β	95% CI
PHQ-9								
Group	0.158	(-1.252, 1.568)	.826				0.143	(-1.151, 1.437)
Time effect (T1)	-3.368	(-5.065, -1.672)	<.001*				-3.067	(-4.753, -1.382)
Time effect (T2)	-4.053	(-5.706, -2.399)	<.001*				-3.747	(-5.388, -2.105)
Time effect (T3)	-5.474	(-7.220, -3.727)	<.001*				-5.133	(-6.865, -3.401)
Time effect (T4)	-5.432	(-6.987, -3.878)	<.001*				-5.021	(-6.637, -3.405)
Time effect (T5)	-6.642	(-8.121, -5.163)	.000*				-6.318	(-7.798, -4.839)
Group*time effect (T1)	2.947	(0.841, 5.054)	.006*	.010	Y	**1.01**	2.435	(0.330, 4.540)
Group*time effect (T2)	3.421	(1.314, 5.528)	.001*	.010	Y	**1.09**	3.016	(0.920, 5.111)
Group*time effect (T3)	3.947	(1.503, 6.392)	.002*	.010	Y	**1.22**	3.579	(1.161, 5.997)
Group*time effect (T4)	3.906	(1.563, 6.249)	.001*	.010	Y	**1.12**	3.513	(1.151,5.875)
Group*time effect (T5)	3.589	(1.686, 5.493)	<.001*	.010	Y	**1.14**	3.314	(1.407,5.220)
GAD-7								
Group	-0.053	(-2.748, 2.643)	.969				0.048	(-2.399, 2.494)
Time effect (T1)	-3.895	(-5.983, -1.807)	<.001*				-3.715	(-5.716, -1.714)
Time effect (T2)	-4.947	(-7.205, -2.690)	<.001*				-4.725	(-6.892, -2.559)
Time effect (T3)	-5.263	(-7.721, -2.805)	<.001*				-5.183	(-7.487, -2.879)
Time effect (T4)	-5.257	(-7.223, -3.291)	<.001*				-5.014	(-6.934, -3.093)
Time effect (T5)	-6.017	(-7.500, -4.534)	<.001*				-5.790	(-7.252, -4.328)
Group*time effect (T1)	2.684	(0.126, 5.242)	.040*	.010	N	**0.64**	2.251	(-0.231, 4.732)
Group*time effect (T2)	4.579	(1.633, 7.525)	.002*	.010	Y	**1.04**	4.145	(1.279, 7.011)
Group*time effect (T3)	3.579	(0.337, 6.821)	.030*	.010	N	**0.79**	3.317	(0.212, 6.421)
Group*time effect (T4)	3.994	(1.067, 6.920)	.007*	.010	Y	**0.86**	3.590	(0.722, 6.459)
Group*time effect (T5)	3.438	(1.189, 5.687)	.003*	.010	Y	**0.83**	3.066	(0.862, 5.270)
PSS-10								
Group	0.316	(-2.402, 3.033)	.820				-0.429	(-2.114, 2.971)
Time effect (T1)	-1.474	(-2.883, -0.064)	.04*				-1.562	(-2.902, -0.223)
Time effect (T2)	-3.789	(-6.233, -1.346)	.002*				-3.471	(-5.872, -1.07)
Time effect (T3)	-3.789	(-5.678, -1.901)	<.001*				-3.677	(-5.449, -1.904)
Time effect (T4)	-2.657	(-4.634, -0.680)	.008*				-2.561	(-4.429, -0.693)
Time effect (T5)	-4.845	(-6.456, -3.235)	<.001*				-4.579	(-6.183, -2.974)
Group*time effect (T1)	0.737	(-1.015, 2.489)	.410	.010	N	0.17	0.852	(-0.809, 2.513)
Group*time effect (T2)	2.789	(-0.248, 5.827)	.072	.010	N	0.53	2.542	(-0.437, 5.520)
Group*time effect (T3)	1.579	(-1.127, 4.285)	.253	.010	N	0.36	1.568	(-1.023, 4.158)
Group*time effect (T4)	1.341	(-2.016, 4.699)	.434	.010	N	0.26	1.367	(-1.883, 4.617)
Group*time effect (T5)	0.793	(-2.100, 3.686)	.591	.010	N	0.17	0.663	(-2.171, 3.498)
ISI								
Group	-0.368	(-3.59, 2.853)	.823				-1.256E-15[#]	(-3.040, 3.040)
Time effect (T1)	-4.526	(-7.021, -2.032)	<.001*				-4.341	(-6.712, -1.970)
Time effect (T2)	-5.316	(-8.299, -2.333)	<.001*				-5.109	(-7.949, -2.269)
Time effect (T3)	-5.895	(-7.841, -3.949)	<.001*				-5.597	(-7.482, -3.712)
Time effect (T4)	-6.884	(-9.539, -4.229)	<.001*				-6.484	(-9.040, -3.927)
Time effect (T5)	-8.185	(-11.099, -5.270)	<.001*				-7.620	(-10.448, -4.793)
Group*time effect (T1)	4.053	(1.154, 6.951)	.006*	.010	Y	**0.76**	3.689	(0.919, 6.460)
Group*time effect (T2)	3.211	(-0.235, 6.656)	.068	.010	N	0.55	2.892	(-0.416, 6.199)
Group*time effect (T3)	4.526	(1.442, 7.611)	.004*	.010	Y	**0.83**	4.166	(1.163, 7.170)
Group*time effect (T4)	7.200	(3.719, 10.681)	<.001*	.010	Y	**1.37**	6.775	(3.426, 10.123)
Group*time effect (T5)	6.764	(3.523, 10.004)	<.001*	.010	Y	**1.3**	6.203	(3.063, 9.342)
FAS								
Group	1.789	(-1.797, 5.376)	.328				1.524	(-1.953, 5.000)
Time effect (T1)	-1.842	(-4.046, 0.362)	.101				-1.78	(-3.893, 0.333)
Time effect (T2)	-4.053	(-6.894, -1.211)	.005*				-3.998	(-6.723, -1.273)
Time effect (T3)	-5.632	(-8.322, -2.941)	<.001*				-5.656	(-8.24, -3.072)
Time effect (T4)	-5.292	(-8.183, -2.401)	<.001*				-5.385	(-8.160, -2.610)
Time effect (T5)	-6.421	(-9.416, -3.427)	<.001*				-6.550	(-9.427, -3.672)
Group*time effect (T1)	1.579	(-1.127, 4.285)	.253	.010	N	0.25	1.491	(-1.097, 4.078)
Group*time effect (T2)	2.737	(-0.683, 6.157)	.117	.010	N	0.42	2.648	(-0.665, 5.961)
Group*time effect (T3)	4.632	(1.327, 7.936)	.006*	.010	Y	**0.74**	4.614	(1.407, 7.822)

Group*time effect (T4)	3.818	(0.369, 7.268)	.030*	.010	N	**0.57**	3.864	(0.488, 7.240)
Group*time effect (T5)	4.211	(0.424, 7.998)	.029*	.010	N	**0.66**	4.286	(0.585, 7.988)
SF-6D								
Group	0.006	(-0.042, 0.054)	.809				0.006	(-0.038, 0.050)
Time effect (T3)	0.031	(0.004, 0.059)	.025				0.033	(0.007, 0.059)
Time effect (T4)	0.044	(0.015, 0.072)	.003*				0.049	(0.021, 0.078)
Time effect (T5)	0.044	(0.008, 0.079)	.015*				0.043	(0.011, 0.076)
Group*time effect (T3)	-0.023	(-0.061, 0.015)	.231	.0167	N	0.37	-0.024	(-0.060, 0.013)
Group*time effect (T4)	-0.038	(-0.076, 0.001)	.055	.0167	N	0.55	-0.041	(-0.079, -0.003)
Group*time effect (T5)	-0.035	(-0.082, 0.012)	.144	.0167	N	0.56	-0.032	(-0.076, 0.012)
HPLP-II								
Group	-0.842	(-11.453, 9.769)	0.876				-0.619	(-10.710, 9.472)
Time effect (T2)	12.211	(6.772, 17.649)	<.001*				11.575	(6.270, 16.879)
Time effect (T3)	10.105	(4.545, 15.666)	<.001*				9.778	(4.496, 15.060)
Time effect (T4)	14.002	(6.820, 21.184)	<.001*				13.361	(6.397, 20.325)
Time effect (T5)	12.163	(2.529, 21.798)	.013*				11.729	(2.592, 20.866)
Group*time effect (T2)	-11.895	(-17.893,-5.896)	<.001*	.0125	**Y**	**0.69**	-11.616	(-17.498, -5.733)
Group*time effect (T3)	-10.053	(-16.402, -3.703)	.002*	.0125	**Y**	**0.60**	-10.341	(-16.463, -4.218)
Group*time effect (T4)	-15.055	(-22.740, -7.369)	<.001*	.0125	**Y**	**0.80**	-15.215	(-22.744, -7.685)
Group*time effect (T5)	-12.216	(-22.664, -1.768)	.022*	.0125	N	**0.63**	-12.718	(-22.719, -2.717)
GSE								
Group	1.947	(-0.675, 4.570)	.146				2.000	(-0.493, 4.493)
Time effect (T1)	1.263	(-0.158, 2.684)	.081				1.152	(-0.231, 2.536)
Time effect (T2)	3.211	(1.039, 5.382)	.004*				3.138	(1.043, 5.233)
Time effect (T3)	1.474	(-0.127, 3.074)	.071				1.462	(-0.058, 2.983)
Time effect (T4)	1.782	(0.044, 3.520)	.044*				1.842	(0.202, 3.483)
Time effect (T5)	1.651	(-0.938, 4.240)	.211				1.628	(-0.816, 4.072)
Group*time effect (T1)	-1.211	(-2.969, 0.548)	.177	.010	N	0.27	-1.294	(-3.015, 0.427)
Group*time effect (T2)	-3.632	(-6.297, -0.966)	.008*	.010	**Y**	**0.69**	-3.764	(-6.362, -1.165)
Group*time effect (T3)	-2.053	(-4.325, 0.220)	.077	.010	N	0.50	-2.254	(-4.447, -0.060)
Group*time effect (T4)	-1.992	(-4.207, 0.222)	.078	.010	N	0.46	-2.270	(-4.400, -0.139)
Group*time effect (T5)	-1.967	(-5.103, 1.169)	.219	.010	N	0.44	-2.164	(-5.159, 0.831)

Note. CI= confidential interval; FAS = fatigue assessment scale; GAD-7 = generalized anxiety disorder-7; GEE = generalized estimating equations; GSE = general self-efficacy; HPLP-II = health-promoting lifestyle profile II; IQR = interquartile range; ISI = insomnia severity index; NA = not appliable; PHQ-9 = patient health questionnaire; PSS-10 = perceived stress scale; SD = standard deviation; SF-6D = short form 6-dimension; SE = standard error; TCMLM = traditional Chinese medicine lifestyle medicine; T1 = week 2; T2 = week 4; T3 = week 6; T4 = week 8; T5 = week 12. [#] -1.256E-15 = an extremely small number close to zero, specifically -0.

Supplementary document

Program Manual: Multicomponent TCM Lifestyle Medicine Program for Depression Manual

Institution Affiliation:
School of Nursing,
the Hong Kong Polytechnic University

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List of Contents

Section 1 Introduction

1.1 Background and rationale

Depression refers to a debilitating mental disorder with unknown causes (APA, 2013). During a depressive period, an individual suffering from depression may experience a series of symptoms, such as depressed mood, a loss of pleasure or interest in activities, feeling worthless or guilty, resulting in significant impacts on mental well-being, physical health, social functioning, and economic burden. Depression can be treated by two mainstream methods, cognitive behavioral therapy, and antidepressants. However, the health-seeking behavior for treating depression is low (Wong et al., 2023) and the depression treatment status is dissatisfactory (Patel et al., 2018), which might be related to the side effects of using medications and depression-related stigma. Integrative lifestyle medicine, one type of complementary and alternative medicine, has been shown its effectiveness for treating depression (Wong et al., 2021).

TCM health preservation, also known as *Yang-sheng (中醫養生 in* Traditional Chinese) which shares similar principle like lifestyle medicine, might be a potential novel less-stigmatized treatment for depression, especially for those individuals with depression living in countries or regions in Eastern Asia where the TCM originated in (China) or spread to (e.g., Japan, Korea, Taiwan). Hong Kong, a Special Administrative Region of the People's Republic of China, is just as such kind of region. As the number of people living with depression continues to rise in Hong Kong (Choi et al., 2020; Ni et al., 2020; Wong et al., 2022), a novel treatment for the mental illness is warranted. Therefore, it is necessary to develop multicomponent TCM lifestyle medicine program for depression, and implement the program, therefore research-based evidence might generate to support the feasibility, acceptance, and preliminary effects of multicomponent TCM lifestyle medicine program for depression. A program manual is the key part regarding program implement, therefore, we design and report the multicomponent TCM lifestyle medicine program for depression manual herein.

1.2 Program objectives and anticipated outcomes

The objectives and anticipated outcomes of the multicomponent TCM lifestyle medicine program for depression are described as follows.

1.2.1 Key objectives

Objective 1: To educate participants about the impact of multicomponent TCM lifestyle medicine program consisting of *nourishing the heart*, *nourishing according to time*, and *nourishing the Qi* on depression and other health-related outcomes (anxiety, stress, fatigue, sleep quality, quality of life, health-promoting lifestyle behavior) through context-based, theory-based, evidence-based, and less-stigmatized program.

Objective 2: To increase motivation of practicing TCM lifestyle medicine and to facilitate TCM lifestyle habit formation among participants by distributing printed teaching materials, allocating logbooks, tasting herbal tea drink at sessions, and providing herbal tea packet as souvenir.

Objective 3: To improve participants' adherence to learn and practice TCM lifestyle medicine by applying interactive techniques, motivational interviewing strategies, teach-back method, and showing empathy and encouragement.

Objective 4: To promote collaboration and partnerships with key stakeholders, research team members, and program providers who are local Chinese Medicine practitioners (CMPs) to enhance program reach, sustainability, and effectiveness.

Objective 5: To evaluate the feasibility, acceptance, and preliminary efficacy of the multicomponent TCM lifestyle medicine program for depression and other health-related outcomes through feasibility evaluation, acceptance evaluation, outcome evaluation and process evaluation.

1.2.2 Anticipated outcomes

Outcome 1: Significant reduction in depressive symptoms and improvement in other health-related outcomes as all measured by standardized assessment instruments (Patient Health Questionnaire-9 for depression, Generalized Anxiety Disorder-7 for anxiety, Perceived Stress Scale for stress, Fatigue Assessment Scale for fatigue, Insomnia Severity Index for sleep quality, Short Form 6-Dimension for quality of life, and Health-Promoting Lifestyle Profile II for health-promoting behaviors).

Outcome 2: Enhanced awareness, knowledge, skills, and confidence among participants in adopting and maintaining multicomponent TCM lifestyle medicine practice, leading to reduced depression and improved health-related outcomes.

Outcome 3: An interactive, dynamic, empathic, supportive, and encouraging program, fostering a sense of belonging, and understanding, which both promote TCM lifestyle medicine practice.

Outcome 4: A collaborative network of partnerships with key stakeholders, research team members, and CMPs, which will foster shared responsibility.

Outcome 5: Comprehensive program evaluation and feedback insights, guiding continuous improvement, and alignment with evidence-based practices, participant demands, and emerging research.

1.3 Target population and participants

The target population refers to Chinese adults aged 18 to 65 years suffering from moderate depression measured by the Patient Health Questionnaire-9 (PHQ-9) in Hong Kong (Kroenke et al., 2001). The detailed inclusion and exclusion criteria of the target population are described as follows.

The inclusion criteria: (1) Hong Kong Chinese adults aged 18-years-old to 65-years-old; (2) diagnosed with moderate level of depression (a score of 10~20), evaluated by the PHQ-9 (Kroenke et al., 2001); (3) can communicate in spoken Cantonese and written Chinese; and (4) willing to provide written informed consent and be able to adhere to the study protocol.

The exclusion criteria: (1) new onset or change of antidepressant medication or dosage in the last 3 months (i.e., the antidepressant therapy has to be at the fixed dose for at least 3 months, indicating a stable depressive state); (2) PHQ score≥20, meaning a severe level of depression (Kroenke et al., 2001); (3) with a previous or present diagnosis of psychotic diagnosis or serious psychiatric illness (e.g., schizophrenia, substance dependence or abuse, or bipolar disorder) as screened by the Chinese version of the Structured Clinical Interview for DSM-IV; (4) the score of Hong Kong Montreal Cognitive Assessment less than 22, showing that cognitive impairment that may prevent understanding of training instructions (Yeung et al., 2014); (5) being pregnant or during the lactation, or plan to get pregnant but not using adequate contraception; (6)

significant suicidal risk as rated by the Hamilton Depression Rating Scale item on suicide (score ≥3) (Zheng et al., 1988); (7) with diagnosis of illness which can interfere the individuals to participate or adhere to the modified lifestyle, such as major neurocognitive disorders, medical disorders or psychiatric illness; (8) with diagnosis of medical conditions, which are not suitable to modify diet or do physical activities recommended by physicians; (9) joining in another clinical trial during the study period; and (10) with any major medical condition that causes depression based on the judgement of the investigator.

By contrast, the participants mean those individuals within the target population who will actively engage, enroll, or participate in the activities or services of the program. They are the direct beneficiaries or recipients of the multicomponent TCM lifestyle medicine program's initiatives.

1.4 Scope and structure of the manual

The program manual targets at equipping Chinese adults aged 18-65 years suffering from moderate depression measured by the PHQ-9 in Hong Kong with TCM lifestyle medicine knowledge and skills to increase TCM lifestyle medicine awareness, improve their confidence of learning and practicing of TCM lifestyle medicine, as well as enhance the practice and adherence of TCM lifestyle medicine.

The structure of the program manual consists of nine sections. Section 1 introduction refers to four parts, background and rationale, program objectives and anticipated outcomes, target population and participants, as well as scope and structure of the manual. Section 2 program overview is composed of four parts, including program description; key components and sessions; mode, format, frequency, duration, and timeline; as well as roles and responsibilities of stakeholders. Section 3 program theory and logic model for the program just involves the two parts and is introduced separately in the manual. Section 4 program delivery and implementation incorporates four parts, namely, program providers and venues, program component and sessions, and program materials.

Section 2 Program overview

2.1 Program description

The multicomponent TCM lifestyle medicine program for depression program is a comprehensive initiative designed to empower Chinese adults aged 18 to 65 years suffering from moderate depression in Hong Kong with the knowledge, skills, and resources necessary of TCM lifestyle medicine to reduce their depressive symptoms and improved other health-related outcomes. In consideration of the common issue of low motivation and poor adherence to many depression programs, this program adopts a development process which is context-based, theory-based, evidence-based, and less stigmatized; and meanwhile, this program applies interactive techniques, motivational interviewing strategies and teach-back method, as well as showing empathy and encouragement.

2.2 Key components and sessions

There are three key components involving six sessions of the multicomponent TCM lifestyle medicine program for depression. Component 1: *nourishing the heart.* Component 2: *nourishing according to time*. Component 3: *nourishing the Qi.* Each component is delivered through two sessions, such as "*nourishing the heart* part 1" and "*nourishing the heart part* 2".

2.3 Mode, format, frequency, duration, and timeline

The multicomponent TCM lifestyle medicine program for depression adopts face-to-face group sessions (mode and format) and will be held on a weekly basis (frequency). The overall program will span a duration of 6 weeks (overall program duration) and each session of the program will last for 2 hours (session duration).

When the 6-week multicomponent TCM lifestyle medicine program for depression sessions has been delivered, the participants will receive a 6-week follow-up period. If some participants could not attend the session in-person, audio recording of the session will be shared to those participants (virtual components; mode and format). If in-person sessions could not be held due to an unexpected situation (e.g., signal No.8 or above of tropical cyclone, black rainstorm, or other extreme conditions), the session will be held via zoom as virtual sessions. Timeline for the 6-week multicomponent TCM lifestyle medicine program for depression incorporate:

Week 1: *Nourishing the Heart Part* 1

Week 2: *Nourishing the Heart Part* 2

Week 3: *Nourishing According to Time Part* 1

Week 4: *Nourishing According to Time Part* 2

Week 5: *Nourishing the Qi Part* 1

Week 6: *Nourishing the Qi Part* 2

2.4 Roles and responsibilities of stakeholders

2.4.1 Funders

Fund information: This research project is funded by one provincial level grant, the Chinese Medicine Development Fund of the Hong Kong Special Administrative Region Government (grant number: 21B2/004A_R1); and one university-level grant, the Department General Research Fund of the Hong Kong Polytechnic University (grant number: P0036822).

Role: provide grants to support the program's activities, initiatives, projects, and operations.

Responsibility: (1) allocate, disburse, and manage funds according to agreed-upon budgets, timelines, objectives, and reporting requirements; (2) collaborate with program stakeholders to ensure coherence, relevance, and synergy between funder priorities and program initiatives; (3) participate in meetings and discussions to exchange insights, updates, and recommendations related to program implementation, challenges, opportunities, and innovations; (4) review program documentation, reports, data, insights, and feedback to inform funding decisions, adjustments, and strategic priorities; and (5) collaborate with program teams to adapt, refine, innovate, or scale initiatives, strategies, programs, and approaches in response to emerging challenges, needs, opportunities, and lessons learned.

2.4.2 Principal investigator (also as program coordinator)

Role: oversee the comprehensive planning, implementation, coordination, and evaluation of the multicomponent TCM lifestyle medicine program for depression

Responsibilities: (1) coordinate stakeholder meetings, communication, and collaboration; (2) develop program objectives, goals, and strategies with stakeholders; (3) monitor program progress, outcomes, and adherence to budgets and timelines; and (4) evaluate the feasibility,

acceptance, and preliminary efficacy of the program, participants feedback, and stakeholders' contributions.

2.4.3 Mental health professionals (a clinical psychologist, a psychiatrist, and two mental health nurses)

Role: provide professional suggestions, guidance, and support during the design, development, and implementation of the program

Responsibilities: (1) collaborate with other stakeholders to develop TCM lifestyle medicine program for depression effectively; (2) provide feedback and identify opportunities for continuous improvement.

2.4.4 Chinese medicine practitioners (program instructors)

Role: deliver multicomponent TCM lifestyle medicine program for depression sessions, guidance, and support to empower participants in making lifestyle-related changes.

Responsibility: (1) facilitate sessions and activities focused on TCM lifestyle medicine; (2) guide participants set TCM lifestyle medicine practice goals; (3) increase the participants' motivation for learn and practice TCM lifestyle medicine, as well as adherence to practice TCM lifestyle medicine through applying interactive techniques, motivational interviewing strategies, teach-back method, and show empathy and encouragement; (4) monitor participants' engagement, progress, barriers, and facilitators while learning and practicing TCM lifestyle medicine; (5) collaborate with other team members to ensure multicomponent TCM lifestyle medicine program delivered; and (6) reflect on delivering experiences, challenges, facilitators, and provide continuous improvement suggestions,

2.4.5 Participants

Role: Actively engage, participate, and collaborate in the multicomponent TCM lifestyle medicine for depression program to achieve TCM lifestyle medicine goals as well as reduce depression and improve other health-related outcomes.

Responsibility: (1) attend the program sessions and actively participate in program activities; (2) implement strategies, skills, and recommendations provided by the program to promote TCM-based lifestyle practice; (3) set weekly TCM lifestyle medicine goals, practice goals as far as possible and write down timely in the logbooks; (4) communicate needs,

concerns, feedback and progress with stakeholders to receive support, guidance, and resources; and (5) complete assessment within the required time, report side effects timely.

Section 3 Program theory and logic model for the program

3.1 Program theory for the program

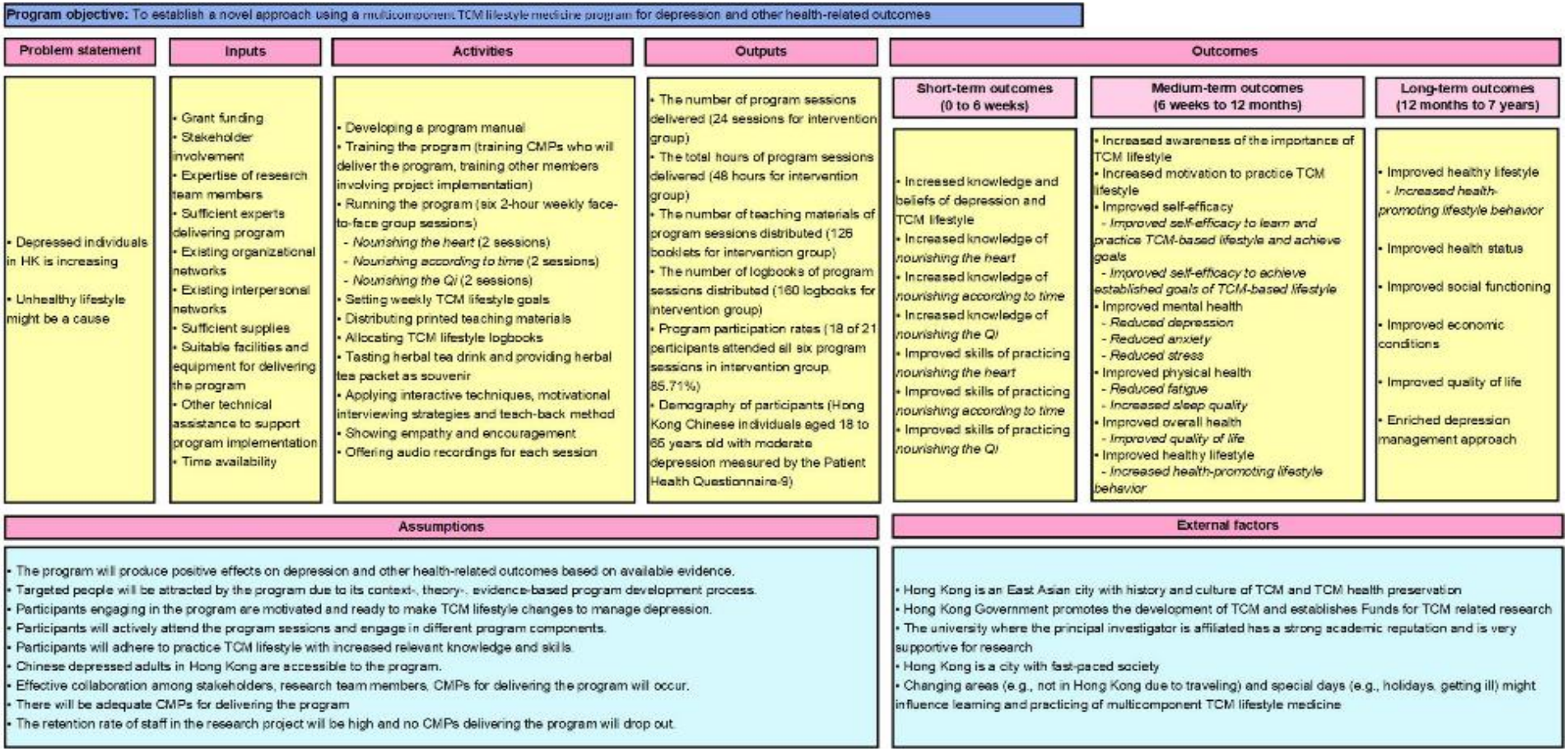
The program theory for the multicomponent TCM lifestyle medicine program for depression is developed based on theoretical source and empirical source. Theoretical source refers to some theoretical constructs from the Transtheoretical model, including self-revaluation, self-efficacy, helping relationships, reinforcement management, social liberation, consciousness raising, counter conditioning, and stimulus control (Prochaska & Prochaska, 2019); and is influenced by the stages of change of the Transtheoretical model (precontemplation, contemplation, preparation, action, and maintenance) (Prochaska & Prochaska, 2019). Empirical source is composed of reviewing of TCM lifestyle medicine literature and books (Ruan et al., 2023; Sun, 2017; Tan, 2009; Wang, 1992; Xu & Hu, 2016; Zhang, 2011), lifestyle medicine literature and books related to mental health (particularly in depression) (Chu et al., 2022; Edshteyn, 2019; Frates, & Eubanks, 2019; Gholami et al., 2019; Glanz et al., 2015; Ip et al., 2021; Lenz, 2014; Wong et al., 2021) as well as TCM-related clinical practice guidelines for depression (China Association of Chinese Medicine, 2015; Guo et al., 2008; Ma & Zhang, 2021; Societies, 2020; Zhao et al., 2010; Zhao et al., 2015).

3.2 Logic model for the program

Guided by the program theory, a logic model for the multicomponent TCM lifestyle medicine program for depression has been developed and shown in Figure SD1. The logic model is on the basis of the premise that how individuals suffering from depression live the life can impact their emotion and other health-related outcomes. Modifying unhealthy lifestyle in line with the TCM theory will lead to depression, anxiety, stress and fatigue reduction, as well as improvement of sleep quality, quality of life, and health-promoting lifestyle behavior.

Figure SD1

Logic Model of Multicomponent Traditional Chinese Medicine Lifestyle Medicine Program for Depression



Note. CMPs = Chinese Medicine Practitioners; TCM = traditional Chinese medicine.

Section 4 Program delivery and implementation

4.1 Program providers and venues

Program providers are Hong Kong Chinese Medicine practitioners. The venues for delivering the multicomponent TCM lifestyle medicine program for depression include FJ501 or A110, both classrooms belong to the School of Nursing, the Hong Kong Polytechnic University.

4.2 Program component and sessions

There are three key components involving six sessions of the multicomponent TCM lifestyle medicine program for depression. Component 1: *nourishing the heart.* Component 2: *nourishing according to time*. Component 3: *nourishing the Qi.* Each component will be delivered through two modules, such as "*nourishing the heart* part 1" and "*nourishing the heart part* 2". In each module, at least two TCM-based lifestyle elements are incorporated, such as "TCM-based exercise" and "TCM-based food therapy and/or nutritional advice" or "TCM-based psychological management" and "TCM-based sleep-wake management".

Six modules will be delivered on a consecutive six weeks as the subsequent sequences, week 1 for *nourishing the heart part* 1, week 2 for *nourishing the heart part* 2, week 3 for *nourishing according to time part* 1, week 4 for *nourishing according to time part* 2, week 5 for *nourishing the Qi part* 1, and week 6 for *nourishing the Qi part 2.*

Each module has the same structure consisting of introduction (10 to 15 minutes), pre-session knowledge test (5 to 10 minutes), the body of the session (around 60 minutes), checking, summary, question and answer (10 to 20 minutes), post-session knowledge test (5 to 10 minutes) and goal setting (5 to 10 minutes). The introduction will include warm-up, recap session, a review and discussion of the practical status of TCM lifestyle medicine goals with the exception to the introduction of module 1 where a preliminary introduction regarding depression background globally and locally planning to be shared. Tasting herbal tea drink and providing herbal tea packet as souvenir will be provided at the first four modules of the multicomponent TCM lifestyle medicine program for depression. A 10-minute break will be provided in each session of the multicomponent TCM lifestyle medicine program for depression. The SMART (Specific, Measurable, Action-oriented, Realistic, and Timed) traits will be applied while setting goals. During each session, interactive techniques, motivational interviewing strategies and

teach-back method will be applied; and meanwhile, empathy and encouragement will be shown to participants. The whole structure of the multicomponent TCM lifestyle medicine program for depression, as well as the structure and content of each session of the multicomponent TCM lifestyle medicine program for depression are presented below.

Table SD1

The Whole Structure of the multicomponent TCM lifestyle medicine program for Depression

Components	Sessions	Structures			
		Introduction		Body	
Nourishing the heart	*Nourishing the heart part* 1	A preliminary introduction of depression background globally and locally	Pre-session knowledge test	Definition and function of health preservation and TCM health preservation (TCM lifesytle medicine), theoretical foundation of TCM health preservation, etiology, and pathogenesis as well as therapeutic strategies of TCM health preservation and emotion (depression), refined hobbies in *nourishing the heart part* 1, practice *Baduajin*, provide syndrome differentiation-based diet suggestions for depression (1) and taste herbal tea drink (tangerine peel tea)	1. Summary and checking 2. Post-session knowledge test 3. Goal setting
	Nourishing the heart part 2	Warm-up, recap session, a review and discussion of the practical status of TCM lifestyle medicine goals		Definition mental health care in *nourishing the heart,* the specific method of mental health care in *nourishing the heart (t*emperance method, catharsis method, *Qi* regulation, meditation as well as abstinence and essence conservation, clear heart, and calm the mind), practice meditation, provide syndrome differentiation-based diet suggestions for depression (2) taste herbal tea drink (rose drink)	
Nourishing according to time	*Nourishing according to time part* 1			Concept and manifestation of *nourishing according to time*, concepts and principles of health-preserving daily schedule, “regulation before bedtime” (one sleep regulation method), introduce one acupoint (*Baihui*) that can improve sleep quality and relieve depression, learn and practice one acupoint (*Baihui*) that can improve sleep quality and relieve depression, provide syndrome differentiation-based diet suggestions for depression (3) (diet for better sleep), taste herbal tea drink (longan tea) (diet for better sleep)	
	Nourishing according to time part 2			Introduction of “regulation at bedtime,” “ten contraindications regarding sleep”, two sleep regulation methods; principle of eating according to time and season, and introduce seasonal food; self-regulating sleep aids; introduce acupoints (*Yintang*, *Neiguan*, *Shenmen*) that can improve sleep quality and relieve depression, learn and practice one acupoint (*Yintang*, *Neiguan*, *Shenmen*) that can improve sleep quality and relieve depression; Provide syndrome differentiation-based diet suggestions for depression (4) and taste herbal tea (red date tea) for alleviating depression (4) in class (diet for better sleep)	
Nourishing the Qi	*Nourishing the Qi part* 1			Definition and function of *nourishing the Qi*, the relationship between “nourishment *Qi*” and “depression” in TCM, the relationship between Qigong and depression and the function of Qigong on depression, Experience nourishing the *Qi* by learning and practicing *Baduanjin* in class, and introduce die related to TCM emotion and depression and nourishing the *Qi*	
	Nourishing the Qi part 2			Diet suggestions related to TCM emotion and depression and nourishing the *Qi Part* 2; overview, function, and practical method of *Baduanjin*; experience nourishing the *Qi* by learning and practicing *Baduanjin* in class; and overall review of content of sessions of the multicompoent lifsetyle medicine program for depression.	

Note. TCM = traditional Chinese medicine.

Table SD2

The Structure and Content of Nourishing the Heart Part 1

Session 1: *Nourishing the heart Part* 1	Objectives	Duration
Share depression experiences, depression background globally and in Hong Kong	To warm up and make participants feel peer atmosphere and realize not only me having depression	10 min.
Share expectations for program engagement and participation (e.g., expect to change)	To preliminarily understand participants' expectations of the program engagement and participation	
Pre-session 1 knowledge test	To test participants' understanding of knowledge regarding *nourishing the heart Part* 1 before session	
Introduce the definition and function of (TCM) health preservation	To master the definition and function of health preservation and TCM health preservation	25 min.
Introduce the theoretical foundation of TCM health preservation	To enrich the theoretical foundation of TCM health preservation of participants	
Introduce the etiology and pathogenesis of TCM health preservation and emotion (depression)	To deepen the understanding regarding the etiology and pathogenesis of TCM health preservation and emotion (depression)	
Introduce therapeutic strategies of TCM health preservation and emotion (depression)	To deepen therapeutic strategies of TCM health preservation and emotion (depression) understanding	
Introduce refined hobbies in *nourishing the heart Part* 1	To understand the definition of refined hobbies in *nourishing the heart Part* 1	
Break		10 min.
Practice *Baduanjin*, a method of qi regulation, win class with the program provider	To practice *Baduanjin* with the program provider	25 min.
Provide syndrome differentiation-based diet suggestions for depression (1) in class	To understand syndrome differentiation-based diet suggestions for depression (1) in class	20 min.
Taste herbal tea (tangerine peel tea) for alleviating depression (1) in class	To experience herbal tea for alleviating depression (1) in class	
Check	To confirm that participants understand TCM health preservation, as well as basic knowledge of TCM health preservation and depression	10 min.
	To confirm that participants understand definition of refined hobbies in *nourishing the heart part* 1	
Post-session 1 knowledge test	To test participants' understanding of knowledge regarding *nourishing the heart part* 1after session	10 min.
Summary as well as question and answer section	To summarize the session and answer questions from participants	10 min.
Set SMART goals	To ensure that participants set TCM health preservation goals in the relevant logbook	
Reminder key points: continuous practice, at least once a day and at least two elements of the session each time	To ensure that participants understand practice expectations	

Note. SMART = specific, measurable, action-oriented, realistic, and timed; TCM = traditional Chinese medicine.

Table SD3

The Structure and Content of Nourishing the Heart Part 2

Session 1: *Nourishing the heart part 2*	Objectives	Duration
Review content of session 1 (*nourishing the heart part* 1)	To enhance participants' memory of the content of session 1 To promote participants' immersing in session atmosphere	10 min.
Share the completion status of TCM health preservation goals set in the logbook	To access the completion status of TCM health preservation goals set in the logbook	
Inquire questions encountered in TCM health preservation practice	To answer questions encountered in TCM health preservation practice	
Pre-session 2 knowledge test	To test participants' understanding of knowledge regarding *nourishing the heart part* 2 before session	10 min.
Introduce the definition mental health care in *nourishing the heart*	To master the definition mental health care in *nourishing the heart*	25 min.
Describe the specific method of mental health care in *nourishing the heart*: Temperance method	To understand specific method of mental health care in *nourishing the heart*: Temperance method	
Describe the specific method of mental health care in *nourishing the heart*: Catharsis method	To understand specific method of mental health care in *nourishing the heart*: Catharsis method	
Describe the specific method of mental health care in *nourishing the heart*: Abstinence and essence conservation, clear heart, and calm the mind	To understand specific method of mental health care in *nourishing the heart*: Abstinence and essence conservation, clear heart, and calm the mind	
Describe the specific method of mental health care in *nourishing the heart*: *Qi* regulation	To understand specific method of mental health care in *nourishing the heart*: Qi regulation	
Break		10 min.
Describe the specific method of mental health care in *nourishing the heart*: Meditation	To understand specific method of mental health care in *nourishing the heart*: Meditation	10 min.
Practice meditation, a method of mental health care in class	To master the practice method of meditation	15 min.
Provide syndrome differentiation-based diet suggestions for depression (2) in class	To understand syndrome differentiation-based diet suggestions for depression (2) in class	15 min.
Taste herbal tea (rose drink) for alleviating depression (2) in class	To experience herbal tea for alleviating depression (2) in class	
Check	To ensure participants understand mental health care in *nourishing the heart*	10 min.
	To ensure participants master at least two methods in mental health care in *nourishing the heart*	
Post-session 2 knowledge test	To test participants' understanding of knowledge regarding *nourishing the heart* part 2 after session	5 min.
Summary as well as question and answer section	To summarize the session and answer questions from participants	10 min.
Set SMART goals	To ensure that participants set TCM health preservation goals in the relevant logbook	
Reminder key points: continuous practice, at least once a day and at least two elements of the session each time	To ensure that participants understand practice expectations	

Note. SMART = specific, measurable, action-oriented, realistic, and timed; TCM = traditional Chinese medicine.

Table SD4

The Structure and Content of Nourishing According to Time Part 1

Session 3: *Nourishing according to time part* 1	Objectives	Duration
Review content of session 2 (*nourishing the heart part* 2)	To enhance participants' memory of the content of session 2 To promote participants' immersing in session atmosphere	15 min.
Share the completion status of TCM health preservation goals set in the logbook	To access the completion status of TCM health preservation goals set in the logbook	
Inquire questions encountered in TCM health preservation practice	To answer questions encountered in TCM health preservation practice	
Pre-session 3 knowledge test	To test participants' understanding of *nourishing according to time* before session	5 min.
Introduce the concept and manifestation of *nourishing according to time*	To understand the concept and manifestation of *nourishing according to time*	30 min.
Introduce the concepts and principles of health-preserving daily schedule	To master the concepts and principles of health-preserving daily schedule	
Introduce "regulation before bedtime", one of the sleep regulation methods	To understand "regulation before bedtime", one of the sleep regulation methods	
Introduce acupoints that can improve sleep quality and relieve depression in class (1): Baihui (DU20)	To understand acupoints that can improve sleep quality and relieve depression in class 1: Baihui (DU20)	
Break		10 min.
Learn and practice acupoints that can improve sleep quality and relieve depression in class (1): Baihui (DU20)	To master one acupoint that can improve sleep quality and relieve depression in class 1: Baihui (DU20)	10 min.
Provide syndrome differentiation-based depression diet suggestions (3) in class (diet for sleep)	To understand syndrome differentiation-based diet suggestions for depression (3) in class	20 min.
Taste herbal tea (longan tea) for relieving depression (3) in class (diet for sleep)	To experience herbal tea for alleviating depression (3) in class	
Check	To ensure that participants master the concept of health-preserving daily schedule and sleep regulation methods	15 min.
	To ensure participants master one acupoint that can improve sleep and relieve depression	
Post-session 3 knowledge test	To test participants' understanding of *nourishing according to time part* 1 after session	10 min.
Summary as well as question and answer section	To summarize the session and answer questions from participants	5 min.
Set SMART goals	To ensure that participants set TCM health preservation goals in the relevant logbook	
Reminder key points: continuous practice, at least once a day and at least two elements of the session each time	To ensure that participants understand practice expectations	

Note. SMART = specific, measurable, action-oriented, realistic, and timed; TCM = traditional Chinese medicine.

Table SD5

The Structure and Content of Nourishing According to Time Part 2

Session 3: *Nourishing according to time* part 2	Objectives	Duration
Review content of session 3 (n*ourishing according to time part* 1)	To enhance participants' memory of the content of session 3; To promote participants' immersing in session atmosphere	15 min.
Share the completion status of TCM health preservation goals set in the logbook	To access the completion status of TCM health preservation goals set in the logbook	
Inquire questions encountered in TCM health preservation practice	To answer questions encountered in TCM health preservation practice	
Inquire the completion status of pressing acupoint that can improve sleep quality and relieve depression (Baihui)	To assess the completion status of pressing acupoint that can improve sleep quality and relieve depression (Baihui); To give affirmation and encouragement of participants who completed and thus increase their self-efficacy	
Pre-session 4 knowledge test	To test participants' understanding of knowledge regarding *nourishing according to time part* 2 before session	5 min.
Introduce "regulation at bedtime," and "ten contraindications regarding sleep", two sleep regulation methods	To understand "regulation at bedtime," and "ten contraindications regarding sleep", two sleep regulation methods	25 min.
Introduce the principle of eating according to time and season, and introduce seasonal food	To understand the principle of eating according to time and season, and introduce seasonal food	
Introduce self-regulating sleep aids (meditation, self-hypnosis to fall asleep, tranquility)	To understand self-regulating sleep aids (meditation, self-hypnosis to fall asleep, tranquility)	
Learn and practice acupoints that can improve sleep quality and relieve depression in class (2): Yintang (EX－HN3)	To master acupoints that can improve sleep quality and relieve depression in class (2): Yintang (EX－HN3)	
Break		10 min.
Learn and practice acupoints that can improve sleep quality and relieve depression in class (2): Neiguan (PC6)	To master acupoints that can improve sleep quality and relieve depression in class (2): Neiguan (PC6)	10 min.
Learn and practice acupoints that can improve sleep quality and relieve depression in class (2): Shenmen (HT7)	To master acupoints that can improve sleep quality and relieve depression in class (2): Shenmen (HT7)	10 min.
Provide syndrome differentiation-based diet suggestions for depression (4) in class (diet for better sleep)	To undserstand syndrome differentiation-based diet suggestions for depression (4) in class (diet for better sleep)	15 min.
Taste herbal tea (red date tea) for alleviating depression (4) in class (diet for better sleep)	To experience herbal tea for alleviating depression (4) in class	
Check	To ensure participants master the concept of sleep regulation methods and self-regulating sleep aids	15 min.
	To ensure that participants master one acupoint that can improve sleep quality and relieve depression	
Post-session 4 knowledge test	To test participants' understanding of knowledge regarding *nourishing according to time part* 2 after session	5 min.
Summary as well as question and answer section	To summarize the session and answer questions from participants	10 min.
Set SMART goals	To ensure that participants set TCM health preservation goals in the relevant logbook	
Reminder key points: continuous practice, at least once a day and at least two elements of the session each time	To ensure that participants understand practice expectations	

Note. SMART = specific, measurable, action-oriented, realistic, and timed; TCM = traditional Chinese medicine.

Table SD6 *The Structure and Content of Nourishing the Qi Part 1*

Session 5: Nourishing the *Qi Part* 1	Objectives	Duration
Review content of session 4 (n*ourishing according to time part* 2	To enhance participants' memory of the content of session 3 To promote participants' immersing in session atmosphere	15 min.
Share the completion status of TCM health preservation goals set in the logbook	To access the completion status of TCM health preservation goals set in the logbook	
Inquire questions encountered in TCM health preservation practice	To answer questions encountered in TCM health preservation practice	
Inquire the completion status of pressing acupoint that can improve sleep quality and relieve depression (Yintang, Neiguan, Shenmen)	To assess the completion status of pressing acupoint that can improve sleep quality and relieve depression (Yintang, Neiguan, Shenmen) To give affirmation and encouragement of participants who completed and thus increase their self-efficacy	
Pre-session 5 knowledge test	To test participants' understanding of knowledge regarding *nourishing the Qi Part* 1 before session	10 min.
Introduce the definition and function of *nourishing the Qi*	To understand the definition and function of *nourishing the Qi*	20 min.
Introduce the relationship between "nourishment *Qi*" and "depression" in TCM ("adjustment of body," "regulation of breathing," and "regulation of mental activities")	To understand the relationship between "nourishment *Qi*" and "depression" in TCM ("adjustment of body," "regulation of breathing," and "regulation of mental activities")	
Introduce the relationship between Qigong and depression and the function of Qigong on depression	To understand the relationship between Qigong and depression and the function of Qigong on depression	
Break		10 min.
Experience nourishing the *Qi* by learning and practicing *Baduanjin* in class	To consolidate and master *Baduanjin*	25 min.
Introduce diet suggestions related to TCM emotion and depression and nourishing the *Qi Part* 1	To understand diet suggestions related to TCM emotion and depression and nourishing the *Qi Part 1*	10 min.
Check	To ensure that participants understand the definition and function of *nourishing the Qi*, and the relationship between nourishing the *Qi*	15 min.
	To ensure that participants understand the relationship between Qigong and depression and the function of Qigong on depression	
Post-session 5 knowledge test	To test participants' understanding of knowledge regarding *nourishing the Qi Part* 1 after session	5 min.
Summary as well as question and answer section	To summarize the session and answer questions from participants	10 min.
Set SMART goals	To ensure that participants set TCM health preservation goals in the relevant logbook	
Reminder key points: continuous practice, at least once a day and at least two elements of the session each time	To ensure that participants understand practice expectations	

Note. SMART = specific, measurable, action-oriented, realistic, and timed; TCM = traditional Chinese medicine.

Table SD7

The Structure and Content of Nourishing the Qi Part 2

Session 6: Nourishing the *Qi Part* 2	Objectives	Duration
Review content of session 4 (*nourishing according to time part* 2	To enhance participants' memory of the content of session 3	15 min.
Share the completion status of TCM health preservation goals set in the logbook	To promote participants' immersing in session atmosphere	
Inquire questions encountered in TCM health preservation practice	To access the completion status of TCM health preservation goals set in the logbook	
Pre-session 6 knowledge test	To test participants' understanding of knowledge regarding *nourishing the Qi Part* 2 before session	5 min.
Introduce diet suggestions related to TCM emotion and depression and nourishing the *Qi* (2)	To understand diet suggestions related to TCM emotion and depression and nourishing the *Qi Part* 2	20 min.
Introduce *Baduanjin*, a method for *nourishing the Qi*, including overview, function, and practical method	To understand *Baduanjin*, a method for *nourishing the Qi*, including overview, function, and practical method	
Break		10 min.
Experience *nourishing the Qi* by learning and practicing *Baduanjin* in class	To consolidate and master *Baduanjin*	25 min.
Check	To ensure that participants understand diet suggestions related to TCM emotion and depression and nourishing the *Qi*	10 min.
	To master *Badunjin's* overview, function, practical method and practical process	
Overall review of content of sessions of TCM health preservation program for depression	To review and consolidate content of sessions of TCM health preservation program for depression	20 min.
Pre-session 6 knowledge test	To test participants' understanding of knowledge regarding *nourishing the Qi Part* 2 after session	5 min.
Summary as well as question and answer section	Summary as well as question and answer section	10 min.
Set SMART goals	Set SMART goals	
Reminder key points: continuous practice, at least once a day and at least two elements of the session each time	Reminder key points: continuous practice, at least once a day and at least two elements of the session each time	

Note. SMART = specific, measurable, action-oriented, realistic, and timed; TCM = traditional Chinese medicine.

4.3 Program materials

Program materials mainly include two parts, teaching related materials and assessment-related materials. Teaching related materials include teaching materials for sessions of TCM health preservation program depression (slides and printed version), logbooks for TCM health preservation program for depression, and herbal tea packet. Assessment-related materials incorporate session knowledge test, session knowledge test, acceptability scale, or program participants'/researchers'/CMPs' assessment form. All those materials will be distributed to participants when they attend each session.

附錄 22 31 名質性研究參與者名單

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11	葉慧心
12	曾瑞卿
13	陳玉鳳
14	朱皓康
15	林碧珊
16	李凱雯
17	餘勝聰
18	餘芳婷
19	盧雅瑩
20	李雄江
21	卓曙光
22	李淑華
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25	陳少華
26	林淑蓮
27	冼詩茵
28	潘璧玉
29	賴潤好
30	高玉霞
31	溫煒訥

附錄 23 質性訪談實踐信息

編號	日期	錄音時長	訪談類型	訪談地點
1	20230818	39	焦點小組訪談 1	香港理工大學教室
2	20230818	39	焦點小組訪談 1	香港理工大學教室
3	20230824	38	個人半結構式訪談 1	香港理工大學教室
4	20230923	86	焦點小組訪談 2	香港理工大學教室
5	20230923	86	焦點小組訪談 2	香港理工大學教室
6	20230923	86	焦點小組訪談 2	香港理工大學教室
7	20230926	73	個人半結構式訪談 2	香港理工大學教室
8	20231005	64	個人半結構式訪談 3	香港理工大學教室
9	20231005	52	個人半結構式訪談 4	香港理工大學教室
10	20231005	45	個人半結構式訪談 5	香港理工大學教室
11	20231007	60	個人半結構式訪談 6	香港理工大學教室
12	20231009	34	個人半結構式訪談 7	香港理工大學教室
13	20231013	34	個人半結構式訪談 8	香港理工大學教室
14	20231014	20	個人半結構式訪談 9	香港理工大學教室
15	20231025	55	個人半結構式訪談 10	香港理工大學教室
16	20231028	83	焦點小組訪談 3	香港理工大學教室
17	20231028	83	焦點小組訪談 3	香港理工大學教室
18	20231028	83	焦點小組訪談 3	香港理工大學教室
19	20231108	94	焦點小組訪談 4	香港理工大學教室
20	20231108	94	焦點小組訪談 4	香港理工大學教室
21	20231108	94	焦點小組訪談 4	香港理工大學教室
22	20231108	94	焦點小組訪談 4	香港理工大學教室
23	20231108	94	焦點小組訪談 4	香港理工大學教室
24	20231205	80	焦點小組訪談 5	香港理工大學教室
25	20231205	80	焦點小組訪談 5	香港理工大學教室
26	20231205	80	聚焦小組	香港理工大學教室
27	20231214	42	個人半結構式訪談 11	香港理工大學教室
28	20231216	91	焦點小組訪談 6	香港理工大學教室
29	20231216	91	焦點小組訪談 6	香港理工大學教室
30	20231216	91	焦點小組訪談 6	香港理工大學教室
31	20240123	40	個人半結構式訪談 12	香港理工大學教室

附錄 24 質性研究論文報告

Perceptions and experiences of a multicomponent traditional Chinese medicine lifestyle medicine program for depression: A qualitative study

1. Introduction

Depression is a common mental health condition that can negatively affect how an individual feels, the way he or she thinks and how this person acts [1]. During a depressive episode, an individual experiences depressed mood or loss of pleasure or interest in activities most of the day, nearly every, accompanied by a list of symptoms (e.g., insomnia, significant weight changes, feeling worthless) [1], resulting in substantial function impairment [2]. Depression management is unsatisfactory, and this condition has become the leading cause of disability [3].

The exact reason for depression is still unknown but considered as a result of the interplay of proximal adversities with social, genetic, environmental, and developmental risk and resilience factors [4]. As culture and context matter in depression, and no two individuals share the same experience of depression [1], thus, different novel treatments for depression are urgently necessitated.

Due to mounting evidence supporting the relationship between lifestyle and depression [5], targeting at several lifestyle risk factors might be novel strategy to treat depression [2]. It should be noted that lifestyle, a way of living, is formed influenced by cultures, religion, economic in particular geographic localities and contexts, and corresponding manifestations varied across different regions and reflected attitudes and values of individuals [6].

Hong Kong is an international city of 1,104-square-kilometre territory with 92% Chinese ethnicity, where depression is prevalent (19% in 2020) [7]. As one densely populated city in China, where traditional Chinese Medicine (TCM), the codified ancient healing system with a holistic approach, originated, TCM also has a long history in Hong Kong and has integrated deeply into local residents' everyday life. According to a previous cross-sectional study, individuals with depression were more

likely to seek complementary and alternative therapies [8]. Thus, it indicates the potential of using the multicomponent TCM lifestyle medicine (TCMLM) program targeting at lifestyle risk factors simultaneously to treat depression. That might increase the program acceptability and engagement among local Chinese residents, thereby contributing to the improved effectiveness and enhanced compliance.

To confirm the potential, from April 2023 to October 2023, we successfully examined the feasibility, acceptability, and preliminary efficacy of this novel complex program for depression among 42 depressed Hong Kong Chinese adults in a pilot randomized controlled trial (RCT) (registered at ClinicalTrials.Gov with registration number: NCT05799586) [9, 10]. Using qualitative methods alongside RCTs, especially complex health and social care programs, has been recommended as a necessity in a growing number of literatures. Through the application, the limits of measurement-based research could be overcome, and a series of potential values could be obtained. For example, utilizing qualitative methods after a trial could explore the experiences of participating in the program, reveal the facilitators and barriers of conducting and adhering to the program, provide in-depth understanding of pilot trial findings and facilitate related interpretation [11].

To achieve these goals and better optimize the already developed and examined multicomponent TCMLM program, a qualitative study aiming to provide straightforward descriptions of perceptions and experiences of participating in this novel program was conducted after the trial. The findings were reported in the current study.

2. Methods

2.1 The intervention: A Multicomponent TCMLM program for depression

The Multicomponent TCMLM program is the first evidence-based, content-consented, and theory-informed program for depression [9]. The multicomponent TCMLM program for depression has three key components involving six sessions [9, 10]. Components of the program are briefly described here. Component 1: *nourishing*

the heart. Component 2: *nourishing according to time*. Component 3: *nourishing the Qi.* Each component is delivered through two sessions. The Program was conducted in face-to-face small group format and delivered by one trained Hong Kong registered Chinese medicine practitioner with previous knowledge and practical experience of the TCMLM at a classroom with TCM ambience in Hong Kong Polytechnic University. Six 2-hour sessions were conducted on a weekly basis as the subsequent sequence: week 1 for *nourishing the heart* 1, week 2 for *nourishing the heart* 2, week 3 for *nourishing according to time* 1, week 4 for *nourishing according to time* 2, week 5 for *nourishing the Qi* 1, and week 6 for *nourishing the Qi* 2.

Each session has the same structure consisting of introduction (10 to 15 minutes), pre-session knowledge test (5 to 10 minutes), the body of the session (around 60 minutes), checking, summary, question and answer (10 to 20 minutes), post-session knowledge test (5 to 10 minutes) and goal setting (5 to 10 minutes). At the first four sessions, tasting herbal tea drink and herbal tea packet as souvenir are provided. During each session, interactive techniques, motivational interviewing strategies and teach-back method were applied by the program provider; the SMART (Specific, Measurable, Action-oriented, Realistic, and Timed) goals were set in weekly logbooks.

2.2 Study design

A descriptive qualitative study, a method suitable for answering why an intervention works or how and making the findings of intervention studies more clinically meaningful [12], was used in the current study. This qualitative research method draws tents from naturalistic inquiry (e.g., no manipulation of variables, no a prior commitment to any one theoretical view of a targeted phenomenon) [13] and aims to provide a straight description by generating a comprehensive summary of events [12]. The study was approved by the Human Subjects Ethics Sub-Committee of the Hong Kong Polytechnic University (Reference number: HSEARS20230511001).

2.3 Recruitment and participants

Purposeful sampling was utilized to recruit potential participants to join in this qualitative study. The inclusion criteria were: (1) Hong Kong people aged 18-years-old to 65-years-old; (2) fluent in Cantonese or Mandarin; (3) have completed at least four of six sessions of the TCMLM program; and (4) willing to participate in qualitative interviews and provide written informed consent. If the person was unable to join interviews in person or had serious medical comorbidities, that individual would be excluded.

We approached potential eligible participants near the sixth session of the multicomponent TCMLM program for depression (usually session 4 or 5) (those allocated to the waitlist control group but participated in the program as compensation) or near the end date of the six-week follow-up period (those allocated to the intervention group) and invited them to participate in this qualitative study either though oral communication, emails or via WhatsApp.

2.4 Data collection

Data was collected between August 2023 and January 2024 using mini focus group interviews [14] and semi-structured individual interviews [15]. The combined data sources were adopted with the consideration of obtaining rich data, generating a comprehensive data summary [16] and the study feasibility. Interview guides for mini focus group interviews (Table 1) and semi-structured individual interviews (Table 2) were developed based on four aspects, including lifestyle modification-related qualitative studies [17-20], researchers' inspections in each program session, feedback from trial participants, and quantitative findings from the RCT (e.g., treatment effects) [10]. Along with the data analysis, the interview questions became more structured.

All interviews were audio-recorded and carried out face-to-face with participants in quiet classrooms of the university. Mini focus group interviews were performed by a trained moderator (KC, XC, or JR) and a trained observer (JR or WY). Semi-

structured individual interviews were all conducted by JR who has rich experience in this type of interview. During the interview, the researcher(s) showed respect and listened to participants' responses carefully. Probing questions were utilized to encourage response or promote clarification. Apart from this, in mini focus group interviews, the moderator facilitated the group engagement and managed group dynamics, thus maximizing the results of the discussion [21]. Meanwhile, the observer made an observation of participants' seating, nonverbal interactions, impacts of group dynamics and jotted down the general content of the discussion [14]. Field notes were written down after each interview to record the details of the interactions, nonverbal signs, and interview settings.

Finally, a total of six focus group interviews with an average time of 78.83 min (ranging from 39 to 94 min) and twelve semi-structured individual interviews with an average time of 46.42 min (ranging from 20 to 73 min) were conducted. iFlyRec, an automatic speech recognition application, was utilized to support the process of verbatim transcription.

INSERT TABLE ONE HERE

INSERT TABLE TWO HERE

2.5 Data analysis

A conventional content analysis was utilized to analyze the interview transcripts by the first author (JR) who has rich experience in applying this approach [22-24]. Data analysis was conducted manually and performed concurrently with data collection through an inductive and iterative process.

First, JR read the interview transcript several times to immerse herself into the data and thus gained an overall understanding of participants' perceptions and experiences of the program. Then, JR performed line-by-line coding to the transcript to identify possible coding units that captured key descriptions and ideas of program participation experiences. Subsequently, JR made a comparison of coding units and condensed coding units to a more abstract level in accordance with shared

characteristics. Lastly, some abstracted coding units were extracted and grouped into subthemes and themes.

Chinese was utilized for analyzing the data. Themes, subthemes, and supported quotes were translated into English for writing the report by JR, who was trilingual in Mandarin, Cantonese, and English and had certain qualitative research reports translation experience. The translation results were reviewed and checked by the two researchers (YM and WY), who also read and understand Mandarin, Cantonese, and English. Disagreements in translation were solved by discussion.

Data saturation was reached after the 5th focus group interviews and nine semi-structured individual interviews when four researchers (JR, XC, KC, WY) started to hear similar responses repeatedly, realized no new data further contributing to the understanding of the studied phenomenon and noted no emergence of new subthemes or themes related to participants' experiences [25].

2.6 Rigor

Several strategies were utilized to ensure rigor in the current study [13, 26]. Credibility was achieved through establishing trusting relationships with participants and encouraging participants to talk and share their opinions freely. Confirmability was confirmed through each interview transcript being double-checked by a research assistant and JR for accuracy. Dependability was obtained by providing an audit trial depicting the processes and procedures of the study to the funding body. Transferability was met via keeping reflexibility throughout the research process. For example, we wrote reflective journals and self-reflected on how our roles (both four researchers have experience in qualitative study to some extent, and two involved in the multicomponent TCMLM program – JR and WY. JR, a young female from Mainland China to purse PhD degree in Hong Kong and also a Cantonese learner; XC, a young male PhD candidate from Mainland China with fluent Cantonese; KC, a Hong Kong native young male with a few experience in TCM related study project;

WY, a Hong Kong native young male and who also is an associate professor and supervisor of JR) might influence data collection and data analysis.

3. Results

A total of 31 participants (8 males, and 23 females, 17 from the intervention group and 14 from the control group) with an average of 45.26 years old participated in the six focus group interviews (n = 19) or twelve semi-structured interviews (n = 12). The depression level of the 31 participants measured by the Patient Health Questionnaire-9 (PHQ-9) [27] before attending the program was 13.19 (±2.26). From baseline to 6-week immediate post-treatment, the average decrease in PHQ-9 score for those in intervention group (n = 17) was 5.29 points (SD = 3.41, within group effect size = 1.72). Tables 3 and 4 present the demographic characteristics of the participants.

Three themes emerged: "multicomponent TCMLM program originally being comprehensive and special," "multicomponent TCMLM program being far more beneficial than thought," and "practicing multicomponent TCMLM program having challenges." Table 5 provides the details on the identified themes and subthemes.

INSERT TABLE THREE HERE

INSERT TABLE FOUR THERE

INSERT TABLE FIVE HERE

3.1 Theme 1 Multicomponent TCMLM program originally being comprehensive and special

In Theme 1, many participants gradually perceived the richness and special traits of the multicomponent TCMLM program for depression.

Subtheme 1.1 TCMLM program content originally being not unitary

Prior to attending the multicomponent TCMLM program for depression, most participants lacked corresponding knowledge. Their existing understanding towards TCMLM program for depression was superficial. In their opinions, the program is simple in content and includes only one or two components related to TCM, such as Chinese herbs, traditional Chinese dietary therapy, or acupuncture.

"In my mind, TCMLM just meant Chinese herbs or herb soups" (Participant 25, Focus group 5)

After attending the program, participants learnt different components of TCMLM and were surprised to realize how rich the program content was!

"The program content was so comprehensive and covered a lot!" (Participant 31, Individual interview 12)

Subtheme 1.2 Increasing the number of methods for dealing with depressive symptoms

No matter whether participants have received any depression treatments or not, none had received multicomponent TCMLM program before the program and **were curious about the potential anti-depression function of this innovative method.**

"I was familiar with Western methods for treating depression. I was intrigued to figure out how multicomponent TCMLM could treat depression and be helpful" (Participant 31, Individual interview 12)

During the program, participants were taught various types of methods to cope with depression. Gradually, they were equipped with different culture and context-based means to handle depression. Metaphorically, at this moment, each participant's "warehouse" was filled with various depression handing weapons. The participants could retrieve and use any of the methods they learned if needed, generating a sense of security.

"I have been equipped with many methods for dealing with depression. If I feel down, I can tell myself that there are many methods that you can apply" (Participant 22, Focus group 4)

Subtheme 1.3 Providing TCMLM program in suitable teaching format, style, and atmosphere

The multicomponent TCMLM for depression exhibited several distinct traits, which prompted participants to learn and practice TCMLM not only in the sessions but also in their daily life.

First, a small-group teaching format instead of an individual or a large-group format generated a sense of belonging among the participants and facilitated the Chinese medicine practitioners (CMPs) to deliver TCMLM knowledge and foster the learning of the participants.

"When we were sitting together, talking, and sharing, that made me feel better. Otherwise, I often thought that there was only me suffering from depression" (Participant 12, Individual interview 7)

Second, all the three CMPs were professional, attentive, empathic, caring, approachable, had good time management ability and skilled in creating an encouraging atmosphere. That improved participants' learning experiences and motivated them to adhere to the program.

"The encouragement from the CMP uplifted my spirits, improved the classroom atmosphere and provided warmth" (Participant 11, Individual interview 6)

Third, the arrangement of interactive segments in each session not only assisted in the professional resolution of participants' issues but also created a relaxed atmosphere for communication and interaction.

"The setup of interactive section in each program session was good. During the session, the CMP inquired about us, such as our situation in the past week" (Participant 19, Focus group 4)

3.2 Theme 2 Multicomponent TCMLM program being far more beneficial than thought

Theme 2 refers to a series of benefits gained during the multicomponent TCMLM program, which were far from participants thought.

Subtheme 2.1 Promoting diet, exercises, daily routine and sleep management based on TCMLM

With the further understanding and increased practice of TCMLM, most participants formed a TCM-based healthy lifestyle. The main manifestation in diet includes avoiding consuming unhealthy diet, forming regular dietary habits, and adding food beneficial for *Qi* regulation and depression treatment.

"I have switched from drinking coffee and milk to herbal tea, which might alleviate depression" (Participant 29, Focus group 6)

The main manifestation in physical activities is allocating certain time for TCM-based physical activities (e.g., *Baduanjin*, *five-animal Qigong exercise*) on a regular basis or maximizing the use of their spare time to practice body adjustment.

"Practicing Baduanjin on a daily basis has turned into a habit of me" (Participant 16, Focus group 3)

The main manifestation in daily routine and sleep management incorporates performing activities during daytime as much as possible to balance *yin* and *yang*, avoiding participating in activities that may highly disturb the calmness of *Qi* and

blood before bedtime (e.g., chatting or using mobile phone), changing daily routine and starting sleep earlier, and performing acupressure before bedtime to improve sleep.

"I often sleep very late … (After the program), I attempted to wrap up the day's work before 10:00 pm" (Participant 14, Individual interview 9)

Subtheme 2.2 Improving physical functional status

After practicing TCMLM, the physical functional status of participants improved. That was manifested in various aspects, including feeling the whole-body relaxed (mainly induced during the preparation of scented tea, foot bath, or *Baduanjin* practice), strengthening the body, improving sleep quality, increasing energy, facilitating smooth blood flow and energy circulation, and promoting gastrointestinal function.

"The blood circulation of my body flowed smoothly after acupressure points pressure" (Participant 18, Focus group 3)

Subtheme 2.3 Cultivating interests and hobbies

As taught in the first two sessions, "refined hobbies" served as a good way to *nourish the heart* from the perspective of TCM. It contributed to decreased depression, stress, and other negative emotions and improved psychological well-being. A number of refined hobbies suitable for *nourishing the heart* were provided, such as reading books, practicing "four accomplishments" (musical instruments, bord games, calligraphy, painting), listening to music, planting, and hiking. Gradually, the selected refined hobby became their routine interests and hobbies.

"I engage in reading books almost every night now" (Participant 4, Focus group 2)

Learning to experience the moment was another hobby that was practiced by participants. That could be reflected from gradually realizing changes in daily routine, ambient environment, weather and showing gradual appreciation for plants, flowers, and herbs.

"Now I paid attention to how the weather, four seasons, and the surrounding environment integrated with one another and made corresponding adjustments" (Participant 28, Focus group 6)

Subtheme 2.4 Improving one's personality

During the process of practicing TCMLM in daily life, many participants realized that their personality has improved either. The manifestations incorporated becoming calm and gentle, becoming positive and optimistic, as well as becoming confident and motivated.

"I have learnt to regulate my temper and not be too impulsive. I could say that I have become gentler than before" (Participant 2, Focus group 1)

The change was related to the TCM-based stress management skills which they learnt from the program, such as doing breath regulations in the morning before going to work, while sitting on the bus, lying in bed, or performing meditation in spare time.

"I have formed the habit of practicing breath regulation while going on a ride or on my way home. During these moments, I slowly felt the rhythm of my breath" (Participant 3, Individual interview 1)

Meanwhile, participants also learnt how to love themselves. That was shown in an improvement in self-understanding and comprehension of self-care.

"The program reminded me to look after myself" (Participant 30, Focus group 6)

Subtheme 2.5 Enhancing interpersonal relationship

Participants gradually noticed their enhanced interpersonal relationship with family members, friends, colleagues, and classmates. They became willing to engage in conversations with others, talked more, and had increased frequency of attending social activities.

"I was more willing to talk with friends and we had more topics to discuss" (Participant 13, Individual interview 8)

3.3 Theme 3 Practicing multicomponent TCMLM program having challenges

Although the practices in multicomponent TCM LM program could bring tangible benefits, participants encountered challenges during their learning and practice.

Subtheme 3.1 A few TCMLM vocabularies incomprehensible

A few contents of multicomponent TCMLM program involved Classical Chinese or complex and obscure languages. That presented as a challenge to a few participants who had no previous knowledge of TCM and/or TCM LM related knowledge, causing difficulty in comprehension.

"Several concepts like yin and yang, eight-character content…Although the CMP has taught us, we still might not fully grasp them" (Participant 26, Focus group 5)

Subtheme 3.2 Confusing about the correctness of a few TCMLM practice

This subtheme refers to the confusion on the correctness of TCM LM practice, which involves the accuracy of performing acupressure points (e.g., location, intensity), practicing *Baduanjin* (e.g., gestures), and preparing traditional Chinese dietary therapy.

"I felt that I did not press the accurate location of the acupressure points" (Participant 6, Focus group 2)

Subtheme 3.3 Lacking conditions for practicing some content of TCMLM in community

The TCM LM practice should be performed under certain conditions. Unsuitable conditions worked as barriers hindering the practice of TCM-based lifestyle. That includes a weak physical state (e.g., fatigue, a declining memory), inappropriate mental state (e.g., depressive state, lack of motivation), lack of time (e.g., occupied by work), lack suitable venues for TCM-based physical activities (e.g., limited house space, feeling stigma if practicing *Baduanjin* outdoors), and no access to high-quality and cost-effective TCM LM related ingredients.

"I was exhausted and felt drained that day. Thus, I did not join other students in that session to perform Baduanjin" (Participant 23, Focus group 4)

"I did not practice Baduanjin at home. There was no room for me to stretch out my arms" (Participant 10, Individual interview 5)

"Others do not know what you are doing (Baduanjin)…It looks just like a 'weirdo' in the park" (Participant 9, Individual Interview 4)

"I did not know where I could buy some TCM LM related ingredients" (Participant 27, Individual interview 11)

Subtheme 3.4 A few program content not suitable for Hong Kong cultural context

While practicing TCM LM in daily life, participants mentioned that some contents were unsuitable for the cultural context in Hong Kong or difficult to practice in this

region. Some traditional Chinese dietary therapies are seldom prepared in Hong Kong.

"Some traditional Chinese herbal soups required several hours of boiling with so many ingredients added together. Hong Kongers rarely did this" (Participant 17, Focus group 3)

Moreover, due to fast-paced life in Hong Kong, limited lunch break, restricted work locations with no canteen and area for napping, practicing "midday nap" was not appropriate.

"In Hong Kong, it was uncommon for people to take a nap at noon. I just had an hour for lunch … (After lunch), there was hardly any time left for taking a nap" (Participant 7, Individual interview 2)

4. Discussion

To the best of our understanding, this work is a pioneering study that used qualitative research to explore the perceptions and experiences of depressed patients who had received multicomponent LM program for depression based on TCM theory. This study also pioneers the unveiling of in-depth experiences and practices challenges and barriers related to various TCM-related components, such as *Baduanjin*, Chinese dietary therapy, and acupressure, among individuals with depression. Comprehensive insights into the multicomponent TCMLM program for depression have been revealed, and were condensed into three themes, with two depicting positive experiences (theme 1 and theme 2), and one describing negative experiences (theme 3).

Theme 1, "multicomponent TCMLM program originally being comprehensive and special," incorporates with three subthemes, of which all supported the potential

of the program serving as a leading model for the dissemination of scientific knowledge on TCM LM and expansion of its practice in Hong Kong.

In terms of subtheme 1.1, with the increased TCM LM knowledge, participants' attitudes toward TCM LM may improve, which will trigger their behavior of practicing TCM-based lifestyle [28]. During practice, perceived effectiveness may strengthen the participants' trust in TCM LM and further boost their confidence in adhering to the practice [28].

As for subtheme 1.2, with increased TCM-based methods for depression, participants metaphorized their situation with various depression methods learnt from the program as a "warehouse" storing a range of approaches. They can self-decide regarding the approach to be used to cope with depression when needed. The circumstance of being equipped with various depression methods made them feel secure. Meanwhile, the autonomy and flexibility to select the preferred method and the ease of implementing their preferred choice on their own may facilitate their application of these methods in daily life and lead to better outcomes. The speculation regarding empowering more treatment options to patients, leading to enhancing treatment adherence, and thus achieving positive treatment effects, was supported by previous studies [29].

Regarding subtheme 1.3, the suitable format, teaching, and atmosphere of TCM LM program, especially caring, attentive, empathic, and encouraging one, reflects the highly possibility of the inner existence of therapeutic alliance, an important psychological concept, in the program. Extensive research evidence pinpoints therapeutic alliance as a key element in successful psychological therapy and a robust outcome predictor [30]. Future studies should test the nonspecific effects brought about by therapeutic alliance in the multicomponent TCMLM program for depression. If truly exists as our hypothesis, the potential mechanism underlying the formation of therapeutic alliance in group-modality-based multicomponent TCMLM program for depression and its implementation should be investigated further.

Theme 2 (multicomponent TCMLM program being far more beneficial than thought), along with its eight subthemes, not only reflects the various benefits gained from the multicomponent TCMLM program, which are mutually corroborated by statistically significant findings in the former pilot clinical trial [10], but also manifest the recovery of mental health among Hong Kong Chinese adults with depression.

Recovery in mental health, including depression, shows the evident dualism of an individual or social recovery [31]. This recovery can be observed as an ongoing transformation process which has important manifestations. For example, taking care of sleep, food intake, and emotions; performing exercises; participating in hobbies; rebuilding a positive sense of self; restoring interpersonal relations; and having personal responsibility in depression management [31-33]. Notably, our eight subthemes are all in line with these traits and can be recognized as parts of the multicomponent TCM LM program-induced recovery process.

Despite so, unlike the CHIME (connectedness, hope and optimism about the future, identify, meaning in life, and empowerment) model in mental health recovery [31-33] or mental health recovery model induced by one psychological therapy named acceptance and commitment therapy [34], there is still lack multicomponent LM programs elicited depression recovery model. That may hinder healthcare providers, program providers, and caregivers of patients with depression judge the depression recovery status and predict the depression recovery progress based on identifiable characteristics shown in the model. The phenomenon may be attributed to the fact that present multicomponent lifestyle medicine trials focusing on examining the effectiveness [35-37] but paid little attention to the perceptions and experiences of users who have participated and practiced multicomponent lifestyle medicine programs using qualitative studies. That caused limited studies for conducting qualitative meta-syntheses or narrative syntheses, the methods often applied for developed mental health recovery model [31-34]. Thus, future work should collate more qualitative evidence supporting the depression recovery generated by

multicomponent lifestyle medicine programs among different populations and across various regions.

Theme 3 (practicing multicomponent TCMLM program having challenges) consisted of four subthemes. The first two subthemes, subtheme 3.1 "A few TCMLM vocabularies incomprehensible" and subtheme 3.2 "Confusing about the correctness of a few TCMLM practice", showed the practice challenges encountered by participants due to the lack of sufficient and accurate understanding of some theoretical and/or practical contents of TCMLM.

This concerning situation reflects the relatively low TCM health literacy (defined as the ability to gain access to, comprehend, and utilize TCM-related information to promote and maintain good health) level in Hong Kong [38]. The predominant role of western medicine in the local healthcare system and insufficient referral from Hong Kong western medicine doctors contribute to the phenomenon [39]. Also, the relatively slow effects of options in TCM compared to western medicine may cause less usage of TCM, especially in this face-paced metropolis, leading to a scarcity of opportunities to gain insights into TCM [39]. Another reason might be small-scale spreading TCM knowledge by TCM pragmatic users based on trial and error rather than providing adequate dissemination of evidence-based TCM knowledge to the community [28, 39].

Subthemes 3.3 (lacking conditions for practicing some content of TCMLM in community) and 3.4 (a few program content not suitable for Hong Kong cultural context) were categorized under the objective practice barriers of TCM LM. Apart from similar findings which also inhibit patients with depression or other health mental disorders from practicing different kinds of treatments (e.g., loss of motivation, low mood, lethargy/fatigue, insufficient time) [40-42], noteworthily, our study also found barriers specifically related to TCM lifestyle medicine practice in Hong Kong.

The one barrier that needs particular attention is TCM-based physical activities related stigma. The current study revealed that several young participants linked the

practice of *Baduanjin* with a negative image (e.g., labeling young people who practice *Baduanjin* in the park as weirdo), which caused them to hesitate practicing *Baduanjin*, reduce their practice. However, previous studies showed no analogous findings [43, 44]. On the contrary, in this former study, the participants who performed *Baduanjin* treated "slow and gentle movements" as a notable advantage [43, 44]. The difference may be attributed to the inclusion of various research populations. Several available *Baduanjin*-related studies involved middle-aged and elderly populations (40–72 years old) with physical illnesses [43, 44]. A limited number of studies explored the application and experiences of *Baduanjin* among young people, particularly those with depression. Given the potential of *Baduanjin* as an exercise for depression treatment, future studies should *investigate* the influential factors and examine the underlying mechanism of *Baduanjin*-related stigma among young people with or without depression.

4.1 Limitations

First, the findings were generated based on the perceptions and experiences of 31 participants in the multicomponent TCMLM program for depression rather than all participants or other potential individuals with depression after attending the program. Therefore, the current themes and subthemes may be enriched, and various perceptions and experiences may be extracted if other depressed adults share their experiences in program participation. Second, this study involved only those who attended at least four of the six program sessions. Thereby, no in-depth insights into the program were gained from the participants who dropped out, which limited the understanding of the program to a certain extent. Third, the results of the qualitative study focused on the current situation and may not be generalizable to larger populations or other contexts.

5. Conclusion

This study provides novel in-depth insights into the perceptions and experiences of Chinese depressed adults who have attended the multicomponent TCMLM program for depression and engaged TCM-based lifestyle practice in Hong Kong. The encouraging findings showed the well acceptance and perceived usefulness of the program among depressed population and supported the strong potential of multicomponent TCMLM program using as an alone/adjuvant treatment for depression. Meanwhile, challenges and barriers encountered during the program engagement and practice were reported, providing direction for further program refinement direction and research.

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Table

Table 1 Interview guide for focus group interviews of participants who attended the multicomponent TCMLM program for depression

Type	Discussion question
Opening	I introduce myself (moderator's name), Tell me who you are, how did you get here
Introduction	How did you learn about the project of multicomponent TCMLM program for depression?
Transition	Think back to when you first became involved with this program. What were your first impressions?
Key - 1	What were your perceptions and experiences of multicomponent TCMLM program for depression (including 6 sessions)?
Key - 2	What were factors facilitating you to learn and practice TCMLM?
Key - 3	What were barriers hindering you to learn and practice TCMLM?
Key - 4	How the multicomponent TCMLM program for depression impacts on you?
Key - 5	What knowledge or skills that you have gained from the program (if any)?
Key - 6	What changes have you experienced since learning and practicing TCM LM?
Key - 7	What improvement comments for multicomponent TCMLM program for depression? (e.g., teaching materials, logbooks, program providers)?
Ending	If you had a chance to give advice to the director of the multicomponent TCMLM program for depression, what advice would you provide?
Closing	We want you to help us evaluate the multicomponent TCMLM for depression and provide us with the perceptions and experiences of the multicomponent TCMLM program for depression. What did we miss? Is there any topic or aspects that we should have discussed but have not covered yet?

Note. TCM = traditional Chinese medicine; TCMLM = traditional Chinese medicine lifestyle medicine.

Table 2 Interview guide for semi-structured interviews of participants who attended the multicomponent TCMLM program for depression

Items	Interview questions
1	Please share with me your positive perceptions and experiences of the multicomponent TCMLM program for depression
2	Please share with me your negative perceptions and experiences of the multicomponent TCMLM program for depression
3	Please share with me your perceptions and experiences with different sessions of the multicomponent TCMLM program for depression
4	Please share with me any knowledge or skills that you have gained from the program (if any)
5	Please share with me any factors facilitating you to learn and practice TCM LM
6	Please share with me any barriers to learn and practice TCM LM
7	Please share with me how the multicomponent TCMLM program for depression impacts on you (e.g., depressive symptoms, daily life, interpersonal relationship)
8	Please share with me any changes that you experienced since learning and practicing TCM LM
9	Please share with me your evaluation towards the multicomponent TCMLM for depression (e.g., program content, program arrangement, program providers)
10	Please share with me any improvement comments regarding the multicomponent TCMLM for depression (e.g., teaching materials, logbooks, program providers)

Note. TCM = traditional Chinese medicine; TCMLM = traditional Chinese medicine lifestyle medicine.

Table 3 Demographic characteristics of participants in mini focus group interviews and semi-structured individual interviews

Variables	Total (*n* = 31)	Focus groups (*n* = 19)	Individual interviews (*n* = 12)
Age, median (range)	43 (20-65)	43 (20-65)	44 (23-59)
Age, mean (SD)	45.26 (12.94)	47.42 (13.62)	41.83 (11.49)
Sex, *n* (%)			
Male	8 (25.81)	5 (26.32)	3 (25.00)
Female	23 (74.19)	14 (73.68)	9 (75.00)
Marital status, *n* (%)			
Single	17 (54.84)	10 (52.63)	7 (58.33)
Married	11 (35.48)	7 (36.84)	4 (33.33)
Divorced	2 (6.45)	1 (5.26)	1 (8.33)
Widowed	1 (3.23)	1 (5.26)	0 (0)
Living alone, *n* (%)			
Yes	12 (38.71)	7 (36.84)	5 (41.67)
No	19 (61.29)	12 (63.16)	7 (58.33)
Education level, *n* (%)			
Secondary education	11 (35.48)	8 (42.11)	3 (25.00)
Tertiary or above	20 (64.52)	11 (57.89)	9 (75.00)
Occupation			
Employed	16 (51.61)	8 (42.11)	8 (66.67)
Homemaker	5 (16.13)	4 (21.05)	1 (8.33)
Student	2 (6.45)	1 (5.26)	1 (8.33)
Retired	3 (9.68)	3 (15.79)	0 (0)
Unemployed	5 (16.13)	3 (15.79)	2 (16.67)
Monthly household income (Hong Kong dollar), *n* (%)			
Comprehensive social security assistance	1 (3.23)	0 (0)	1 (8.33)
No income	5 (16.13)	4 (21.05)	1 (8.33)
≤ 10,000	1 (3.23)	1 (5.26)	0 (0)
10,001-24,999	10 (32.26)	7 (36.84)	3 (25.00)
25,000-49,999	12 (38.71)	6 (31.58)	6 (50.00)
≥ 50,000	2 (6.45)	1 (5.26)	1 (8.33)

Note. SD = standard deviation.

Table 4 Demographic characteristics of the participants attended mini focus group interviews (*n* = 19)

	Interview 1 (*n* = 2)	Interview 2 (*n* = 3)	Interview 3 (*n* = 3)	Interview 4 (*n* = 5)	Interview 5 (*n* = 3)	Interview 6 (*n* = 3)
Age, median (range)	31 (28-34)	59 (43-63)	40 (36-43)	40 (20-58)	58 (42-62)	63 (59-65)
Sex (male/female)	0/2	2/1	1/2	2/3	0/3	0/3
Marital status (single/married/divorced/widowed)	2/0/0/0	0/3/0/0	3/0/0/0	3/2/0/0	1/2/0/0	1/0/1/1
Living alone (yes/no)	0/2	0/3	1/2	2/3	1/2	3/0
Education level (secondary/tertiary or above)	0/2	2/1	0/3	3/2	1/2	2/1

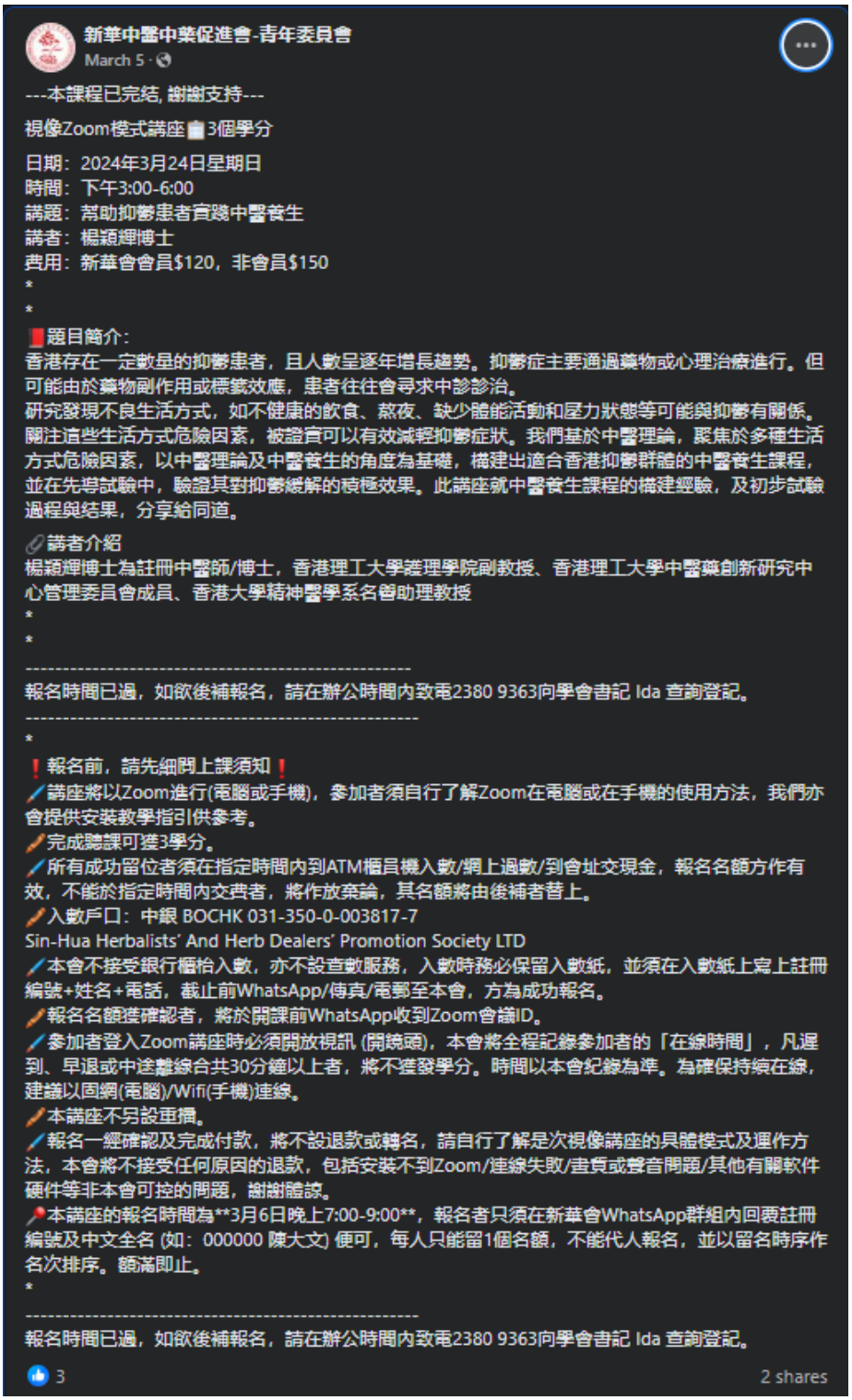
Table 5

Themes and subthemes of perceptions and experiences of participating in multicomponent TCMLM for depression

Themes	Subthemes
1.Multicomponent TCMLM program originally being comprehensive and special	1.1 TCMLM program content originally being not unitary
	1.2 Increasing the number of methods for dealing with depressive symptoms
	1.3 Providing TCMLM program in suitable teaching format, style, and atmosphere
2.Multicomponent TCMLM program being far more beneficial than thought	2.1 Promoting diet, exercises, daily routine and sleep management based on TCMLM
	2.2 Improving physical functional status
	2.3 Cultivating interests and hobbies
	2.4 Improving one's personality
	2.5 Enhancing interpersonal relationship
3.Practicing multicomponent TCMLM program having challenges	3.1 A few TCMLM vocabularies incomprehensible
	3.2 Confusing about the correctness of a few TCMLM practice
	3.3 Lacking conditions for practicing some content of TCMLM in community
	3.4 A few program content not suitable for Hong Kong cultural context

Note. TCMLM = traditional Chinese medicine lifestyle medicine.

附錄 25 發佈會宣傳圖


新華中醫中藥促進會-青年委員會
March 5 ·
---本課程已完結, 謝謝支持---
視像Zoom模式講座 3個學分
日期：2024年3月24日星期日
時間：下午3:00-6:00
講題：幫助抑鬱患者實踐中醫養生
講者：楊穎輝博士
費用：新華會會員$120，非會員$150
題目簡介:
香港存在一定數量的抑鬱患者，且人數呈逐年增長趨勢。抑鬱症主要通過藥物或心理治療進行。但可能由於藥物副作用或標籤效應，患者往往會尋求中診診治。
研究發現不良生活方式，如不健康的飲食、熬夜、缺少體能活動和壓力狀態等可能與抑鬱有關係。關注這些生活方式危險因素，被證實可以有效減輕抑鬱症狀。我們基於中醫理論，聚焦於多種生活方式危險因素，以中醫理論及中醫養生的角度為基礎，構建出適合香港抑鬱群體的中醫養生課程，並在先導試驗中，驗證其對抑鬱緩解的積極效果。此講座就中醫養生課程的構建經驗，及初步試驗過程與結果，分享給同道。
講者介紹
楊穎輝博士為註冊中醫師/博士，香港理工大學護理學院副教授、香港理工大學中醫藥創新研究中心管理委員會成員、香港大學精神醫學系名譽助理教授
報名時間已過，如欲後補報名，請在辦公時間內致電2380 9363向學會書記 Ida 查詢登記。
報名前，請先細閱上課須知
講座將以Zoom進行(電腦或手機)，參加者須自行了解Zoom在電腦或在手機的使用方法，我們亦會提供安裝教學指引供參考。
完成聽課可獲3學分。
所有成功留位者須在指定時間內到ATM櫃員機入數/網上過數/到會址交現金，報名名額方作有效，不能於指定時間內交費者，將作放棄論，其名額將由後補者替上。
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Sin-Hua Herbalists' And Herb Dealers' Promotion Society LTD
本會不接受銀行櫃枱入數，亦不設查數服務，入數時務必保留入數紙，並須在入數紙上寫上註冊編號+姓名+電話，截止前WhatsApp/傳真/電郵至本會，方為成功報名。
報名名額獲確認者，將於開課前WhatsApp收到Zoom會議ID。
參加者登入Zoom講座時必須開放視訊 (開鏡頭)，本會將全程記錄參加者的「在線時間」，凡遲到、早退或中途離線合共30分鐘以上者，將不獲發學分。時間以本會紀錄為準。為確保持續在線，建議以固網(電腦)/Wifi(手機)連線。
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報名一經確認及完成付款，將不設退款或轉名，請自行了解是次視像講座的具體模式及運作方法，本會將不接受任何原因的退款，包括安裝不到Zoom/連線失敗/畫質或聲音問題/其他有關軟件硬件等非本會可控的問題，謝謝體諒。
本講座的報名時間為**3月6日晚上7:00-9:00**，報名者只須在新華會WhatsApp群組內回覆註冊編號及中文全名 (如：000000 陳大文) 便可，每人只能留1個名額，不能代人報名，並以留名時序作名次排序。額滿即止。
報名時間已過，如欲後補報名，請在辦公時間內致電2380 9363向學會書記 Ida 查詢登記。
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