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心理干预对肿瘤患者围术期焦虑及抑郁的影响*

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摘要 目的:探讨心理干预对围术期肿瘤患者焦虑及抑郁的影响。**方法:**选取 2013 年 6 月到 2014 年 6 月在我院接受手术治疗的肿瘤患者 300 例,随机分为研究组和对照组,对照组 150 例患者给予常规基础护理,研究组患者在常规护理的基础上给予心理干预。观察并比较两组患者干预前后的心率和血压变化情况。采用抑郁自评量表(Self-rating depression scale, SDS)和焦虑自评量表(Self-Rating Anxiety Scale, SAS)对患者的心理状况进行评价。**结果:**干预前,两组患者的心率、血压、SDS 及 SAS 评分无显著差异($P>0.05$);干预后,研究组患者的心率、血压、SDS 及 SAS 评分显著优于对照组,差异具有统计学意义($P<0.05$)。**结论:**心理干预能显著减轻肿瘤患者围术期焦虑及抑郁状况,有利于维持患者血压和心率稳定。

关键词:心理干预;肿瘤;焦虑;抑郁

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Effect of Psychological Intervention on Perioperative Anxiety of Patients with Operations*

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ABSTRACT Objective: To study the effect of psychological intervention on anxiety and depression of patients who were undergoing operations. **Methods:** 300 patients with types of tumors in our hospital from July 2013 to 2014 were selected and randomly divided into the study group and the control group with 150 cases in each group. The patients in the control group were treated by the conventional nursing methods, while the patients in the study group were treated by the psychological intervention besides the conventional methods. Then the heart rate, blood pressure, SDS and SAS of patients in the two groups were observed and compared before and after the interventions. **Results:** Before the intervention, there was no significant difference about the blood pressure, heart rate, SDS and SAS scores of patients in the two groups ($P>0.05$); The blood pressure, heart rate, SDS and SAS scores of patients in the study group were significantly better than those of the patients in the control group ($P<0.05$). **Conclusion:** Psychological intervention can significantly reduce the anxious and the changes of blood pressure and heart rate.

Key words: Psychological intervention; Tumor; Anxiety; Depression

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前言

肿瘤(Tumor)是机体在各种致癌因素作用下,局部组织的某一个细胞在基因水平上失去对其生长的正常调控,导致其克隆性异常增生而形成的新生物。恶性肿瘤的治疗方法有很多种,手术时其中常用的方法之一。手术是一种具有创伤性的治疗手段,很多患者对疾病缺乏科学的认识,极易产生焦虑、抑郁等心理障碍,而焦虑会引起激素水平的改变,引起机体功能紊乱^[1-3]。此外,患者消极对待治疗会增加术后并发症的发生率,不利于改善预后^[4]。因此,采取有效的措施进行心理干预是改善患者预后的关键。心理干预是根据患者的心理特点,采取适当的措施消除负性情绪,减轻心理压力^[5-8]。本研究对 150 例围术期肿瘤患者实施心理干预,取得了良好的效果,现汇报如下:

1 资料与方法

1.1 临床资料

选取 2013 年 6 月至 2014 年 6 月在我院接受手术治疗的肿瘤患者 300 例,按照随机数字表法分为研究组和对照组,每组 150 例。研究组包括男 60 例,女 90 例;年龄 60-80 岁,平均(71.3 ± 0.6)岁;肿瘤类型:消化系统肿瘤 63 例,妇科肿瘤 58 例,其他部位肿瘤 29 例。对照组包括男 108 例,女 42 例;年龄 60-80 岁,平均(71.6 ± 0.9)岁;肿瘤分布:消化系统肿瘤 78 例,泌尿系统肿瘤 28 例,妇科肿瘤 34 例,其他部位肿瘤 10 例。两组患者的一般资料无显著性差异($P>0.05$),具有可比性。本研究获得患者知情同意,且符合医学伦理学标准,所有患者均无严重内科疾病。

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1.2 干预方法

对照组给予常规护理,监视患者各项生命体征,根据患者的实际情况给予相应的护理。研究组患者在对照组的基础上给予心理干预,具体方法为:①术前心理干预:术前访视,与患者进行沟通,了解患者焦虑和紧张情绪,安慰患者。根据患者的具体情况引导并嘱咐患者做好手术准备,消除患者的紧张情绪,介绍手术成功案例,减轻患者的心理负担。鼓励患者树立战胜疾病的信心。②术中心理干预:认真核对患者的基本信息,询问睡眠情况,向患者介绍手术室环境、手术器械操作以及术中注意事项等,以降低其恐惧和焦虑心理。控制手术室的温度和湿度,尽量保持手术室安静,尊重患者隐私,尽量减少手术暴露。③术后心理干预:术后患者会出现疼痛、活动受限、睡眠障碍、消化功能减弱等症状。护理人员应根据患者的实际情况进行指导和安慰,尽量满足患者的合理要求。

1.3 评价方法

观察两组患者手术前及干预后的心率(HR)、舒张压

(DBP)和收缩压(SBP)的变化情况。应用抑郁自评量表(SDS)和焦虑自评量表(SAS)对患者的心理压力状况进行调查,分值越高说明焦虑或抑郁症状越明显。

1.4 统计方法

采用SPSS17.0统计软件进行处理,计量资料以($\bar{X} \pm S$)表示,t检验,计数资料用 χ^2 检验,以 $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 两组患者干预前后的心率和血压变化情况

如表1所示,两组患者干预前的心率和血压无显著差异($P > 0.05$)。干预后,研究组患者心率为(78.42 ± 1.89),舒张压为(70.02 ± 0.12) mmHg,收缩压为(104.29 ± 0.09) mmHg;对照组患者心率为(86.71 ± 2.04),舒张压为(79.12 ± 0.21) mmHg,收缩压为(110.82 ± 0.02) mmHg;研究组患者心率和血压变化显著优于对照组,差异具有统计学意义($P < 0.05$)。

表1 两组患者干预前后的心率及血压比较($\bar{X} \pm S$, mmHg)

Table 1 Comparison of heart rate and blood pressure of patients in the two groups before and after the intervention

Group	Before intervention			After intervention		
	DBP	SBP	HR	DBP	SBP	HR
Study group	78.42± 0.61	112.73± 2.01	90.11± 0.31	70.02± 0.12	104.29± 0.09	78.42± 1.89
Control group	80.91± 0.55	113.62± 3.13	90.23± 0.54	79.12± 0.21	110.82± 0.02	86.71± 2.04
t	4.990	5.180	9.891	4.028	4.221	0.035
P	0.076	0.067	0.084	0.009	0.006	0.003

2.2 两组患者干预前后的焦虑及抑郁评分比较

两组患者干预前的焦虑、抑郁评分无显著差异($P > 0.05$)。干预后,研究组患者的焦虑评分为(56.12 ± 0.91),抑郁评分为(54.71 ± 0.85);对照组患者的焦虑评分为(63.08 ± 1.02),抑郁

评分为(66.90 ± 0.88)。两组患者的焦虑及抑郁症状均获得改善,研究组显著优于对照组,差异具有统计学意义($P < 0.05$)。见表2。

表2 两组患者干预前后的焦虑及抑郁评分比较

Table 2 Comparison of SAS and SDS of patients in the two groups before and after the interventions

Group	Case	Before intervention		After intervention	
		SAS	SDS	SAS	SDS
Study group	150	65.12± 1.29	66.37± 1.30	56.12± 0.91	54.71± 0.85
Control group	150	67.03± 0.93	67.56± 1.44	63.08± 1.02	66.90± 0.88
t		6.137		9.195	
P		0.072		0.017	

3 讨论

焦虑是指个体或者集体对于一个非特异性的模糊的威胁而作出的不适或者自主神经系统激活状态的反应,是一种由紧张、忧虑、担心和恐惧等情绪交织组成的复杂情绪^[9-12]。患者处于焦虑状态是会出现全身个系统的反应,内分泌增加,神经系统亢进^[13]。手术是一种创伤性的治疗方法,会给患者带来心理负担,许多患者担心手术成败^[14]。因此,如何降低患者围手术期的焦虑心理是改善预后的关键。

心理干预针对引起患者焦虑的原因,根据患者的情况进行针对性的疏导,改变患者的认识、感受、态度和行为,增强患者的信心,减轻患者的心理负担,调动患者的积极性进而消除其焦虑^[15]。术前心理干预有利于建立良好的医患关系,让患者对医护人员产生信任感,安慰患者,帮助患者降低心理负担,增强治疗信心,鼓励患者家属给予患者安慰,使患者感到温暖,进而消除恐惧和焦虑的心理^[16]。术中心理干预能帮助患者熟悉手术环境,避免因陌生环境带来的焦虑心理,向患者说明手术注意事项,可以帮助患者以良好的心态面对手术,控制手术室的温

度和湿度,尽量使患者在环境适宜的状态下完成手术,可以减少机体刺激带来的焦虑^[7]。术后心理干预可以帮助患者缓解因身体不适带来的焦虑,帮助其术后康复,指导患者饮食,改善营养状态等^[18-20]。

本研究发现,两组患者干预前的心率和血压无显著差异($P>0.05$)。干预后,研究组患者各项指标显著优于对照组,差异具有统计学意义($P<0.05$)。结果说明,心理干预能降低老年患者心率和血压变化幅度,改善其焦虑状态。我们还发现,两组患者干预前焦虑和抑郁评分无显著差异($P>0.05$)。干预后,研究组患者焦虑及抑郁评分显著低于对照组,差异具有统计学意义($P<0.05$)。结果说明,心理干预能显著改善患者的焦虑情绪。

综上所述,心理干预可以有效缓解围术期患者的焦虑心理,降低心率和血压的变化幅度,确保手术顺利进行,值得临床应用。

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