

doi: 10.13241/j.cnki.pmb.2020.09.036

饮食习惯改善、情绪调节及睡眠干预对老年耳鸣患者生活质量及负面情绪影响*

杨花荣 袁梦凡 高 英 孙 洁 吴云娇

(延安大学附属医院耳鼻喉科 陕西 延安 716000)

摘要 目的: 探讨饮食习惯改善、情绪调节及睡眠干预对老年耳鸣患者生活质量及负面情绪影响。**方法:** 选取我院 2017 年 3 月-2019 年 3 月所收治的 120 例老年耳鸣患者,将患者按照住院号排序,取随机数字后重新排序分为研究组和对照组,每组 60 例数,其中对照组采取常规护理,研究组采取综合护理干预,包括饮食习惯改善、情绪调节及睡眠干预等。对比两组护理方案对老年耳鸣患者生活质量及负面情绪影响。**结果:** 研究组的总有效率为 93.7%,明显高于对照组的 63.3% ($P<0.05$);两组干预前焦虑自评量表(Self-Rating Anxiety Scale, SAS)、抑郁自评量表(Self-Rating Depression Scale, SDS)对比无统计学差异 ($P>0.05$),经不同干预方式,两组的心理状态都得到不同程度改善,且研究组的 SAS、SDS 评分明显低于对照组 ($P<0.05$);两组干预前生活质量评分对比无统计学差异 ($P>0.05$),而干预后,研究组的生活质量评分明显高于对照组 ($P<0.05$)。**结论:** 老年耳鸣患者的饮食、情绪及睡眠等都是不容忽视的重要影响因素,通过改善饮食习惯,调节情绪,及时干预患者睡眠,可有效改善患者的负面情绪,提升患者的生活质量,更有利于治疗。

关键词: 饮食习惯;情绪调节;睡眠干预;老年耳鸣;生活质量

中图分类号: R764.45;R47 **文献标识码:** A **文章编号:** 1673-6273(2020)09-1765-04

Effects of Dietary Habits Improvement, Mood Regulation and Sleep Intervention on Quality of Life and Negative Emotions in Elderly Patients with Tinnitus*

YANG Hua-rong, YUAN Meng-fan, GAO Ying, SUN Jie, WU Yun-jiao

(Department of Otolaryngology, Affiliated Hospital of Yan'an University, Yan'an, Shaanxi, 716000, China)

ABSTRACT Objective: To investigate the effects of dietary habits, mood regulation and sleep intervention on the quality of life and negative emotions of elderly patients with tinnitus. **Methods:** 120 elderly tinnitus patients admitted to our hospital from March 2017 to March 2019 were selected. The patients were sorted according to the hospital number. After taking the random number, they were divided into the study group and the control group, with 60 cases in each group. Among them, the patients in the control group took routine care and the patients in the study group took comprehensive care intervention, including diet habit improvement, emotional regulation and sleep intervention. To compare the effect of the two groups on the quality of life and negative emotions of the elderly patients with tinnitus. **Results:** There was statistical difference between the two groups. The total effective rate of the study group was 93.7%, significantly higher than 63.3% of the control group, with statistical significance ($P<0.05$). There was no statistical difference between the two groups in SAS and SDS scores before intervention ($P>0.05$). After different intervention methods, the psychological state of the two groups was improved to different degrees, and the patients in the study group were also improved the scores of SAS and SDS in the study group were significantly lower than those in the control group ($P<0.05$), there was no statistical difference between the two groups before intervention ($P>0.05$), but after intervention, the scores of quality of life in the study group were significantly higher than those in the control group ($P<0.05$). **Conclusion:** The diet, mood and sleep of elderly patients with tinnitus are important factors that can not be ignored. By improving eating habits, regulating emotions and promptly intervening in patients' sleep, it can effectively improve the negative emotions of patients and improve their quality of life. Conducive to treatment.

Key words: Eating habits; Mood regulation; Sleep intervention; Old-age tinnitus; Quality of life

Chinese Library Classification (CLC): R764.45; R47 **Document code:** A

Article ID: 1673-6273(2020)09-1765-04

前言

耳鸣是听觉功能紊乱的一种临床症状,即在任何声源刺激或外界电刺激情况下,患者耳内听到异常声响,并且多数患

* 基金项目:国家自然科学基金项目(81860014);延安市科研项目(2018KS_8)

作者简介:杨花荣(1973-),女,硕士研究生,主任医师,研究方向:耳鼻喉疾病,电话:13892101518, E-mail: yhrong1518@126.com

(收稿日期:2019-12-01 接受日期:2019-12-24)

者听到的响鸣音来源于颅部^[1]。耳鸣病因复杂,机制不清,主要表现为无相应的外界声源或电刺激^[2,3]。在临床上它既是许多疾病的伴发症状。耳鸣常见于中老年人群,长时间持续严重耳鸣会干扰患者的自主神经系统,影响患者的认知功能,容易产生不良心理状态,甚至阻碍人际交往,严重危害患者身心健康^[4]。耳鸣的早期治疗,3~6个月是治疗的重要时期,需要进行综合性治疗措施,比如病因、药物、心理咨询和调适、耳鸣再训练,习服疗法等^[5]。耳鸣患者随着年龄增长,耳鸣发病率也随之增长,尤其是老年耳鸣患者,会在学习、工作及生活方面有极大困扰^[6]。本研究通过对比综合护理和常规护理对老年耳鸣患者

生活质量及负面情绪的影响,综合评价饮食习惯改善、情绪调节及睡眠干预的效果。

1 资料与方法

1.1 一般资料

选取我院 2017 年 3 月 -2019 年 3 月所收治的 120 例老年耳鸣患者,随机分为研究组和对照组,每组 60 例,纳入标准:符合临床诊断标准;患者知情同意。排除标准:合并严重肝肾功能不全者;合并意识障碍、认知障碍患者。两组在性别、年龄、病程等一般资料如表 1,组间对比数据差异值 $P>0.05$,可对比。

表 1 两组一般资料对比

Table 1 Comparison of general data between the two groups

Group	Case	Sex(Male/ Female)	Age (years)	Course of disease (year)	One side	Bilateral
Research group	60	28/32	69.2±4.1	8.4±2.3	31	29
Control group	60	27/33	68.7±4.3	8.6±2.5	32	28

1.2 方法

对照组采取常规护理, 研究组患者采取综合护理干预,包括耳鸣控制护理、饮食习惯改善、情绪调节及睡眠干预等。

1.2.1 耳鸣控制护理 护理人员指导患者缓解耳鸣症状的正确方法,采取转移注意力方法,通过娱乐节目、音乐等方面掩盖耳鸣声音,可根据患者的实际情况调整声音强度。每天适当进行耳鸣适应活动,播放与耳鸣声音强度类似的声音,促使患者适应耳鸣强度,缓解患者的痛苦^[7]。鼓励患者积极参与集体活动、娱乐活动,分散患者的注意力,利用户外嘈杂声音掩盖耳鸣声。

1.2.2 饮食习惯改善 改善患者的饮食习惯,制定科学的饮食结构,进食清淡、多食易消化食物,鼓励患者多摄入维生素 E、维生素 C、微量元素食物,多食蔬菜、水果等有益于健康的食物,少食动物内脏和脂肪类食物。另外,吸烟会降低毛细血管内血氧,损伤耳内细胞,酒精会加重患者耳鸣症状,对此,需尽早戒烟戒酒,禁止饮用浓茶、酒精及咖啡等,因为咖啡、酒精等刺激性饮品会加重患者病情,禁食辛辣、刺激性食物,防止患者机体燥热过度,进而加重病情。护理人员需积极和患者交流,了解患者的饮食习惯,最大程度为患者提供其喜欢的食物,避免患者产生焦虑心理^[8]。

1.2.3 情绪调节 耳鸣患者因受疾病困扰,损害患者的身心健康,严重影响患者的日常休息,甚至影响患者的正常社会交往,导致患者性格发生改变,出现孤独、忧郁、焦虑等心理,固执,多疑,绝望,甚至产生轻生念头。对此,护理人员需综合评价患者的心理状态,需主动和患者交流,科学评估患者心理障碍,针对患者病情、认知能力、文化程度,采取恰当的沟通方式,向患者介绍耳聋发病原因及治愈可能性,积极调节患者的问题,构建和谐相处模式,及时调节患者情绪,增强患者的治疗信心,促使患者尽快适应耳鸣疾病影响,排除患者对未知事物的恐惧心理,改善患者的心理健康。

1.2.4 睡眠干预 老年耳鸣患者因受疾病困扰, 注意力不集中,会出现连续、间断的耳鸣噪音,使得患者难以忍受,影响患者的睡眠质量。轻度耳鸣患者可入睡,但无法进入深度睡眠,睡眠质量差;重度耳鸣患者多处于似睡非睡状态,难以入睡,严重

危害患者身体。对此,为患者建立良好治疗环境,保持病室安静,光线柔和,在必要的时候,调整室内色彩,给人营造一种安逸、舒适、轻松状态,可以在病房内播放柔和音乐,通过音乐掩盖耳鸣带来的影响,以促使患者入睡。如果患者难以入睡,需进行睡眠干预,引导患者转移耳鸣干扰,为患者创造良好睡眠环境,提升患者的睡眠质量^[9]。

1.3 评价标准

1.3.1 疗效评价 评估两组的治疗效果。临床症状基本消失,即治愈;临床症状明显好转,即显效;症状有所好转,即有效;症状无好转,即无效^[7]。

1.3.2 心理状态 采取焦虑自评量表 (Self- Rating Anxiety Scale, SAS)、抑郁自评量表 (Self-Rating Depression Scale, SDS) 评估两组患者干预前后心理状态^[8],分值范围 0-100 分,分值越高,代表负面情绪越严重。

1.3.3 生活质量 采取生活质量综合评定问卷 (Generic Quality of Life Inventory-74, GQOL-74) 评估两组干预前后生活质量^[9],分值范围 0-100 分,分值越高,代表生活质量越好。

1.4 统计学方法

采取 SPSS19.0,采取 $(\bar{x} \pm s)$ 表示心理状态、生活质量等计量资料,对于干预前后及组间数据采取 t 进行验证;采取百分数 (%) 表示治疗效果等计数资料,对于组间数据采取卡方进行验证, $P<0.05$ 有统计学差异。

2 结果

2.1 两组疗效对比

研究组的总有效率为 93.7%, 明显高于对照组的 63.3% ($P<0.05$)。如表 2 所示。

2.2 两组干预前后心理状态评分对比

两组干预前 SAS、SDS 评分对比无统计学差异 ($P>0.05$), 经不同干预方式,两组的心理状态都得到不同程度改善,且研究组的 SAS、SDS 评分明显低于对照组 ($P<0.05$)。如表 3 所示。

2.3 两组干预前后生活质量评分对比

两组干预前生活质量评分对比无统计学差异 ($P>0.05$),

而干预后,研究组的生活质量评分明显高于对照组($P<0.05$)。如表4所示。

表2 两组疗效对比(例,%)

Table 2 Comparison of efficacy between the two groups (n,%)

Groups	Case	Cure	Significant effect	Effective	Invalid	Total efficiency
Research group	60	14(23.3)	22(36.7)	20(33.3)	4(6.7)	56(93.7)*
Control group	60	9(15.0)	16(26.7)	13(21.7)	22(36.7)	38(63.3)

Note: Compared with the control group, * $P<0.05$.

表3 两组干预前后心理状态评分对比($\bar{x}\pm s$,分)Table 3 Comparison of psychological status scores before and after intervention in two groups($\bar{x}\pm s$, score)

Groups	Case	SAS		SDS	
		Before intervention	After intervention	Before intervention	After intervention
Research group	60	59.75 $\pm$ 9.72	36.49 $\pm$ 6.92*	58.69 $\pm$ 7.52	33.62 $\pm$ 5.72*
Control group	60	59.69 $\pm$ 9.64	47.70 $\pm$ 7.21	58.70 $\pm$ 7.48	44.31 $\pm$ 6.02

Note: Compared with the control group, * $P<0.05$.

表4 两组干预前后生活质量评分对比($\bar{x}\pm s$)Table 4 Comparison of quality of life scores before and after intervention in the two groups of patients($\bar{x}\pm s$)

Groups	Case	Before intervention	After intervention
Research group	60	62.91 $\pm$ 7.52	80.51 $\pm$ 8.72*
Control group	60	63.01 $\pm$ 7.64	70.47 $\pm$ 7.62

3 讨论

耳鸣是一种常见临床自觉症状,其发病原因多种,影响因素复杂,发病机制尚不明确,基本上所有和耳朵有关的疾病都会造成耳鸣^[10]。耳鸣病因复杂多样,主要是因条件反射造成边缘和自主神经系统持续兴奋,短暂性耳鸣往往被忽视,中西医结合治疗效果一般,并且治疗周期长,长时间、持续性、严重性耳鸣会严重降低患者的睡眠质量,难以维持日常休息,在一定程度上加重病情^[11,12]。

持续性耳鸣会造成恐惧、抑郁、焦虑、精神紧张、烦躁不安等情绪,部分患者会伴有头晕、注意力不集中等现象,严重降低患者的生活质量^[13]。尤其是老年耳鸣患者,因自身合并多种疾病,不同疾病共同作用,表现形式不一样,增加疾病诊治难度^[14]。负面情绪会加重患者耳鸣程度,致使疾病恶性循环^[15]。据相关研究表明^[16,17],老年耳鸣患者无法较好适应环境变化,容易出现抑郁、焦虑症状。再加上老年人因年龄偏大,机体各器官功能减退,耐受力低,躯体化症状明显,致使心理障碍,加重耳鸣,进而引发一系列心理障碍,甚至发展为精神抑郁,对此,需充分重视患者的心理,促使患者正确面对疾病发生、发展,积极配合治疗,确保情绪稳定性^[18,19]。

老年耳鸣患者的心理健康及生活质量都会受到一定影响。传统的护理是以疾病为出发点,难以适应患者的需求^[20]。据相关文献表明^[21],老年耳鸣患者容易产生焦虑、易怒等心理,实施有效护理干预,缓解患者的不良情绪,增强治疗效果,提升患者的满意度。综合护理干预是以患者为中心,从患者角度出发,优化常规护理,针对患者的实际情况,结合疾病特征,制定个性化、有效的护理方案,通过耳鸣控制护理,增强患者

对疾病的认知护理,积极控制耳鸣症状,同时促使患者适应耳鸣^[22,23];改善饮食习惯,促使患者保持良好的饮食习惯,增强患者的抵抗力,避免不良食物加重病情^[24];调节情绪可较好缓解患者的各种负面情绪及心理问题,积极配合治疗,提升治疗效果,睡眠干预促使患者保持良好睡眠状态,减轻耳鸣干扰,提升患者的睡眠质量^[25,26]。

通过本次研究结果显示,两组患者干预前均出现了抑郁、焦虑心理状况,经不同护理干预后,研究组患者的心理状态明显优于对照组,由此充分证实老年耳鸣患者采取综合护理干预,改善饮食习惯,调节情绪,干预睡眠,具有良好的临床价值^[27,28]。而注意力不集中、睡眠障碍、负面情绪、社交活动受限等都影响患者的生活质量,通过对老年耳鸣患者实施针对性干预措施,可缓解患者的精神压力,帮助患者适应耳鸣疾病,最大限度降低疾病对生活质量的负面影响^[29,30]。从本次研究数据上看,研究组患者干预后的生活质量评分明显高于对照组,差异明显,具有临床对比价值。由此证实,综合护理干预对提高患者生活质量具有显著效果。另外,研究组患者的治疗效果明显优于对照组,由此进一步证实,饮食习惯改善、情绪调节及睡眠干预对老年耳鸣患者的重要价值。

综上所述,老年耳鸣患者的饮食、情绪及睡眠等都是不容忽视的重要影响因素,通过改善饮食习惯,调节情绪,及时干预患者睡眠,可培养患者良好的饮食习惯,帮助患者转移因疾病给生活所带来的负面影响,有效改善患者的负面情绪,提升患者的生活质量,更有利于治疗,有助于患者早日康复,安度晚年。

参考文献(References)

- [1] Sekiya K, Takahashi M, Murakami S, et al. Broadened

- population-level frequency tuning in the auditory cortex of tinnitus patients[J]. *Journal of Neurophysiology*, 2017, 117(3): 1379-1384
- [2] Kreuzer PM, Vielsmeier V, Poepl TB, et al. A Case Report on Red Ear Syndrome with Tinnitus Successfully Treated with Transcranial Random Noise Stimulation[J]. *Pain Physician*, 2017, 20(1): E199
- [3] Carlstrom LP, Van Abel KM, Carlson ML, et al. Occult infratemporal fossa neurofibroma presenting with persistent unilateral tinnitus and middle ear effusion: More than meets the eye [J]. *Am J Otolaryngol*, 2016, 38(2): 251-253
- [4] Shim HJ, An YH, Dong HK, et al. Comparisons of auditory brainstem response and sound level tolerance in tinnitus ears and non-tinnitus ears in unilateral tinnitus patients with normal audiograms [J]. *Plos One*, 2017, 12(12): e0189157
- [5] Ylikoski J, Lehtimäki J, Pirvola U, et al. Non-invasive vagus nerve stimulation reduces sympathetic preponderance in patients with tinnitus[J]. *Acta Oto-Laryngologica*, 2017, 137(4): 426-431
- [6] Chen YC, Xia W, Chen H, et al. Tinnitus distress is linked to enhanced resting-state functional connectivity from the limbic system to the auditory cortex[J]. *Human Brain Mapping*, 2017, 38(5): 2384-2397
- [7] Hall DA, Fackrell KL, Li AB, et al. A narrative synthesis of research evidence for tinnitus-related complaints as reported by patients and their significant others[J]. *Health Qual Life Outcomes*, 2018, 16(1): e61
- [8] Massimo R, Paola BM, Antonio G, et al. Work-Related Noise Exposure in a Cohort of Patients with Chronic Tinnitus: Analysis of Demographic and Audiological Characteristics [J]. *Int J Environ Res Public Health*, 2017, 14(9): 1035-1037
- [9] Galazyuk AV, Voytenko SV, Longenecker RJ. Long-Lasting forward Suppression of Spontaneous Firing in Auditory Neurons: Implication to the Residual Inhibition of Tinnitus [J]. *J Assoc Res Otolaryngol*, 2017, 18(2): 343-353
- [10] Tan Yong, Shen Shanshan, Guan Fulan, et al. Exploring pathogenesis in subjects with subjective Tinnitus having kidney deficiency pattern in terms of Traditional Chinese Medicine based on serum metabolic profiles[J]. *Journal of Traditional Chinese Medicine*, 2018, 38(5): 117-124
- [11] Stockdale D, McFerran D, Brazier P, et al. An economic evaluation of the healthcare cost of tinnitus management in the UK[J]. *BMC Health Serv Res*, 2017, 17(1): e577
- [12] Tyler R, Cacace A, Stocking C, et al. Vagus Nerve Stimulation Paired with Tones for the Treatment of Tinnitus: A Prospective Randomized Double-blind Controlled Pilot Study in Humans[J]. *Sci Rep*, 2017, 7(1): e11960
- [13] Ralli M, Greco A, Turchetta R, et al. Somatosensory tinnitus: Current evidence and future perspectives [J]. *Journal of International Medical Research*, 2017, 45(3): 933-947
- [14] Guest H, Munro KJ, Prendergast G, et al. Tinnitus with a normal audiogram: Relation to noise exposure but no evidence for cochlear synaptopathy[J]. *Hearing Research*, 2017, 344(23): 265-274
- [15] Keppler H, Degeest S, Dhooge I. The relationship between tinnitus pitch and parameters of audiometry and distortion product otoacoustic emissions[J]. *J Laryngol Otol*, 2017, 131(11): 1017-1025
- [16] Taylor JA, Hall DA, Dawn-Marie Walker. A psychologically informed, audiologist-delivered, manualised intervention for tinnitus: protocol for a randomised controlled feasibility trial (Tin Man study) [J]. *Pilot and Feasibility Studies*, 2017, 3(1): 24-26
- [17] Raj-Koziak D, Gos E, Rajchel J, et al. Tinnitus and Hearing Survey: A Polish Study of Validity and Reliability in a Clinical Population[J]. *Audiology and Neurotology*, 2017, 22(4-5): 197-204
- [18] Skarzynski PH, Raj-Koziak D, Rajchel J, et al. Adaptation of the Tinnitus Handicap Inventory into Polish and its testing on a clinical population of tinnitus sufferers[J]. *International Journal of Audiology*, 2017, 56(10): 711-715
- [19] Berthold L, Michael L, Winfried S, et al. Different Patterns of Hearing Loss among Tinnitus Patients: A Latent Class Analysis of a Large Sample[J]. *Frontiers in Neurology*, 2017, 8(46): 123-125
- [20] Markus H, Hall DA. Evaluation of the Acoustic Coordinated Reset (CR®) Neuromodulation Therapy for Tinnitus: Update on Findings and Conclusions[J]. *Frontiers in Psychology*, 2017, 7(8): e1893
- [21] Emmert K, Kopel R, Koush Y, et al. Continuous vs. intermittent neurofeedback to regulate auditory cortex activity of tinnitus patients using real-time fMRI-A pilot study [J]. *NeuroImage: Clinical*, 2017, 14(25): 97-104
- [22] Demirkol N, Usumez A, Demirkol M, et al. Efficacy of Low-Level Laser Therapy in Subjective Tinnitus Patients with Temporomandibular Disorders [J]. *Photomedicine and Laser Surgery*, 2017, 35(8): 427-431
- [23] Marie W, Therese O, Gustaityte LD. Acoustic Coordinated Reset Neuromodulation: A Systematic Review of a Novel Therapy for Tinnitus[J]. *Front Neurol*, 2017, 8(12): e36
- [24] Winfried S, Hall DA, Barbara C, et al. Innovations in Doctoral Training and Research on Tinnitus: The European School on Interdisciplinary Tinnitus Research (ESIT) Perspective[J]. *Frontiers in Aging Neuroscience*, 2018, 9(18): e447
- [25] Wu D, Zheng Y, Chen Z, et al. Further validation of the Chinese (Mandarin) Tinnitus Handicap Inventory: comparison between patient-reported and clinician-interviewed outcomes [J]. *International Journal of Audiology*, 2018, 57(6): 440-448
- [26] Beukes, Eldré W, Manchaiah V, Baguley DM, et al. Process evaluation of Internet-based cognitive behavioural therapy for adults with tinnitus in the context of a randomised control trial [J]. *International Journal of Audiology*, 2017, 57(2): 98-109
- [27] Lidin, Matthias, Ekblom-Bak, Elin, Rydell Karlsson, Monica, et al. Long-term effects of a Swedish lifestyle intervention programme on lifestyle habits and quality of life in people with increased cardiovascular risk[J]. *Scand J Public Health*, 2017, 46(6): 613-622
- [28] Angelhoff C, Blomqvist YT, Sahlén Helmer C, et al. Effect of skin-to-skin contact on parents' sleep quality, mood, parent-infant interaction and cortisol concentrations in neonatal care units: study protocol of a randomised controlled trial[J]. *Bmj Open*, 8(7): e021606
- [29] Jahangiry L, Montazeri A, Najafi M, et al. An interactive web-based intervention on nutritional status, physical activity and health-related quality of life in patient with metabolic syndrome: a randomized-controlled trial (The Red Ruby Study)[J]. *Nutrition & Diabetes*, 2017, 7(1): e240
- [30] Blake M, Schwartz O, Waloszek JM. The SENSE Study Treatment Mechanisms of a Cognitive Behavioral and Mindfulness-Based Group Sleep Improvement Intervention for At-Risk Adolescents [J]. *Sleep*, 2017, 40(6): 1-11