心理治疗对支气管肺癌患者化疗依从性的影响

王媛媛 张鹏霞 胡绍辉 李 丹 胡川川

(解放军总医院呼吸科 北京 100853)

摘要 目的:探讨心理治疗对支气管肺癌患者化疗依从性的影响。方法:本院收治的支气管肺癌患者 80 例,随机分为对照组和观察组。对照组进行化疗的支气管肺癌患者采用常规专业护理措施。观察组:在对照组常规专业护理措施的同时,患者行心理治疗措施。结果:观察组满意度高于对照组;观察组的依从性优于对照组。结论:心理治疗不但可以提高支气管肺癌患者在化疗期间的满意度;而且可以提高支气管肺癌患者对化疗的依从性。

关键词:心理治疗;支气管肺癌;化疗;依从性;满意度

中图分类号:R734.2 **文献标识码**:A **文章编号**:1673-6273(2012)08-1544-03

Psychotherapy Influence on Chemotherapy Compliance of Bronchial Lung Cancer Patients

WANG Yuan-yuan, ZHANG Peng-xia, HU Shao-hui, LI Dan, HU Chuan-chuan

(Respiratory department of people's Liberation Army General Hospital, Beijing, 100853, China)

ABSTRACT Objective: To explore the influence of psychotherapy on chemotherapy compliance of bronchial lung cancer patients. Methods: 80 cases of patients with Bronchial lung cancer were divided into observation group and control group. Patients in control group treated by chemotherapy were given conventional nursing measures, while patients in observation group were given conventional nursing measures plus psychotherapy. Results: The observation group had a higher satisfaction than the control group. Compliance of the observation group was also better than the control group. Conclusion: Psychotherapy can improve satisfaction of lung cancer patients in chemotherapy period. It also can improve the patients' compliance to chemotherapy.

Key words: Psychotherapy; Bronchial Lung Cancer; Chemotherapy; Complianc; Degree of satisfaction

Chinese Library Classification(CLC): R734.2 Document code: A

Article ID:1673-6273(2012)08-1544-03

肺癌,亦称支气管肺癌,是最常见的肺原发性恶性肿瘤,绝大多数起源于支气管粘膜上皮,可向支气管腔内或临近的肺组织生长,并可通过淋巴血行或经支气管转移扩散。化疗是目前的主要治疗方法[1],但由于化疗药物的毒副作用及其他的一些因素,肺癌患者的化疗依从性较差,甚至影响化疗的顺利进行。本研究中,笔者观察了心理治疗对支气管肺癌患者化疗依从性的影响。现报道如下。

1 对象和方法

1.1 研究对象

选择 2009 年 -10 月至 2011 年 10 月本院收治的支气管肺癌患者 80 例(男 55 例 / 女 25 例),年龄 51~78 岁,按就诊顺序随机分成观察组和对照组两组。观察组 40 例(男 28 例 / 女 12 例),平均年龄(63.9±7.8)岁;对照组 40 例(男 27 例 / 女 13 例),平均年龄(64.2±6.7)岁。两组支气管肺癌患者一般资料差异不显著(P>0.05),具有可比性。

1.2 方法

两组支气管肺癌患者均进行化疗。①对照组:进行化疗的支气管肺癌患者采用常规专业护理措施[2-4]。②观察组:在对照组常规专业护理措施的同时,患者行心理治疗措施:①护士要以高度的同情心和责任心,努力为支气管肺癌患者创造一个温暖和谐的修养环境,室内保持充足光线、必要的背景音乐。②护士要及时开导支气管肺癌病人的情绪,主动向患者介绍病情好转的信息。③护士要语言亲切,态度诚恳,鼓励支气管肺癌病人说出自己的心理感受。④护士对支气管肺癌病人的心理特点制定出合理的、科学的心理护理计划,并定期行常规的心理护理;同时医生每天坚持与患者交流一段时间。⑤向支气管肺癌病人提供报纸、杂志、电视等,鼓励患者阅读、看电视或从事其感兴趣的活动等,转移注意力。⑥根据支气管肺癌病人情况适当给予安慰剂,非甾体类或吗啡类止痛药物等。

1.3 效果评价

采用李克特量问卷调查表支气管肺癌病人的满意度:即分别对 5 级态度“很满意(Very satisfied)、满意(Satisfied)、一般(General)、不满意(Dissatisfied)、很不满意(Very dissatisfied)”赋予“5,4,3,2,1”的值,让患者及其家属打分[5]。依从性的划分标准参考文献[6]制定:①依从性好(Good compliance):支气管肺癌病人完全接受医生制定的治疗方案、剂量,完成完整治疗过程,疗程够,完全配合各项护理措施。②部分依从(Partial compliance):部分支气管肺癌病人接受医生制定的治疗方案、剂量,不定时治疗,对护理措施部分配合。③不依从(Compliance is not

作者简介:王媛媛(1982-),女,本科,护师,研究方向:阻塞性肺疾病,电话:15801525125

(收稿日期:2011-11-27 接受日期:2011-12-23)

good)：支气管肺癌病人偶尔或病情加重时治疗，对化疗中出现的反应和副作用不理解，不配合医护工作。

1.4 统计学方法

本组数据采用 SPSS 13.0 统计学软件进行分析处理。组间比较采用 X^2 检验或 t 检验。以 P<0.05 表示差异有显著意义。

2 结果

两组支气管肺癌病人对护理满意度的比较见表 1：心理治疗可提高支气管肺癌患者在化疗期间的满意度。两组支气管肺癌病人对化疗依从性的比较见表 2：心理治疗可提高支气管肺癌患者对化疗依的依从性。

表 1 两组患者的满意度评价 [n(%)]

Table 1 Evaluation of satisfaction of patients in two groups [n(%)]

Groups	n	Very satisfied	Satisfied	General	Dissatisfied	Very dissatisfied	The total satisfaction rate
The control group	40	16(40.00)	18(45.00)	5(12.50)	1(2.50)	0(0.00)	34(85.00)
The observation group	40	4(10.00)	17(42.50)	14(35.00)	3(7.50)	2(5.00)	21(52.50)
X^2		9.600	0.051	5.591	0.263	0.513	9.834
P		<0.01	>0.05	<0.05	>0.05	>0.05	<0.01

表 2 两组依从性的比较[n(%)]

Table 2 Comparison of compliance in two groups[n(%)]

Groups	The control group		The observation group	
	before treatment	After treatment	before treatment	After treatment
Good compliance	14(35.00)	12(30.00)	15(37.50) *	21(52.50) #
Partial compliance	16(40.00)	19(47.50)	15(37.50) *	17(42.50)
Compliance is not good	10(25.00)	9(22.50)	10(25.00) *	2(5.00) #

Note：vs before treatment，*P>0.05；vs the control group，#P<0.05.

3 讨论

肺癌是世界范围内最常见的恶性肿瘤之一[7]，在我国也已经成为城市肿瘤死亡率最高的恶性肿瘤，目前多采用以化疗为主的综合治疗。虽然化疗方式多样[8-13]，但是化疗效果的差强人意、本身的毒性及肺癌病人的高症状负荷，使得该部分患者一直有较高的流失率，依从性也很差。陈裴裴[14]回顾分析 50 例原发性支气管肺癌患者进行化疗前所签署的知情同意书进行评估，再根据知情程度分组分别进行配合治疗的调查，结果认为医护人员应适当把握“告知度”，让患者对自己病情有一定的了解，帮助患者取得最佳心理状态，配合化学治疗，可达到最好的治疗效果。郭素辰等[15]研究心理护理对贫困山区肺癌患者化疗不良反应的影响，结果认为对贫困山区肺癌化疗患者进行个体化系统的心理护理，明显减少了化疗患者的不良反应，提高了患者满意度。

满意是一种心理状态，是患者的需求被满足后的愉悦感，是患者对服务的事前期望与实际使用产品或服务后所得到实际感受的相对关系，满意度目前常用来评价患者对护理质量的满足感[16-18]。依从性是指病人按医生规定进行治疗、与医嘱一致的行为，习惯称病人“合作”；反之则称为非依从性，病人对于具体用药的依从性，即为该具体药物的依从性，而病人的依从性则即病人依从治疗计划的程度，依从性也常用来评价护理服务质量[19-20]。本研究中，笔者在对照组进行化疗的支气管肺癌患者采用常规专业护理措施。观察组在对照组常规专业护理措施的同时，患者行心理治疗措施。结果观察组满意度明显高于对照组，而且观察组的依从性也明显优于对照组。提示心理治疗不但可以提高支气管肺癌患者在化疗期间的满意度，而且可以提高支气管肺癌患者对化疗依的依从性。

参考文献 (References)

[1] 张俊英. 肺癌患者化疗的健康教育及护理 [J]. 国医论坛, 2011, 26 (01): 37-37

Zhang Jun-ying. In lung cancer patients with chemotherapy and nursing health education [J]. Forum on Chinese medicine, 2011, 26 (01): 37-37

[2] Kitzrow C.Photodynamic therapy for bronchial and esophageal tumors. Perioperative implications[J]. AORN J, 1992, 56(1):72

[3] 黄秋芬. 老年肺癌患者放化疗期间并发症的护理[J].咸宁学院学报(医学版)，2011，25(05)：455-456

Huang Qiu-fen. For elderly patients with lung cancer chemotherapy complications during nursing [J]. Journal of Xianning University (Medical Science Edition), 2011, 25 (05): 455-456

[4] 张春艳.肺癌化疗患者的护理[J].中国医药指南, 2011, 9(31)：427-428

Zhang Chun-yan. Nursing care of patients with lung cancer chemotherapy [J]. China medicine guide, 2011, 9 (31):427-428

[5] 汪建国, 王巧云, 杨建. 心理干预对阻塞性睡眠呼吸暂停综合征患者的意义[J]. 现代生物医学进展, 2009, 9(12):2319-2321

Wang Jian-guo, Wang Qiao-yun, Yang Jian. Psychological intervention for obstructive sleep apnea syndrome patients [J]. Progress in modern biomedicine, 2009, 9 (12):2319-2321

[6] 倪秉强, 张志红, 郑良成, 等. 综合心理干预在老年晚期非小细胞肺癌化疗中的应用研究[J]. 徐州医学院学报, 2009, 29(06):369-372
Ni Bing-qiang, Zhang Zhi-hong, Zheng Liang-cheng, et al. Comprehensive mental intervention in elderly patients with advanced non small cell lung cancer chemotherapy application [J]. Journal of Xuzhou Medical College, 2009, 29 (06):369-372

[7] 孙玲玲, 林丽珠. 益气除痰法治疗肺癌理论探讨及临床应用 [J]. 中医研究, 2011, 24(10):1-3
Sun Ling-ling, Lin Li-zhu. Invigorating qi and removing the phlegm method in treatment of lung cancer on the theory and clinical application [J]. Traditional Chinese medicine research, 2011, 24(10):1-3

[8] Matsumoto A, Enomoto T, Muroya Y, et al. Pulmonary non-tuberculous mycobacteriosis (Mycobacterium intracellulare) with cavities developing in a non-small cell lung cancer patient during chemotherapy[J]. Nihon Kokyuki Gakkai Zasshi, 2010, 48(8):609-613

[9] Yan D, Zhou CW, Liu DZ, et al. Evaluation of the efficacy of bronchial arterial infusion chemotherapy for the treatment of central non-small cell lung cancer [J]. Zhonghua Zhong Liu Za Zhi, 2011, 33 (4): 302-304

[10] Tomuleasa C, Kacso G, Soritau O, et al. The fundamental mechanisms of metastatic spread and chemotherapy resistance in lung cance [J].Pneumologia, 2011, 60(2):99-103

[11] Zhu H, Zhou X, Wang C.Radiation-induced sarcoma in bronchial stump after thoracic radiation therapy for small-cell lung cancer[J].J Cancer Res Ther, 2011, 7(2):198-200

[12] Zhao G, Huang Y, Ye L, et al. Therapeutic efficacy of Traditional Vein Chemotherapy and Bronchial Arterial Infusion Combining with CIKs on III Stage Non-small Cell Lung Cancer [J]. Zhongguo Fei Ai Za Zhi. 2009,12(9):1000-1004

[13] Ng T, Birnbaum AE, Fontaine JP, et al. Pneumonectomy after neoadjuvant chemotherapy and radiation for advanced-stage lung cancer [J]. Ann Surg Oncol, 2010, 27(2):476- 482

[14] 陈裴裴.肺癌患者知情程度对化疗配合的影响[J].中华现代护理杂志,2010,16(01):59-61
Chen Pei Pei. Lung cancer patients on chemotherapy combined with the effects of knowledge [J]. The Chinese Journal of modern nursing, 2010, 16(01):59-61

[15] 郭素辰, 张贵玲, 王志芹, 等. 心理护理对贫困山区肺癌患者化疗不良反应的影响[J]. 护理实践与研究, 2011, 8(01):111-112
Guo Suchen, Zhang Guiling, Wang Zhiqin, and so on. Psychological nursing on poor mountain in lung cancer patients with adverse effects of chemotherapy [J]. Nursing practice and research, 2011, 08 (01): 111-112

[16] Faller MS, Gates MG, Georges JM, et al.Work-related burnout, job satisfaction, intent to leave, and nurse-assessed quality of care among travel nurses[J].J Nurs Adm, 2011, 41(2):71-77

[17] Abad-Corpa E, Meseguer-Liza C, Martí nez-Corbalá n JT, et al. Descriptive study of nursing-sensitive outcomes in oncohematological patients and nursing interventions [J]. Enferm Clin,2009,19 (4): 184-190

[18] Galimany-Masclans J, Garrido-Aguilar E, Girbau-Garcí a MR, et al. New technologies and nursing: use and perception of primary healthcare nurses about electronic health record in Catalonia Spain[J]. Telemed J E Health, 2011,17(8):635-639

[19] Lam SC.Universal to standard precautions in disease prevention:preliminary development of compliance scale for clinical nursing[J].Int J Nurs Stud, 2011, 48(12):1533-1539

[20] Revello K, Fields W.A performance improvement project to increase nursing compliance with skin assessments in a rehabilitation unit[J]. Rehabil Nurs, 2012, 37(1):37- 42

(上接第 1543 页)

[11] 杨思敏, 陈媛, 陈文祥, 等. 创伤患者急性肾功能损伤诊断与治疗[J]. 现代生物医学进展, 2011, 11(1): 3476-3479
Yang Si-min, Chen Yuan, Chen Wen-yang, et a1. Acute Kidney Injury after Trauma: Prevalence, Clinical Characteristics and Outcome[J]. Progress in Modern Biomedicine, 2011, 11(1): 3476-3479 (In Chinese)

[12] Vignali C, Lonzi S, Bargellini I, et a1. Vascular injuries after percutaneous renal procedures: treatment by transcatheter embolization [J]. Eur Radiol, 2004, 14(4):723-729

[13] Kitase M, Mizutani M, Tomita H, et a1. Blunt renal trauma:comparison of contrast-enhanced CT and angiographic findings and the usefulness of transcatheter arterial embolization[J].Vasa, 2007, 36:108-l13

[14] Mackie S, Lam T, Rai B, et a1. Management of urological hemorrhage and the role of transarterial angioembolization [J] . Minerva Med, 2007, 98:511-524

[15] Sommer CM, Stampfl U, Belemann N, et a1. Patients with life-threatening arterial renal hemorrhage: CT angiography and catheter angiography with subsequent superseleetive embolization[J]. Cardiovasc Intervent. Radiol, 2010, 33(3):498-508

[16] 罗剑渊,王家平,李迎春, 等. 超选择性肾动脉栓塞治疗严重肾出血的疗效评价[J]. 介入放射学杂志, 2010, 19 (3):188-190
Luo Jian-yuau, Wang Jia-ping, Li Ying-chun, et a1. The clinical value of super-selective renal arterial embolization for severe renal hemorrhage[J]. Journal of Interventional Radiology, 2010, l9(3):188-190 (In Chinese)

[17] Fargeaudou Y, le Dref O, Soyer P, et a1. Life-threatening intra-abdominal hemorrhage from left superior colonic artery pseudoaneurysm after percutaneous renal biopsy: successful treatment with superselective arterial embolization [J]. Clin Imaging, 2009, 33(6): 474-477

[18] Benson DA, Stockinger ZT, McSwain NE Jr. Embolization of an acute renal arteriovenous fistula following a stab wound: case report and review of the literature [J]. Am Surg, 2005, 71(1): 62-65

[19] Jain V, Ganpule A, Vyas J, et a1. Management of non-neoplastic renal hemorhage by transarterial embolization[J]. Urology, 2009, 74:522-526

[20] Baumann C, Westphalen K, Fuchs H, et a1. Interventional management of renal bleeding after partial nephreetomy[J]. Cardiovasc Intervent Radiol, 2007, 30: 828-832