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认知疗法联合舍曲林治疗产后抑郁症患者的临床疗效研究 *

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摘要 目的：探讨认知疗法合并舍曲林治疗产后抑郁症患者的临床疗效。**方法：**将本院 2011 年 10 月至 2012 年 7 月收治的 76 例产后抑郁症患者按随机数字表法分为认知疗法合并舍曲林治疗组(试验组，38 例)和舍曲林单独治疗组(对照组，38 例)，进行临床随机双盲对照试验，采用 17 项汉密尔顿抑郁量表 (Hamilton Depression Rating Scale，HAMD)、临床整体量表 - 疗效总评估量表 (Clinical Global Impression，CGI) 评价和比较两组的临床疗效。**结果：**(1) 试验组的有效率显著高于对照组，差异有统计学意义 [92.11 % vs 81.58 %)，P<0.01]，试验组第 2、3 阶段的临床有效率均显著高于对照组，差异有统计学意义(P<0.05)。(2) 与治疗前相比，两组患者治疗后的 HAMD、CGI-SI 总分均降低，差异有统计学意义(P<0.01)；治疗第 1、2、3 阶段，试验组 HAMD、CGI-SI 减分值均显著高于对照组，差异有统计学意义(P<0.05)。**结论：**认知疗法联合舍曲林治疗产后抑郁症的短期治疗内疗效显著优于舍曲林单独治疗。

关键词：认知行为疗法；舍曲林；产后抑郁症；临床疗效

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Research on the Clinical Effect of Cognitive Behavioral Therapy Combined with Sertralin on the Postpartum Depression*

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ABSTRACT Objective: To investigate the clinical effect of cognitive behavioral thempy (CBT) combined with Sertralin and single Sertralin on the postpartum depression. **Methods:** 76 cases of ostpartum depression patients hospitalized from October 2011 to July 2012 were enrolled and divided into the cognitive behavioral thempy combined with Sertralin treated group (experimental group, n=38) and Sertralin treated group (control group, n=38) by the method of the random number table. Clinical randomized double blind control test was performed and 17-item Hamilton Depression Rating Scale (HAMD) and Clinical Global Impression (CGI). We used to evaluate and compare the clinical effect between two groups. **Results:** (1) The effective rate in the experimental group was significantly higher than that in the control group [(92.11 % vs 81.58 %), P<0.01]. The curative effects in the second and thirdly phase of the experimental group were significantly better than those of the control group (P<0.05). (2) Compared with prior-treatment, the HAMD and CGI-SI scores of patients were decreased significantly post-treatment (P<0.01). The reductive score value of HAMD and CGI-SI of experimental group during three phase were significantly better than thoseof the control group (P<0.05). **Conclusion:** Cognitive behavioral therapy combined with Sertralin was superior to single Sertralin in short-term treatment.of postpartum depression.

Key words: Cognitive behavioral therapy; Sertralin; Postpartum depression (PPD); Clinical effect

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前言

产后抑郁症(postpartum depression，PPD)是指产妇在产褥期内出现抑郁症状，表现为一定的认知功能障碍，对产妇及患儿身心健康均可产生不良影响[1,2]。认知行为疗法对抑郁症有效[3,4]，有研究表明，采用认知疗法联合药物治疗具有良好疗效[5,6]，近年来国内外主要应用较广的短期教育性精神动力学心理治疗方法梅肯鲍姆认知行为疗法(CBT)[7]。舍曲林作为新型 SSRI 类抗抑郁药，在国内外已应用数年，且疗效肯定[8]。但认知疗法联合舍曲林治疗产后抑郁症的疗效未见报道。本研究旨在探讨认知疗法联合舍曲林治疗产后抑郁症患者的疗效，以便为产后抑郁症患者早期治疗、康复、预后提供客观的临床依据。

1 对象与方法

1.1 研究对象

本研究经医院伦理委员会批准，选择本院 2011 年 10 月至 2012 年 7 月住院确诊的产后抑郁症患者。入组标准：(1) 符合《中国精神障碍分类与诊断标准》第 3 版产后抑郁发作标准；(2)

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近 2 周未进行抗抑郁治疗或服用其他精神类药物;(3) 患者合作,裸视或矫正视力达到正常;(4)受试者和(或)监护人知情同意并签署同意书。排除标准:(1)脑血管病、其他脑部疾病、重大躯体疾病或其他精神障碍者;(2)使用精神活性物质史者;(3)有严重的自杀倾向。

符合入组标准的患者共 76 例,年龄 22～35 岁,17 项汉密尔顿抑郁量表(Hamilton Depression Rating Scale,HAMD)评分总分 25～43(29 ± 5)分。按随机数字表方法分为认知行为疗法合并舍曲林治疗组 38 例(试验组),平均(26.9 ± 3.5)岁;平均受教育达(14.8 ± 4.6)年,病程 2～24(10 ± 4)周,HAMD-17 总分 25～42(30 ± 6)分;舍曲林治疗组 38 例(对照组),平均(26.1 ± 3.3)岁;平均受教育达(13.9 ± 5.1)年,病程 2～24(11 ± 5)周,HAMD-17 总分 24～42(30 ± 4)分。两组在年龄、教育程度、病程方面无显著性差异(P>0.05),具有可比性。

1.2 方法

1.2.1 药物治疗 使用舍曲林胶囊(每粒 50 mg)治疗,起始剂量 50 mg/d,剂量 50～150 mg/d,早餐后服用,有睡眠障碍者可酌情短期合并小剂量苯二氮卓类药,不合并使用其他抗抑郁药。

1.2.2 CBT 技术 Donald Meichenbaum 的 CBT 的具体程序[7]:①通过角色扮演和想象使患者面临一种可以引发焦虑抑郁的情景;②要求患者评价他们的焦虑抑郁水平;③教给患者察觉那些他们在压力情景下产生的引发焦虑抑郁的认识;④帮助患者通过重新评价自我陈述来检查这些想法;⑤让患者注意重新评价后的焦虑抑郁水平。6 周为 1 疗程,分 3 个阶段,每阶段 2 周,每周 2 次,每次时间 45 min。第 1 阶段:建立工作关系,采用开放式的方法记录自己的具体想法、情感和行为,通过教学呈现,苏格拉底式询问和有引导的自我发现教导患者觉察自己的内部陈述,并且监控这一内部对话带来的适应不良行为。第 2 阶段:采用认知应对训练,教给患者各种行为和认知应对技术,通过学习,患者认识到不良情绪与适应不良的行为都是与他们的内部对话相联系的,使他们获得和复述一种新的自我陈述。此阶段患者还接受各种不同的行为干预,包括放松训练、社会技能训练、自我指导训练。第 3 阶段:实践新的自我陈述,引导患者将熟练掌握的各种认知和行为应对技能迁移到现实生活,并开始练习难度逐步提高的行为家庭作业,为疗程之后的 3 个月、6 个月、12 个月的后续和加强治疗作准备。

1.3 疗效评定标准

治疗前完成 HAMD-17、CGI-SI 作为基线评定,并于 2、4、6 周各评定一次。主要疗效评定标准:HAMD 减分率≧75 %为痊愈,≧50 %为显著进步,≧25 %为进步,＜25 %为无效。总有效率 = (痊愈 + 显著进步 + 进步)/ 总例数,次要疗效评定指标为 CGI-SI 评分。

1.4 统计学方法

所有统计计算均在 SPSS17.0 统计软件包中进行,用 t 检验分析两组患者的年龄、教育程度、病程差异,两组药物治疗前后 HAMD 总分及减分差异和 CGL 评分;用方差分析治疗阶段间的 HAMD 减分差异和 CGL 评分;用 X^2 检验疗效比较,检验水准为 α= 0.05。

2 结果

2.1 两组患者的临床疗效比较

试验组的治疗有效率(92.11 %)显著高于对照组(81.58 %),差异有统计学意义(P<0.01),且第 2、3 阶段试验组的总有效率均显著高于对照组(P<0.01),见表 1。

表 1 两组患者的临床疗效比较[例数(%)]

Table 1 Comparison of the clinical effect between two groups[case (%)]

Group	Case	Course of treatment	Recovery	Remarkable progress	Progress	Ineffectiveness
Experimental group	38	First stage	2 (5.27)[a]	1 (2.63)	6 (15.78)	29 (76.32)
		Second stage	6 (15.79)[a]	5 (13.16)[a]	19 (50.00)	8 (21.05)[a]
		Third stage	18 (47.37)[a]	12 (31.58)[a]	5 (13.16)[a]	3 (7.89)[a]
Control group	38	First stage	0	0	6 (15.79)	32 (84.21)
		Second stage	3 (7.89)	4 (10.53)	20 (52.63)	11 (28.95)
		Third stage	12 (31.58)	10 (26.32)	9 (23.68)	7 (18.42)

*** 注:与对照组相比,[a]P < 0.05。**

*Note: Compared with the control group, [a]P < 0.05.

2.2 两组治疗前后 HAMD 和 CGI-SI 评分的比较

与治疗前相比,两组患者治疗后的 HAMD、CGI-SI 总分均显著降低(P<0.01)。随着治疗疗程的增加,两组 HAMD、CGI-SI 减分也显著增加(P<0.05)。治疗第 1、2、3 阶段,试验组 HAMD、CGI-SI 减分均显著高于对照组(P<0.05),见表 2。

3 讨论

20 世纪 80 年代以来,PPD 在国际上受到普遍关注,PPD 是在产褥期内出现抑郁症状,是产褥期精神综合征中最常见的一种精神疾患。近 40 余年来,心理治疗中的短程精神动力学在精神疾病患者康复治疗中已得到广泛应用[9-11],梅肯鲍姆发展的 CBT 技术是对 Beck 的认知心理治疗方法的延续及改良,不仅从理论基础上加以发展,而且在时间上进行了改进[12-14]。本研究结果提示产后抑郁患者受损更多的偏向于一种状态性受损,即可能是处于一种抑郁症与健康之间的一种亚健康状态,这种亚健康是更多的是一种可塑性受损。而 CBT 技术与药物的联合使用,相互作用机制,促进了药物对产后抑郁患者的神经环路的修复,提高了神经元的再生能力,所以 CBT 技术可能是药物治疗的一种“催化剂”,即提高疗效缩短治疗时间的关键所在[6,15]。Meicheabaum 的 CBT 技术主要是把患者的适应性认知作

表 2 两组患者治疗前后 HAMD、CGI-SI 减分值的比较(分,$\bar{x} \pm s$)

Table 2 Comparison of the HAMD and CGI-SI reduction score between two groups before and after treatment (score, $\bar{x} \pm s$)

Items	Group	Case	First stage	Second stage	Third stage
HAMD	Experimental group	38	11.24 ± 3.12	18.36 ± 5.31	24.80 ± 6.68
	Control group	38	8.95 ± 2.71	13.54 ± 4.85	19.58 ± 5.73
t			2.11	3.01	3.84
P			0.043	0.033	0.024
CGI-SI	Experimental group	38	2.21 ± 1.20	3.11 ± 1.24	3.87 ± 1.62
	Control group	38	1.21 ± 0.83	2.16 ± 0.88	2.39 ± 1.03
t			2.02	2.31	2.88
P			0.047	0.038	0.023

为中介[16,17]。治疗过程主要给患者做新的自我陈述进行认知重组,提高患者的自我主动性,医生与患者一起进行角色扮演,进行更多的互动性交流[18-20],从而提高了大脑神经元的兴奋性,从而更有利于产后抑郁患者的神经元的可塑性。此外,产后抑郁症患者出现抑郁症状可能有很多是由于患者的角色发生了很大变化,而出现对这变化的一种不适应,故心理治疗合并药物治疗疗效会更佳。

本研究结果显示,产后抑郁症患者接受认知行为疗法联合舍曲林和单一舍曲林治疗 6 周后临床疗效均肯定,认知疗法合并舍曲林的临床有效率显著高于单独舍曲林治疗,且在治疗的第 2,3 阶段就显出良好的效果,说明认知行为疗法合并舍曲林治疗起效快而好。此外,随着治疗阶段递增,两组患者 HAMD、CGI-SI 减分也显著增加,这与国内外研究结果一致[14-16],说明两组临床症状均明显缓解,随着时间的递增症状缓解出现上升趋势,短期疗效肯定。本研究组认为产后抑郁症患者长期消极临床症状及功能紊乱与患者的生理上的物质基础发生的相应变化存在相互作用,即量变到一定程度发生了质变,质变后又会致使更严重的量变,如抑郁症状缓解与患者神经递质增加或神经环路的修复存在相互作用。而无论是单一的心理治疗或药物治疗产后抑郁症患者治疗均有所缺陷,心理治疗合并药物治疗可能是未来产后抑郁症治疗的一大趋势。而心理治疗与药物治疗的之间的相互作用关系均有待于深入研究。此外,本研究观察例数较少,治疗药物单一,在改善不同成分的疗效及长期治疗疗效还有待于进一步深入研究。

参 考 文 献(References)

[1] Saleh el-S, El-Bahei W, Del El-Hadidy MA, et al. Predictors of postpartum depression in a sample of Egyptian women[J]. Neuropsychiatr Dis Treat, 2013, 9(1): 15-24

[2] Dois A, Uribe C, Villarroel L, et al. Risk factors for post partum depression[J]. Rev Med Chil, 2012, 140(6): 719-725

[3] Moak DH, Anton RF, Latham PK, et al. Sertraline and cognitive behavioral therapy for depressed Alcoholics: results of a placebo-controlled Trial[J]. J Clin Psychopharmacol, 2003, 23(6): 553-562

[4] 王东明, 姜燕琴. 抗抑郁药合并梅肯鲍姆认知行为疗法治疗抑郁症的对照研究[J]. 中华行为医学与脑科学杂志, 2009, 18(5): 434-435

Wang Dong-ming, Jiang Yan-qin. Comparative study depression treated with Donald Meichenbaum' cognitive behavioral therapy combined with antidepressive agents [J]. Chin J Behav Med & Brain, 2009, 18(5): 434-435(In Chinese)

[5] Mohr DC, Boudewyn AC, Goodkin DE, et al. Comparative outcomes for individual cognitive-behavior therapy, supportive-expressive group psychotherapy, and sertraline for the treatment of depression in multiple sclerosis[J]. J Consult Clin Psychol, 2001, 69(6): 942-949

[6] Melvin GA, Tonge BJ, King NJ, et al. A comparison of cognitive-behavioral therapy, sertraline, and their combination for adolescent depression[J]. J Am Acad Child Adolesc Psychiatry, 2006, 45(10): 1151-1161

[7] 程灶火, 唐秋萍. 实用短程心理治疗 [M]. 北京: 人民卫生出版社, 2003: 146-170

Cheng Zao-huo, Tang Qiu-ping. Practical short psychotherapy [M]. Beijing: People's Medical Press, 2003: 146-170

[8] Brent D, Emslie G, Clarke G, et al. Switching to another SSRI or to venlafaxine with or without cognitive behavioral therapy for adolescents with SSRI-resistant depression: the TORDIA randomized controlled trial[J]. JAMA, 2008, 299(8): 901-913

[9] Hendrick V. Treatment of postnatal depression: Effective interventions are available, but the condition remains underdiagnosed [J]. BMJ, 2003, 327(7422): 1003-1004

[10] Storch EA, Murphy TK, Goodman WK, et al. A preliminary study of D-cycloserine augmentation of cognitive-behavioral therapy in pediatric obsessive-compulsive disorder[J]. Biol Psychiatry, 2010, 68(11): 1073-1076

[11] Brandon AR, Minhajuddin A, Thase ME, et al. Impact of reproductive status and age on response of depressed women to cognitive therapy[J]. J Womens Health (Larchmt), 2013, 22(1): 58-66

[12] March JS, Franklin ME, Leonard H, et al. Tics moderate treatment outcome with sertraline but not cognitive-behavior therapy in pediatric obsessive-compulsive disorder[J]. Biol Psychiatry, 2007, 61(3): 344-347

[13] Sousa MB, Isolan LR, Oliveira RR, et al. A randomized clinical trial of cognitive-behavioral group therapy and sertraline in the treatment of obsessive-compulsive disorder [J]. J Clin Psychiatry, 2006, 67(7): 1133-1139

[14] Myhr G, Russell JJ, Saint-Laurent M, et al. Assessing suitability for short-term cognitive-behavioral therapy in psychiatric outpatients with psychosis: a comparison with depressed and anxious outpatients [J]. J Psychiatr Pract, 2013, 19(1): 29-41

[15] 刘向阳, 刘家梅, 赵玉香. 舍曲林与马普替林对抑郁症患者疗效及生活质量对照研究[J]. 中国健康心理学杂志, 2010, 18(11): 1287-1288

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赠与表扬信、锦旗致谢。同时，护理质量满意度问卷的较高调查结果显示出流程管理护理模式在患者及家属中获得了较好的认可[20]。在对照组患者的调查中发现，由于知识的缺乏，患者术前焦虑症状明显，对于术前宣教的需求较高；术后的疼痛是患者及家属最为关心的，还有部分表现出过高的治疗效果期待；因此在以后的护理工作中需加强术前宣教及心理护理这方面护理工作的力度及广度。

参 考 文 献(References)

[1] Odri GA, Padiolleau GB, Gouin FT. Oversized Cups as a Major Risk Factor of Postoperative Pain After Total Hip Arthroplasty [J]. Arthroplasty, 2013, 5: 0883-5403

[2] Unver B, Kahraman T, Kalkan S, et a1. Reliability of the six-minute walk test after total hip arthroplasty[J]. Hip Int, 2013, 6: 5301

[3] Fujita K, Makimoto K, Tanaka R, et al. Prospective study of physical activity and quality of life in Japanese women undergoing total hip arthroplasty[J]. J Orthop Sci, 2013, 18(1): 45-53

[4] Cheng CM, Chiu MJ, Wang JH, et al. Cognitive stimulation during hospitalization improves global cognition of older Taiwanese undergoing elective total knee and hip replacement surgery[J]. J Adv Nurs, 2012, 68(6): 1322-1329

[5] 吕振刚, 王雪飞, 葛双雷, 等. 髓内钉 InterTan 治疗股骨近端骨折的早期疗效分析[J]. 现代生物医学进展, 2012, 12(24): 4701-4703, 4669

Lv Zhen-gang, Wang Xue-fei, Ge Shung-lei, et a1. Treatment of Proximal Femoral Fractures with Intramedullary Nail Inter Tan-Report of early Results[J]. Progress in Modern Biomedicine, 2012, 12 (24): 4701-4703, 4669

[6] 冯会成, 黄迅悟, 毕龙, 等. 严重骨质疏松患者全膝关节置换术疗效分析[J]. 现代生物医学进展, 2011, 11(3): 538-540

Feng Hui-cheng, Huang Xun-wu, Bi Long, et al. Total Knee Replacement for Patients with Severe Osteoporosis [J]. Progress in Modern Biomedicine, 2011, 11(3): 538-540

[7] 戴碧茹, 龙辉, 付漂白. 人工全髋关节置换术系统护理及康复治疗的临床疗效[J]. 现代生物医学进展, 2010, 10(14): 2702-2704, 2710

Dai Bi-ru, Long Hui, Fu Piao-bai. Rehabilitation care of patients undergoing total hip arthroplasty[J]. Progress in Modern Biomedicine, 2010, 10(14): 2702-2704, 2710

[8] Joelsson M, Olsson LE, Jakobsson E. Patients' experience of pain and pain relief following hip replacement surgery[J]. J Clin Nurs, 2010, 19(19-20): 2832-2838

[9] Robinson PM, Obi N, Harrison T, et al. Changing transfusion practice in total hip arthroplasty: observational study of the reduction of blood use over 6 years[J]. Orthopedics, 2012, 35(11): 1586-1591

[10] Kathrins B, Kathrins R, Marsico R, et al. Comparison of day rehabilitation to skilled nursing facility for the rehabilitation for total knee arthroplasty[J]. Am J Phys Med Rehabil, 2013, 92(1): 61-67

[11] Liu SS, Buvanendran A, Rathmell JP, et al. Predictors for moderate to severe acute postoperative pain after total hip and knee replacement [J]. Int Orthop, 2012, 36(11): 2261-2267

[12] Stewart SP. Joint replacement and rapid mobilization: a clinical perspective on rapid arthroplasty mobilization protocol [J]. Orthop Nurs,2012, 31(4): 224-229

[13] Mazaleski A. Postoperative total joint replacement class for support persons: enhancing patient and family centered care using a quality improvement model[J]. Orthop Nurs, 2011, 30(6): 361-364

[14] Carroll C, Stevenson M, Scope A, et al. Hemiarthroplasty and total hip arthroplasty for treating primary intracapsular fracture of the hip: a systematic review and cost-effectiveness analysis[J]. Health Technol Assess, 2011, 15(36): 1-74

[15] Hanlon L, Punzo A, Jones RA, et al. Comparison of cardiopulmonary complication rates in patients undergoing total knee arthroplasty and reinfusion of shed blood[J]. Orthop Nurs, 2011, 30(5): 307-311

[16] Higuera CA, Elsharkawy K, Klika AK, et al. 2010 Mid-America Orthopaedic Association Physician in Training Award: predictors of early adverse outcomes after knee and hip arthroplasty in geriatric patients[J]. Clin Orthop Relat Res, 2011, 469(5): 1391-400

[17] Montin L, Suominen T, Haaranen E, et al. The changes in health-related quality of life and related factors during the process of total hip arthroplasty[J]. Int J Nurs Pract, 2011, 17(1): 19-26

[18] Konieczny P, Piechowicz J, Kotela I. The nursing standards and streamlining sick persons after hip replacement [J]. Przegl Lek, 2010, 67(5): 394-396

[19] Munin MC, Putman K, Hsieh CH, et a1. Analysis of rehabilitation activities within skilled nursing and inpatient rehabilitation facilities after hip replacement for acute hip fracture [J]. Am J Phys Med Rehabil, 2010, 89(7): 530-540

[20] Bores D, Chapelotte I, Chevalier M, et al. Nursing care during a total hip prosthesis implantation[J]. Rev Infirm, 2007, (130): 28-29

(上接第 335 页)

Liu Xiang-yang, Liu Jia-mei, Zhao Yu-xiang. Comparative study of efficacy and life quality in treatment of depressive disorder between Sertraline and Maprotiline [J]. China Journal of health psychology, 2010, 18(11): 1287-1288(In Chinese)

[16] Grigoriadis S, Ravitz P. An approach to interpersonal psychotherapy for postpartum depression focusing on interpersonal changes [J]. Can Fam Physician, 2007, 53(9): 1469-1475

[17] Walkup JT, Albano AM, Piacentini J, et al. Cognitive behavioral therapy, sertraline, or a combination in childhood anxiety[J]. N Engl J Med, 2008, 359(26): 2753-2766

[18] Burns A, O Mahen H, Baxter H, et al. A pilot randomised controlled trial of cognitive behavioural therapy for antenatal depression [J]. BMC Psychiatry, 2013, 13(1): 33-39

[19] Asbahr FR, Castillo AR, Ito LM, et al. Group cognitive-behavioral therapy versus sertraline for the treatment of children and adolescents with obsessive-compulsive disorder [J]. J Am Acad Child Adolesc Psychiatry, 2005, 44(11): 1128-1136

[20] Schuurmans J, Comijs H, Emmelkamp PM, et al. A randomized, controlled trial of the effectiveness of cognitive-behavioral therapy and sertraline versus a waitlist control group for anxiety disorders in older adults[J]. Am J Geriatr Psychiatry, 2006, 14(3): 255-263