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慢性乙肝患者的心理健康情况调查分析 *

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摘要 目的:本文针对乙肝患者存在的心理障碍,提出相应的干预方法,为提高乙肝患者的心理健康水平及治疗效果提供理论依据。**方法:**选取 2011 年 1 月 -2012 年 11 月在我院接受治疗的慢性乙型肝炎患者 80 例作为研究组,另选取 80 位同期在我院接受体检的健康人群为对照组。针对两组对象的焦虑、抑郁、偏执等心理问题设计问卷调查,统计并分析调查结果。**结果:**观察组患者的焦虑及抑郁评分明显高于对照组,差异具有统计学意义(P<0.05);观察组中,病情重的患者焦虑及抑郁评分高于病情轻、中度的患者,差异具有统计学意义(P<0.05)。**结论:**慢性乙型肝炎患者的心理压力对治疗有影响,医护人员应积极的对乙肝患者进行心理疏导,帮助其树立自信、摆脱心理障碍,以积极的心态配合治疗,从而获得良好的疗效。

关键词:慢性乙型肝炎;心理问题;干预方法

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Investigation and Analysis on the Psychological Obstacles of Patients with Chronic Hepatitis B*

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ABSTRACT Objective: This essay aims at the existing psychological obstacles of hepatitis B carriers to perform some interventions in order to provide few references to improve the mental health and clinical effects of patients. **Methods:** 80 patients with chronic hepatitis B who were treated in our hospital from January 2011 to November 2012 were selected as the study group, and another 80 healthy people who were accepted the inspection in our hospital were chosen to be the control group. A questionnaire was designed to investigate the objects in the two groups in terms of the psychological problems such as the anxiety, depression, paranoid etc. Then the results were collected and analyzed. **Results:** The scores for self-rating depression and anxiety of patients in the study group were higher than those of the healthy people with statistically significant differences (P<0.05); The scores of patients under severe condition were higher than those of the patients with mild or moderate situations in the study group, and there were statistically significant differences between two groups (P<0.05). **Conclusions:** It is suggested that the mental factors have effects on the prognosis of patients with chronic hepatitis B. Therefore, the clinical members should take the responsibility of enlightening the patients to enhance the self-confidence, accept the treatment and get rid of the psychological obstacles positively so as to obtain better clinical effects.

Key words: Chronic hepatitis B; Psychological obstacles; Interventions

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前言

慢性乙型肝炎(Chronic hepatitis B)是临床上常见的一种传染性疾病,其病程长、易复发,乙肝患者不仅遭受着疾病带来的痛苦,还要承受巨大的心理压力[1]。许多患者在确诊为乙肝后不敢面对现实,产生自卑感和孤独感,消极对待治疗,随着病情的反复,极易出现肝硬化、肝癌等并发症,后果非常严重[2]。更令人担忧的是,人们对乙肝缺乏科学的全面的认识,对乙肝患者更是存在着歧视和排斥,这给患者造成严重的心理伤害,大多乙肝患者会出现不同程度的抑郁、焦虑、偏执等心理障碍,影响治疗效果[3-5]。慢性乙型肝炎是临床上常见的传染性疾病,该病的病情发展与患者的心理因素密切相关。由于在就业、婚恋等现实问题上常受到歧视和排斥,乙肝患者承受着巨大的心理压力而影响了治疗效果[6,7]。有研究表明,慢性乙肝患者的病情进展与上述心理因素存在一定的关系[8]。为提高临床疗效,我们对乙肝患者的心理障碍进行调查分析,并提出干预对策。

1 资料与方法

1.1 临床资料

选取 2011 年 1 月 -2012 年 11 月在我院确诊的 80 例乙肝患者作为研究组,其中男性 30 例,女性 50 例;年龄分布在 40-65 岁,平均年龄为 50.4± 3.7 岁;根据乙肝患者的 ALT 分

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级:轻度 35 例,中度 26 例,重度 19 例。另选取同期在我院进行体检证实为健康人群 80 例作为对照组,其中男性 45 例,女性 35 例;年龄分布在 38-62 岁,平均年龄为 47.4± 0.7 岁。排除标准:① 伴有认知功能障碍的患者;② 有严重其它内脏器官疾病的患者;③ 近期家庭中有重大变故者。两组对象的性别、年龄等一般资料无显著差异,具有可比性。

1.2 方法

采用问卷调查的方法对所选研究对象的心理状况进行分析。根据抑郁自评量表(Self-rating depression scale, SDS)和焦虑自评量表(Self-Rating Anxiety Scale, SAS)设计调查问卷,主要内容涉及:躯体化、强迫症、抑郁、焦虑、偏执、人际关系敏感等共 30 个项目,每题设置 4 个选项:从未发生、有时发生、经常发生、持续发生,分数为 1-4。

1.3 评分标准

患者根据自身实际情况做出选择,将 30 个项目的分数相加后× 1.25,结果取整数即为标准得分。我国常模判定抑郁的分界值为 53 分,53-62 分为轻度抑郁;63-72 分为中度抑郁:>72 分为重度抑郁。

1.4 统计学处理

数据采用 SPSS17.0 软件系统进行统计分析,计数资料用标准方差表示,组间比较采用 t 检验,以 P<0.05 为差异具有统计学意义。

2 结果

2.1 乙肝患者与健康人群的心理状况比较

如表 1 所示,研究组躯体化评分为(9.78± 0.53);强迫评分为(9.68± 0.63);人际关系敏感评分为(9.84± 0.62);抑郁评分为(9.55± 0.66);焦虑评分为(9.79± 0.64);偏执评分为(9.94± 0.62)。对照组躯体化评分为(7.53± 0.45);强迫评分为(6.64± 0.51);人际关系敏感评分为(6.67± 0.50);抑郁评分为(7.59± 0.47);焦虑评分为(6.52± 0.43);偏执评分为(5.48± 0.46)。乙肝患者各项心理问题的评分均显著高于健康对照人群,差异具有统计学意义(P<0.05)。

表 1 两组研究对象的心理状况比较

Table 1 Comparison of the mental situations between two groups

分组 Group	躯体化 Somatization	强迫 Obsession	敏感 Sensitivity	抑郁 Depression	焦虑 Dysphoria	偏执 Paranoid
Study group	9.78± 0.53	9.68± 0.63	9.84± 0.62	9.55± 0.66	9.79± 0.64	9.94± 0.62
Control group	7.53± 0.45	6.64± 0.51	6.67± 0.50	7.59± 0.47	6.52± 0.43	5.48± 0.46

Note: compared between two groups, P<0.05.

2.2 不同病情乙肝患者的心理状况比较

慢性肝炎轻度患者抑郁评分为(53.43± 3.34),焦虑评分为(51.17± 2.68);中度患者抑郁评分为(60.56± 9.42),焦虑评分为(60.29± 8.33);重度患者抑郁评分为(68.72± 9.61),焦虑评分为(67.85± 8.99)。乙肝患者抑郁评分随病情程度严重而增加,差异具有统计学意义(P<0.05)。

3 讨论

乙肝是一种由乙型肝炎病毒(HBV)感染所引起的传染性疾病,主要存在于肝细胞内部并对肝细胞有极大的损害,易引发炎症、坏死、纤维化等。目前,我国乙肝病毒携带率为 7.18%,其中约 1/3 表现为乙型肝炎或肝硬化[11-13]。慢性乙型肝炎不但给患者的身体带来极大的伤害,也对其心理产生一定的影响,多数患者因感染乙肝病毒而变得自卑、不愿与人接触,这对疾病的治疗是十分不利的[17]。此外,人们对乙肝了缺乏正确的医学常识,对乙肝患者存在歧视心理,有的甚至断绝同肝病患者往来,给患者的身心带来极大伤害,乙肝患者在就业、婚恋等方面都受到社会的排斥,绝大多数行业都会将肝病患者拒之门外,多方面的压力严重影响着乙肝患者的心理健康[9]。那么,面对心理压力,乙肝患者首先要清楚自己疾病的传播方式,积极配合诊治,以提高治疗的效果。

3.1 乙肝患者应加强自我心理调节

乙肝通常都是在体检时被发现的,患者一经确诊心中便充满紧张和焦虑,严重影响治疗效果[16]。有研究表明,乙肝患者心理上的创伤远大于疾病本身带来的身体伤害,使患者产生压抑、焦虑、孤独、恐惧等一系列心理障碍,而这些心理障碍促使人的大脑皮层过度兴奋或抑制,引起中枢神经系统出现紊乱,进而影响消化系统、血液循环系统、呼吸及免疫系统等的正常功能,反而不利于疾病的治疗[14,15]。本研究发现,乙肝患者出现抑郁和焦虑的情况明显高于健康群体,说明乙肝患者存在不同程度的心理障碍。我们认为,乙肝患者应该勇敢的面对现实,以理智的思维接受自己感染乙肝病毒的事实,积极配合治疗,不乱用药,避免误入歧途而耽误治疗。此外,一旦确诊为乙肝,患者应该到正规的专科医院或大型综合医院就诊,请肝病专家分析自己的病情,并根据专业意见进行系统的治疗[10]。

3.2 医护人员应给予心理健康指导

医护人员应引导患者采用理智的方式应对问题,帮助患者消除影响心理健康的不利因素[18]。鼓励患者树立战胜疾病的信心,以积极的心态面对疾病。根据患者的临床症状、病情程度及心理特点,采取适当的措施,如听音乐、体育锻炼等,使患者心中的负性情绪得以释放,从而减轻心理压力[20]。医生与患者之间要建立和谐的医患关系,向患者介绍疾病的相关知识和治疗的不同阶段应注意的事项,做好患者家属的思想工作,鼓励亲友探视、关心和照顾,指导家属给予精神上的安慰和生活上的照顾,激发患者战胜疾病的信心[19]。

综上所述,乙肝患者的心理障碍会影响其病情转归,因此,对乙肝患者进行心理干预至关重要,要指导乙肝患者保持战胜疾病的信心,用积极向上的态度接受治疗,对生活充满乐观,从而改善生活质量,提高治疗效果。

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