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胃癌患者术后生存质量与心理健康调查及干预效果探讨*

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摘要 目的:调查胃癌患者术后的生活质量及心理健康状况,探讨护理干预对胃癌患者术后恢复的积极意义,为胃癌的围术期护理提供参考。**方法:**选取2009年7月-2012年1月在我院接受手术治疗的胃癌患者70例,手术治疗方式根据患者的具体情况采用肿瘤剔除术、近端胃切除、远端胃切除及胃大切术等。按照术后所采取的护理方式,将所选病例分为干预组和对照组。观察并比较两组患者治疗前后的焦虑、抑郁发生率及生活质量的评分变化。**结果:**对照组焦虑发生率为76.6%,抑郁发生率为83.3%;干预组焦虑发生率为55%,抑郁发生率为50%。干预组患者焦虑及抑郁的发生率显著低于对照组患者($P<0.05$)。两组患者治疗后的生理机能、躯体疼痛、社会功能、情感功能及认知功能评分均比治疗前有所改善,干预组患者改善更明显,差异具有统计学意义($P<0.05$)。**结论:**护理干预不仅可以缓解胃癌患者术后出现的负面情绪,而且有利于改善患者术后的生存质量,值得在临床进一步推广。

关键词:护理干预;胃癌;焦虑;抑郁

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Investigation of Postoperative Life Quality and Mental Health of Patients with Gastric Cancer and the Effects of Interventions*

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ABSTRACT Objective: To investigate the life quality and mental health of patients with gastric cancer after the operation, and to discuss the effects of different interventions in order to make a reference. **Methods:** 70 patients with gastric cancer who were accepted the surgery in our hospital from July 2009 to January 2012, with the treatment of tumor movement, the proximal gastric resection, the distal stomach or the total resection according to their actual circumstances, were selected and divided into the intervention group and the control group. Then the incidences of the anxiety and the depression of patients in the two groups were scored and the postoperative life quality was evaluated. **Results:** The incidence of anxiety and depression was 55% and 50% in the intervention group which was lower than 76.6% and 83.3% in the control group, respectively ($P<0.05$). After the intervention, the scores of the physiology, the pain, the emotion, the sociality and the cognition of patients in the two groups were improved than before, especially for the patients in the intervention group ($P<0.05$). **Conclusions:** It is indicated that the nursing intervention should be promoted to release the anxiety and depression of patients and improve the postoperative life quality.

Key words: Intervention; Gastric cancer; Anxiety; Depression

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前言

胃癌(Gastric cancer)是指起源于胃壁表层黏膜上皮细胞的恶性肿瘤,可见于胃的各个部位,是临床上较为常见的消化道恶性肿瘤之一^[1,2]。根据病变浸润深度可将胃癌分为早期胃癌与进展期胃癌两大类,前者是指病变仅侵及黏膜或黏膜下层的胃癌,后者是指病变超过黏膜下层的胃癌^[3-5]。在中国,胃癌的发病率居各类肿瘤的首位,每年约有17万人死于胃癌,且每年新发病例可达2万^[6,7]。近年来,随着人们生活水平的不断提高及人口老龄化问题逐渐严重,胃癌的发病率和死亡率也随之提高,

严重威胁人类的身心健康^[8]。手术是治疗胃癌的有效方法之一,但术后并发症给患者造成的身心损害严重影响患者的生存质量及心理健康^[9]。因此,采取合理的护理干预方式改善胃癌患者术后的生存质量是非常关键的。本研究针对胃癌术后患者的心理健康状况和生存质量进行调查,探讨有效的护理干预措施,为临床护理提供可借鉴的方法。

1 资料与方法

1.1 一般资料

选取2009年7月-2012年1月在我院接受手术治疗的胃

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癌患者 70 例,其中男 37 例,女 33 例。癌组织浸润深度:癌组织未突破黏膜肌层 9 例,突破黏膜肌层至深肌层 28 例,突破深肌层至浆膜 33 例。淋巴结转移 42 例,淋巴结未转移 28 例。手术治疗方式根据患者的具体情况采用肿瘤剔除术、近端胃切除、远端胃切除及胃大切术等。按照术后所采取的护理方式,将所选病例分为干预组和对照组。对照组 30 例患者,包括男 18 例,女 12 例,平均 (58.44 ± 4.23) 岁,低分化癌 12 例,中分化癌 13 例,黏液腺癌 5 例。干预组 40 例患者,包括男 19 例,女 21 例,平均 (59.01 ± 4.36) 岁,低分化癌 19 例,中分化癌 14 例,黏液腺癌 7 例。两组患者的性别、年龄等一般资料无显著差异($P > 0.05$),具有可比性。

1.2 方法

对照组给予常规护理,而干预组实施心理护理及优质护理进行干预。具体方法为:①健康教育:运用本科室自制的健康宣传手册进行宣传教育,并详细介绍睡眠与运动、食物与营养、情绪调理等方面的知识。加强护患之间沟通,建立相互理解、相互信任、温馨和谐的关系,这有利于指导患者把学到的相关知识付诸行动。②心理及家庭社会支持:在了解患者的文化程度、性格特征以及心理特点基础上选择合理的心理护理,这有利于改变患者的不正确认知和情绪障碍;同时调动家庭社会的支持,鼓励家人、朋友多陪伴患者,尽量满足其需求,尤其是配偶的理解、关怀与鼓励,让患者有自尊、被尊重的感觉,避免其焦虑抑郁心理的发生。③腹式呼吸:嘱患者取平卧位,双眼微闭,静息呼吸。吸气时用鼻吸入,尽力挺腹,呼气时收缩腹部,尽量放慢频率,平均每分钟进行 6 次^[10-12]。

1.3 测评方法

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)对患者的生活质量

及心理压力状况进行调查,内容主要涉及:抑郁、焦虑、敏感、偏执等,共 30 题,每题设置 4 个选项:“从未发生”为 1 分、“有时发生”为 2 分、“经常发生”为 3 分、“持续发生”为 4 分;评分标准:总分 $\times 1.25$ (结果取整数);53-62 为轻度抑郁;63-72 为中度抑郁; >72 为重度抑郁。分值越高,焦虑或抑郁的症状越明显。

1.4 统计学方法

采用 SPSS17.0 统计软件进行数据处理,计量资料以均数 $\pm$ 标准差进行统计描述,采用配对 t 检验,计数资料以率表示,采用 χ^2 检验,以 $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 两组患者的焦虑、抑郁发生率

对照组 30 例患者中,焦虑 23 例,焦虑发生率为 76.6%;抑郁 25 例,抑郁发生率为 83.3%。干预组 40 例患者中,焦虑 22 例,焦虑发生率为 55%;抑郁 20 例,抑郁发生率为 50%。干预组患者焦虑及抑郁的发生率显著低于对照组,差异具有统计学意义($P < 0.05$)。

2.2 两组患者治疗前后的生活质量

如表 1 所示,干预组患者治疗后的生理机能评分为 (81.23 ± 3.83) ,躯体疼痛评分为 (41.12 ± 3.15) ,社会功能评分为 (77.63 ± 2.56) ,情感功能评分为 (83.76 ± 3.97) ,认知功能评分为 (88.42 ± 2.68) ;对照组患者治疗后的生理机能评分为 (80.95 ± 3.91) ,躯体疼痛评分为 (45.29 ± 3.51) ,社会功能评分为 (69.84 ± 3.51) ,情感功能评分为 (72.62 ± 2.76) ,认知功能评分为 (79.53 ± 3.22) 。两组患者治疗后的生理机能、躯体疼痛、社会功能、情感功能及认知功能评分均比治疗前有所改善,但干预组患者改善的效果更为明显,差异具有统计学意义($P < 0.05$)。

表 1 两组患者治疗前后的生活质量评分情况

Table 1 Scores of life quality of patients in the two groups before and after the treatment

项目 Items	干预组 Intervention group(n=40)		对照组 Control group(n=30)		t	P
	治疗前	治疗后	治疗前	治疗后		
	Before treatment	After treatment	Before treatment	After treatment		
生理机能 Physiology	61.04 $\pm$ 3.06	81.23 $\pm$ 3.83	63.15 $\pm$ 3.42	80.95 $\pm$ 3.91	2.01	>0.05
躯体疼痛 Pain	59.43 $\pm$ 2.81	41.12 $\pm$ 3.15	56.61 $\pm$ 3.23	45.29 $\pm$ 3.51	5.64	<0.05
社会功能 Sociality	69.87 $\pm$ 3.57	77.63 $\pm$ 2.56	63.19 $\pm$ 2.81	69.84 $\pm$ 3.51	1.89	<0.05
情感功能 Emotion	61.22 $\pm$ 3.02	83.76 $\pm$ 3.97	61.28 $\pm$ 3.82	72.62 $\pm$ 2.76	8.59	<0.05
认知功能 Cognition	67.36 $\pm$ 3.12	88.42 $\pm$ 2.68	62.82 $\pm$ 2.89	79.53 $\pm$ 3.22	6.57	<0.05

3 讨论

胃癌是发病率和死亡率较高的一种恶性肿瘤。由于早期胃癌的临床症状不明显,患者就诊时大多已进展为晚期,错过了最佳的手术的时机。另外,有一部分患者在手术后易发生癌细胞扩散或转移,严重威胁生命安全^[13,14]。以手术为主的综合治疗是胃癌最常用的治疗方案,其主要术式有标准根治术、扩大根治术、姑息性手术等,不同术式有不同的手术指征^[15]。然而,进展期胃癌在根治术后仍有较高的复发率及转移率,严重影响患

者的远期疗效^[16]。因此,护理人员不仅要掌握疾病相关知识,还要熟悉心理学,以更好的服务患者。

本研究中,采用常规护理的对照组患者焦虑的发生率为 76.6%,抑郁的发生率为 83.3%;而采用护理干预措施的干预组患者焦虑的发生率为 55%,抑郁的发生率为 50%,明显低于对照组($P < 0.05$)。两组患者治疗后的生理机能、躯体疼痛、社会功能、情感功能及认知功能评分均比治疗前有所改善,但干预组患者改善的效果更为明显($P < 0.05$)。结果说明,护理干预能在一定程度上干预患者负性情绪的发生,也有利于临床护理工作的

进行。同时研究护理干预与患者术后生活质量之间的关系后还发现,护理干预前后,患者躯体疼痛、情感功能、认知功能变化显著,表明护理干预能很好的改善这方面的功能,其原因是通过良好的护患关系,有目的的做好宣传教育工作,同时让患者了解此病的特点,介绍以往治疗效果显著的患者的故事,帮助他们树立良好的心情及信心,鼓动家属积极配合、循势诱导,避免刺激话语。

综上所述,护理干预能在一定程度上使胃类癌患者远离负性情绪,增加其自信心,这有利于临床护理及相关治疗的顺利进行,同时也为提高患者生活质量奠定了基础。

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