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自闭症儿童口腔正畸治疗中系统性心理预防与干预的作用*

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摘要 目的:评估系统性心理预防及干预在自闭症儿童口腔疾病治疗中的作用。**方法:**将在我院进行正畸治疗的 40 例 12~16 岁自闭症患者按随机分配分为对照组与实验组,每组各 20 例。在正畸治疗过程中,对照组实施常规心理行为预防及干预,包括:治疗前的基础准备、治疗过程中注意事项、治疗后康复方案及辅助治疗等。而对于实验组,除了实施常规的行为预防及干预外,还进行系统性心理行为预防及干预,包括:语言疏导、健康教育、辅助矫正、生命体征监测、肢体语言演示等。**结果:**实验组和控制组的孩子能够完成正畸治疗,自闭症儿童治疗配合的程度,听话依从性,显著高于对照组($P < 0.01$),两组之间蛀牙数和牙龈指数存在差异($P < 0.05$)。**结论:**系统性行为预防及干预能够提高自闭症儿童的配合合作的程度及医嘱依从性,值得在口腔正畸科门诊自闭症儿童患者中推广。

关键词: 正畸治疗; 自闭症; 系统性心理预防与干预

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Systematic Nursing Intervention in the Treatment of Orthodontics in Children with Autism*

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ABSTRACT Objective: The purpose of this study was to evaluate systematic nursing intervention in the treatment of oral diseases in children with autism. **Methods:** 40 cases 12-16 years autism children patients with dental disease and orthodontic treatment were randomly divided into control and experimental groups (20 patients for each group). In the process of orthodontic treatment, the routine nursing care was taken in the control group and the systematic nursing care was implemented in the experimental group, including: the basis of preparation before treatment, matters needing attention in the process of treatment and rehabilitation scheme and adjuvant treatment after treatment. **Results:** The compliance of the children patients at different ages was significantly different between the two groups ($P < 0.05$); the compliance of the children patients was significantly better in the experimental group than in the control group after systematic nursing care ($P < 0.01$). **Conclusion:** Systematic nursing intervention can improve the degree of cooperation and compliance autistic children. It deserves promotion in oral outpatient treatment of children with autism.

Key words: Orthodontics; Systematic nursing; Autism

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前言

自闭症也称为孤独症 (Autism), 是一种高发的神经系统疾患, 主要症状为不同程度的语言沟通障碍、交往能力破坏、行为刻板 and 举止怪异^[1-3]。据报道我国自闭症儿童患者在 0.065% ~ 0.27% 左右, 男孩多于女孩, 男女比率大约为 3.2 : 1, 国内现有 400 ~ 800 万左右的患病人数, 儿童孤独症患者约有 50 万^[4,5]。大约 3/4 的患儿存在较严重的口腔疾病。近年来, 流行病学研究显示, 自闭症的患病率增加, 人们越来越关心关爱关注自闭症^[6]。在门诊儿童正畸患者中, 自闭症儿童要求正畸治疗的患者也为数不少, 他们对牙齿的排列和咬合也有较高的追求^[7]。系统性心理预防与干预是指在心理学理论指导下有计划、按步骤地

对一定对象的心理活动、个性特征或心理问题施加影响, 使之发生朝向预期目标变化的过程^[8]。研究者对 2009 年 1 月至 2013 年 12 月间, 在某医院正畸科接受正畸治疗的 40 例 12-16 岁自闭症患儿施行系统性心理预防与干预, 取得良好效果, 现报告如下。

1 资料和方法

1.1 临床资料

40 例在某医院进行正畸治疗的自闭症患儿, 男 24 例, 女 16 例; 年龄 12 到 16 岁, 平均 13.6 岁。正畸时间 10 到 32 个月, 平均 24 个月。患龋齿情况: 男 12 例, 女 9 例。随机分为对照组

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和实验组各 20 例,对照组实行通例看护,而对于实验组进行系统性情绪干扰。

1.2 实验方法

为观察治疗效果,两组均设置标准病例和记录卡。对照组自闭症患儿实施常规口腔正畸护理,即按照常规方法告知患儿和家长治疗过程中的情况以及注意事项,对家长进行最基本的口腔知识教育。实验组进行系统性心理干预,即对诊室环境、治疗器械的改造,以及对患儿及家长从心理、情感、行为以及注意力各个方面进行心理干预指导,并让其详细了解口腔正畸的相关知识。两组均使用固定矫治器进行正畸。随访观察两组儿童在正畸过程中的配合程度,并比较佩戴固定矫治器 1 年后两组患儿龋齿和牙龈炎的发生率。用龋齿数来衡量患龋率用牙龈指数(GI)分级衡量牙龈炎的发生情况^[4]。

1.3 系统性心理干预方法

1.3.1 环境干预 对自闭症类型进行早期检测。有报道称 18 个月龄内孤独症的社会交往障碍有的已经非常明显,表现在没有交谈笑容,与对话者没有目光交流,对周围变化反应冷淡,很难用玩具、声音和动作引起患儿的注意。叫其名字几乎没有任何反应、对周围人淡漠无视、对亲友依赖性弱等^[5]。尽管如此,营造一个良好的治疗环境还是有利于调整自闭症患者及家属的心态,使其心情放松。在候诊区准备各类图书玩具,简易游乐设施等。在治疗期间保持诊室环境安静,如使用低噪音排在吐吸唾器,因噪音会造成自闭症儿童不必要的紧张心理。

1.3.2 治疗器械干预 治疗中要使用的治牙器械可以用比喻的方法,这样更容易让自闭症患儿减少恐惧感,能够尽量接受治疗。具体内容有:将取牙齿模型比喻为给牙齿照个像,将高速机头比喻成给牙齿洗澡;将口镜比喻为给牙齿穿衣服、照牙齿的小镜子;将探针比喻成钓鱼钩;将拍牙齿 X 线比喻成给牙齿

照相;将唾液吸引器比喻成抽水机,还可以演示给患儿看看。

1.3.3 心理和情感干预 和自闭症儿童的交流沟通内容不是很多,它是非常有限的。和他们说话时,他们一般是提出需要一些物品等要求,他们很少说谢谢、对不起等表达自己的感情。以自闭症孩子的要求为中心,以交流能力为导向,是心理和情感干预的重要指标。根据心理护理的基本原则和要求,对临床常见的自闭症儿童正畸心理,如怕打针、怕拔牙、怕束缚治疗;对于恐惧、自卑、害怕、暴力倾向的心理做正确的心理辅导。使自闭症患儿一开始就能感受到关心和被重视从心理和生理得到放松和安慰,取得儿童及其家属的帮助和信心,争取圆满完成治疗。

1.3.4 行为以及注意事项干预 口腔卫生习惯是正畸矫治顺利进行的必要条件。自闭症儿童更是如此。本身自理能力就比较差,就更应该对口腔卫生重视。医护人员应耐心地向儿童及家长说明戴用固定矫治器后应该如何刷牙,赢得患儿和家长的信任和重视。否则易导致矫治器松动、严重者刺伤粘膜和唇舌。儿童正畸刷牙更应该认真,如果在学校不方便,可以建议家长给孩子刷牙,还可以用电动牙刷。刷牙时建议用含氟牙膏,不只是早晚刷牙,每次饭后和吃东西都要刷牙和漱口,避免菌斑滞留,保持良好的口腔卫生,防治发生龋坏和牙龈炎。应当告知患者及家长初戴矫治器牙齿还会有不适,甚至疼痛不敢咬合,过三天到一周就可以恢复,饮食要注意避免吃过硬或者过于黏稠的食物。嘱咐自闭症患儿误用手指掰动矫治器。

1.4 统计学方法

数据采用 SPSS18.0 进行统计学分析,组间比较采用 X^2 检验,检验标准 $\alpha=0.05$ 。

2 结果

表 1 两组患儿随访情况比较(n)

Table 1 Two groups of children with follow-up (n)

Group	Followed-up	Fall off	Brush teeth with guidance	Wear correcting device
Treatment	20	5*	14*	17*
Control	20	13	4	11
X^2	—	6.465	10.101	4.286
P	—	0.011	0.001	0.038

Note: * $P < 0.01$.

结果显示,实验组与对照组比较,经过系统干预的患儿比常规护理的正畸效果要好。

表 2-A 两组患儿患龋率比较(n)

Table 2-A Comparison of the dental caries rate between the two groups(n)

Group	n	Case of caries
Treatment Group	20	Before orthodontic
		After orthodontic
Control Group	20	Before orthodontic
		After orthodontic

结果显示,实验组与对照组比较,经过系统干预的患儿比常规护理的龋病发病率要低。

表 2-B 两组患儿患龋率比较(n)

Table 2-B Comparison of the dental caries rate between two groups (n)

Group	+	-	n	X ²	P
Treatment Group	7	13	20	4.912	0.027
Control Group	14	6	20		

结果显示,实验组与对照组比较,经过系统干预的患儿比 常规护理牙龈炎的发病率要低。

表 3-A 两组患者前后正畸 GI 等级分布(n)

Table 3-A GI level distribution before and after orthodontic of children in the two groups (n)

Group	n		Grade 0 ~ 1	Grade 1 ~ 2	Grade 2 ~ 3
Treatment Group	20	Before orthodontic	16	4	0
		After orthodontic	10*	3	0
Control Group	20	Before orthodontic	15	5	0
		After orthodontic	14	3	3

注:与对照组比较,*P<0.05。

Note: compared with control group, *P < 0.05.

表 3-B 两组患者牙龈炎发病率比较(n)

Table 3-B Comparison of the gingivitis rates of children between the two groups (n)

Group	+	-	n	X ²	P
Treatment Group	5	15	20	6.465	0.011
Control Group	13	7	20		

3 讨论

系统性心理预防与干预对自闭症儿童沟通行为的认识与干预,应从护理的整体观念考虑,既要注意护理各个细节之间的内在关系,对每一个自闭症儿童都需要详细沟通的特点,注重沟通的内涵和不同层次的交流,为护理干预计划如最有效的实施,实现最有效的系统护理效果^[8,10]。

正畸医护理念与自闭症患儿正畸前的配合性有着不可分割的关系^[1]。对不同情况正畸自闭症患儿选用不同的心理指导对策。对学龄期的自闭症儿童应以言语劝诱为主,并让家属对儿童起到诱导和监督的作用。对于正处在青春期自闭症正畸患儿要告之正畸的必要性和重要性,使其理解错颌畸形对他们带来终身的危害是什么。对确实接受不了正畸治疗的自闭症患儿,要在治疗之前与家长交代清楚,使其有心理准备,会发生哪些意外等等。经过系统性心理干预,让自闭症患儿在治疗之前就有心理暗示,如果实际情况与患儿表现不同,就劝他们放弃正畸治疗。对于自闭症儿童,心理护理显得尤为重要。按照心理护理的要求和准则,针对常见的自闭症儿童的心理和生理进行干预^[12-16]。保持是正畸过程必不可少的一部分,这防治矫治失败的关键时期。一般人需要至少一年到两年,在定期复审阶段正畸保持时间。自闭症患儿往往会对保持阶段不够重视,如果患儿没有很好的依从性,就会使正畸矫治阶段治疗失败^[17-19]。研究表明,通过系统的护理干预,使患儿及家长知道了正畸的复杂性、长期性和必须性,能够愉快地、积极地配合医护进行科学有效的正畸,培养并养成良好的口腔卫生健康习惯,使患自闭症

患儿尽量配合治疗,把痛苦和损失减少到最低点,尽量缩短矫治时间,降低意外和失败的发生率,提高了医护的工作效率,使自闭症儿童也能够品尝到正畸给他们的成长带来的益处^[20]。

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