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认知行为干预对晚期癌症疼痛患者影响的临床研究*

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摘要 目的：探讨在临床晚期癌性疼痛患者中，应用认知行为干预的方法，减轻癌痛、改善患者生活质量的可行性。**方法**：搜集 2010 年 1 月至 2012 年 11 月间，于哈尔滨医科大学附属第三医院肿瘤内科收治的晚期癌症患者 238 例，包括晚期的肺癌 64 例、乳腺癌 36 例、胃癌 33 例、肝癌 29 例、食管癌 21 例、大肠癌 19 例、胰腺癌 14 例、甲状腺癌 13 例、鼻咽癌 6 例、骨肉瘤 3 例，其中发生癌性疼痛的患者 214 例，肺癌 58 例、乳腺癌 34 例、胃癌 31 例、肝癌 28 例、食管癌 18 例、大肠癌 17 例、胰腺癌 13 例、甲状腺癌 9 例、鼻咽癌 3 例、骨肉瘤 1 例。对晚期癌症伴发癌痛的患者利用行认知行为干预治疗进行治疗干预，30d 为治疗周期，治疗后对晚期癌症患者的生活质量（KPS 评分）、癌痛的缓解率的影响。**结果**：在晚期癌症伴癌痛的患者中，利用认知行为干预后，癌痛总的缓解率为 55.6%，其中部分缓解（1～3 级）所占比例为 49.5%，完全缓解（4 级）所占比例为 6.1%；在不同级别的疼痛（轻～重）中，程度较轻的疼痛缓解率较高（93.2%），程度为中等的疼痛缓解率为 67.3%，而重度疼痛缓解率较低（16.7%）；在 KPS 评分中，238 例患者治疗后评分提高率占 67.2%；在生活质量评分改善的患者占 69.4%。**结论**：在晚期癌症伴癌痛的患者中，利用认知行为干预的疗法可以对疼痛程度在轻～中度的癌痛有较好的控制作用，并且对患者的生活质量有提高作用。

关键词：晚期癌症；癌性疼痛；认知行为干预；生活质量

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The Clinical Study on Cognitive Behavior Therapy on Patients with Advanced Cancer Pain

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ABSTRACT Objective: To investigate feasibility of cognitive behavioral intervention therapy applied in patients with advanced cancer to reduce the cancer pain and improve patient quality of life in the clinic. **Methods:** 238 patients with advanced cancer were collected from January 2010 to November 2012, who accepted therapy in the department of oncology in the third affiliated hospital of Harbin medical university, including 64 lung cancer, 36 breast cacer, 33 gastric cancer, 29 hepatoma, 21 esophageal cancer, 19 colon cancer, 14 pancreatic cancer, 13 thyroid cancer, 6 nasopharynx cancer, 3 osteosarcoma; 214 cases among the 238 patients suffered the cancer pain, including 58 lung cancer, 34 breast cacer, 31 gastric cancer, 28 hepatoma, 18 esophageal cancer, 17 colon cancer, 13 pancreatic cancer, 9 thyroid cancer, 3 nasopharynx cancer, 1 osteosarcoma. Each patient received cognitive behavioral intervention therapy for 30 days. The degree of pain relief and the improvement of quality of life were observed before and after treatment. **Results:** The results indicated that the total cancer pain relief rate was 55.6%, part relief (degree of 1-3) was 49.5% and entire relief (degree 4) was 6.1%. And the relief rate was 93.2%, 67.3% and 16.7% separately in light, moderate and severe degree of cancer pain. In the KPS, score improved rate accounted for 67.2% in 238 patients after treatment; improvement in quality of life scores accounted for 69.4% of the patients. **Conclusion:** The study demonstrated that cognitive behavioral intervention therapy is even more effective in light and moderate degree of cancer pain control, and the quality of life was improved in advanced cancer patients after received the therapy.

Key words: Advanced Cancer; Cognitive behavioral intervention therapy; Cancer Pain; quality of life

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前言

据世界卫生组织(WHO)统计,全世界每年有 1000 万新发癌症患者,600 万人死于癌症。晚期癌症通常是指癌症发生了远处的转移、扩散,不同类型的晚期癌症的症状不尽相同,但癌痛,往往是晚期癌症患者的主要症状之一[1-3]。有研究显示,晚期癌症患者中, 有 50%的患者有癌性疼痛症状,70%的晚期癌症患者以疼痛为主要症状。癌痛常造成患者失眠、植物神经功能紊乱等,对患者的生活质量影响巨大,是临床肿瘤治疗中的难题[4-7]。本文通过认知行为干预治疗,对临床晚期癌症伴发癌痛的患者进行干预,期望缓解癌痛,提高晚期癌症患者的生活质量。

1 资料及方法

1.1 一般资料

搜集 2010 年 1 月至 2012 年 11 月间, 于哈尔滨医科大学附属第三医院肿瘤内科收治的晚期癌症患者 238 例,患者的性别及年龄情况见表 1。

表 1 患者的性别及年龄分布情况

Table 1 The gender and the age of the patients

Groups	Cases	Gender		Ages(year)					
		Male	Female	20～29	30～39	40～49	50～59	60～69	>70
Advanced cancer	238	141	97	12	37	48	57	73	11
Cancerous pain	214	123	91	9	31	40	54	71	9

1.2 晚期癌症患者的类型

患者类型包括晚期的肺癌 64 例、乳腺癌 36 例、胃癌 33 例、肝癌 29 例、食管癌 21 例、大肠癌 19 例、胰腺癌 14 例、甲状腺癌 13 例、鼻咽癌 6 例、骨肉瘤 3 例,其中发生癌性疼痛的患者 214 例,肺癌 58 例、乳腺癌 34 例、胃癌 31 例、肝癌 28 例、食管癌 18 例、大肠癌 17 例、胰腺癌 13 例、甲状腺癌 9 例、鼻咽癌 3 例、骨肉瘤 1 例,详见表 2。

表 2 晚期癌症患者分类情况

Table 2 The catalogue of the advanced cancer

Groups	Lung cancer	Breast cancer	Gastric cancer	Hepatoma	Esophageal cancer	Colon cancer	Pancreatic cancer	Thyroid cancer	Nasopharynx cancer	Osteosarcoma	Sum
Advanced cancer pain	64	36	33	29	21	19	14	13	6	3	238
General ancerous pain	58	34	31	28	18	17	13	9	3	3	214

1.3 晚期癌症患者的疼痛类型

晚期癌症患者的疼痛程度分别为轻度、中度及重度,不同的癌症类型及其疼痛程度见表 3。

表 3 癌症疼痛程度分布情况

Table 3 The degree of the cancer pain

Category	Pain rating scales			Sum
	Slight	Moderate	Severe	
Lung cancer	8	28	22	58
Breast cancer	7	19	8	34
Gastric cancer	6	19	6	31
Hepatoma	2	8	18	28
Esophageal cancer	8	7	3	18
Colon cancer	6	8	3	17
Pancreatic cancer	0	3	10	13
Thyroid cancer	6	3	0	9
Nasopharynx cancer	1	2	0	3
Osteosarcoma	0	1	2	3
Sum	44	98	72	214

1.4 患者入组及排除标准

经临床证实为晚期癌症患者(组织病理学方法或医学影像学方法);患者入院后意识状态尚清楚,对治疗效果有主观感受及客观评价能力, 并排除精神病既往史; 入院后行 KPS 评分(Karnofsky's performance status),得分在 30 分以上,QOL(Quality of life)评分在 15 分以上;预计生存时间在 3 个月以上;年龄在 20 岁以上; 住院期间停用放射治疗以及化学药物治疗 3 周以上;患者主观疼痛是由于癌症造成的,并且未使用过阿片类止痛药物;阅读并同意认知行为干预治疗知情同意书。对于不符合上述要求的患者予以排除。

1.5 治疗前情况

患者入院后进行 KPS 评分及生活质量评分, 患者得分及评分标准,见表 4-6。

1.6 认知行为干预治疗方法

对晚期癌症伴发癌痛的患者利用行认知行为干预治疗进行治疗干预, 30 d 为治疗周期。

首先采取音乐意境放松:播放舒缓、积极向上的音乐,根据患者不同的生活背景选取患者感兴趣的音乐, 例如钢琴曲、民乐、交响曲或者歌曲等;休息放松:可以在播放音乐的同时,指导患者取舒适体位,进行深而慢的呼吸,同时进行意念想象,想象平和、积极和美好,想象自己的身体正逐渐恢复健康的情景等;运动放松训练,根据患者自身情况指导患者有选择性的进

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表 4 癌症患者 KPS 评分

Table 4 KPS of patients

Score	30～39	40～49	50～59	60～69	70～79	80～89	90～99
Cases	16	33	48	63	28	27	23

表 5 生活质量评分标准

Table 5 Standards of quality of life

Item	Standards for evaluation(score1 ~ 5)				
	1	2	3	4	5
Appetite	Almost no dining	<1/2 normal appetite	1/2 normal appetite	Slightly reduced	Normal
Mental states	Very bad	Bad	Poor quality	Slightly worse	Normal
Sleep	Very bad	Bad	Poor quality	Slightly worse	Normal
Fatigue	Frequent	Atony	Slightly	Sometime	Normal
Pain	Worst	Severe	moderate	Slightly	Normal
Understanding and cooperating by families	Entirely inconsiderate	Bad	General	Good	Very good
Understanding and cooperating by colleague	Entirely inconsiderate	Bad	General	Good	Very good
Attitude to treatment	No hope	No confidence	Fear the side effect	Coordinately	Actively cooperate
Daily life states	Bedridden entirely	Bedridden in most of time	Bedridden sometimes	Free movement; limited in work	Free movement; no limitation in work
Treatment side effects	Severe affect the quality of life	Affect the quality of life	No affection after dealing with	No affection without dealing with	No affection Entirely

表 6 癌症患者生活质量评分

Table 6 The score of quality of life of patients

Score	15～19	20～24	25～29	30～34	35～39	40～44	45～49	50～55
Cases	3	28	57	51	31	25	27	16

行有氧运动,例如舒适的环境中做舒展运动(健身操)、走步、短距离慢跑、轻柔的武术运动(太极拳等);情绪调理放松:通过健康教育宣讲,调理情绪,帮助患者树立信心,正确认识疾病,对自身疾病不可轻视但也不能过度关注;注意饮食知识,增加机体免疫力。

每次认知行为干预治疗的时间为 30～60 分钟,音乐意境放松后,辅以适当的躯体有氧运动,使全身肌肉得到彻底的放松,最后配合知识宣讲,在精神得到放松的同时,树立信心。治疗每天 2～3 次,持续 30 天。

1.7 观察指标

疼痛缓解程度;KPS 评分;QOL(生活质量)评分。

2 结果

2.1 癌痛缓解率

经过 30d 的认知行为干预治疗后,晚期癌症伴癌痛的患者癌痛总的缓解率为 55.6%,其中部分缓解(1～3 级)所占比例为 49.5%,完全缓解(4 级)所占比例为 6.1%,详见表 7。

表 7 癌症疼痛缓解程度

Table 7 The relief of Cancer pain

Pain Intensity	Cases	Pain relief					Pain relief ratio
		0	1	2	3	4	
Slight	44	3	3	14	15	9	93.2
Moderate	98	32	33	16	13	4	67.3
Severe	72	60	11	1	0	0	16.7
Sum	214	95	47	31	28	13	55.6

0:No relief; 1～3: Part relief; 4: Entire relief.

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2.2 不同类型癌症患者癌痛的缓解率

在不同级别的疼痛(轻～重)中,程度较轻的疼痛缓解率较高(93.2%),程度为中等的疼痛缓解率为 67.3%,而重度疼痛缓解率较低(16.7%);在疼痛类型方面,内脏痛的缓解率为 60.8%,而骨痛软组织痛及神经痛的缓解率分别为 47.9%、33.3%及 44.4%,详见表 8、9。

表 8 不同类型癌症患者癌痛的缓解率

Table 8 The relief rate of the cancer pain

Category	Pain relief ratio(Pain relief after treatment/ before treatment)				
	Slight	Moderate	Severe	Sum	Pain relief ratio
Lung cancer	8/8	24/28	7/22	39/58	67.2
Breast cacer	7/7	15/19	1/8	23/34	67.6
Gastric cancer	6/6	13/19	1/6	20/31	64.5
Hepatoma	0/2	5/8	2/18	7/28	25.0
Esophageal cancer	8/8	4/7	0/3	12/18	66.7
Colon cancer	6/6	5/8	0/3	11/17	64.7
Pancreatic cancer	0/0	0/3	1/10	1/13	7.7
Thyroid cancer	5/6	0/3	0/0	5/9	55.6
Nasopharynx cancer	1/1	0/2	0/0	1/3	33.3
Osteosarcoma	0/0	0/1	0/2	0/3	0
Sum	41/44	66/98	12/72	119/214	55.6

表 9 各种疼痛类型的缓解率

Table 9 The pain relief rate in different cancer pain

Catalogue of cancer pain	Pain relief ratio(relief after treatment/before treatment)				Relief ratio (%)
	Slight	Moderate	Severe	Sum	
Visceralgia	27 / 27	26 / 41	9 / 34	62 / 102	60.8
Vieralgia	8 / 10	20 / 37	7 / 26	35 / 73	47.9
Soft tissue pain	3 / 4	4 / 13	0 / 5	7 / 21	33.3
Neuralgia	4 / 4	4 / 9	0 / 5	8 / 18	44.4

2.3 认知行为干预对晚期癌痛患者 KPS 和生活质量评分的影响情况

经认知行为干预治疗后,在 KPS 评分中,238 例患者治疗后评分提高率占 67.2%;在生活质量评分改善的患者占 69.4%,详见表 10。

表 10 认知行为干预对晚期癌痛患者 KPS 和生活质量评分的影响情况

Table 10 The KPS and QOL of patients after therapy

Improved KPS score after treatment	Cases	Improved ratio (%)	Improved life quality score after treatment	Cases	Improved ratio (%)
0	78	32.8	0	73	30.6
10	39	16.4	5	42	17.7
20	96	40.3	10	38	16.0
30	17	7.1	15	45	18.9
40	8	3.3	20	29	12.2
			25	11	4.6

3 讨论

晚期癌症由于发生了远处的转移、扩散,常常造成远隔部位的骨破坏、神经损害,因此,癌痛也常常成为晚期癌症的主要的症状之一。癌性疼痛的发生可以直接由癌症本身引起的疼痛,或者癌症治疗过程引发的疼痛;也可以由癌症间接引起疼痛[8-11]。晚期癌症患者伴发癌性疼痛一般以药物治疗为主,按患者疼痛的轻、中、重不同程度,给予不同阶梯的药物。癌痛的手术治疗往往需要结合病人的总体身体状况及生存期考虑,较少采用。晚期癌症患者单单采取药物阵痛治疗,往往不能取得令人满意的疗效,患者常伴有失眠、植物神经功能紊乱等,对患者的生活质量影响巨大[12-16]。

认知是指一个人对一件事或某对象的认知和看法,对自己的看法,对人的想法,对环境的认积和对事的见解等。行为疗法 (Behavior Therapy) 又称条件反射治疗,是以行为学习理论为指导,通过治疗控制不良行为模式,进而重建和恢复良好的

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行为模式,消除或纠正人们异常或不良行为的一种心理治疗方法[17-19]。认知行为干预治疗是指人的情绪来自人对所遭遇的事情的信念、评价、解释或哲学观点,而非来自事情本身。其主要代表人物贝克指出:“适应不良的行为与情绪,都源于适应不良的认知”,其治疗的策略,在于帮助他重新构建认知结构,重新评价自己,重建对自己的信心,更改认为自己“不好”的认知[20-24]。认知行为治疗认为治疗的目标不仅仅是针对行为、情绪这些外在表现,而且分析病人的思维活动和应付现实的策略,找出错误的认知加以纠正[25-27],是一种有结构、短程、认知取向的心理治疗方法,对抑郁症、焦虑症等心理疾病和不合理认知导致的心理问题,其主要着眼点在患者不合理的认知问题上,通过改变患者对已,对人或对事的看法与态度来改变心理问题。认知行为治疗需要在行动中识别不合理认知,在行动中替代不合理认知,在行动中改变核心信念,所以行动很重要[28-30]。

在晚期癌症患者伴癌痛的治疗过程中,要详细采集患者个人资料,进行归纳分析,在不同癌症患者及不同程度的癌痛中,寻找解决患者思想上和行为上的不正确认知,使患者了解认知行为对自身疾病及癌痛控制的影响,期望通过认知行为干预治疗,减轻癌痛。治疗中,对于病程较长和疼痛较轻的癌症病人,应积极采取认知行为干预疗法来止痛,其发挥的作用是不可替代的。在干预过程中,暗示患者如何进行自身放松调节,完成一日必要的放松训练,使患者在医护人员的帮助下神经和肌肉松弛,全身以获得轻快感;在舒适的环境中让病人进行有氧运动也是为了让机体多运动,让清新的空气进入肺部,达到止痛目的[31-33]。

在本研究中,经过 30d 的认知行为干预治疗后,晚期癌症伴癌痛的患者癌痛总的缓解率为 55.6%,其中部分缓解(1～3级)所占比例为 49.5%,完全缓解(4 级)所占比例为 6.1%。在不同级别的疼痛(轻～重)中,程度较轻的疼痛缓解率较高(93.2%),程度为中等的疼痛缓解率为 67.3%,而重度疼痛缓解率较低(16.7%);在疼痛类型方面,内脏痛的缓解率为 60.8%,而骨痛软组织痛及神经痛的缓解率分别为 47.9%、33.3%及 44.4%。患者一旦确诊癌症,多数不能从事正常工作,丧失正常的社会功能,发生角色冲突;沉重的家庭经济负担可产生压力;同时社会心理方面的问题,表现为孤独、怪癖、暴躁等,都将影响其主观感受,增加对癌痛的专注,失去治疗信心。通过认知行为干预治疗,避免上述情绪的出现,提高患者对癌痛的正确认识,最大限度发挥治疗对癌痛的缓解。

在本研究中,通过认知行为干预,提高了患者的生活质量。经认知行为干预治疗后,在 KPS 评分中,238 例患者治疗后评分提高率占 67.2%;在生活质量评分改善的患者占 69.4%。晚期癌症伴癌痛的患者在行认知行为干预治疗过程中,干预措施应贯穿于治疗的全过程,在晚期癌症患者当中,帮助患者矫正不良情绪和认知行为是一个相当复杂的过程。部分患者认为癌症即绝症,无多大的治疗意义,尤其是家庭条件稍差者,这种倾向更明显。对癌痛的控制更是采取悲观失望的情绪,严重影响生活质量。经过认知行为,树立患者信心,并通过干预措施,使癌痛得以缓解,提高了生活质量。

综上,在晚期癌症伴癌痛的患者中,利用认知行为干预的疗法可以对疼痛程度在轻～中度的癌痛有较好的控制作用,并且对患者的生活质量有提高作用。随着疼痛相关科学研究的飞速进展,越来越多的医务人员已经认识到,单一药物和方法不可能充分镇痛并减少不良反应的发生[34]。让广大临床肿瘤学工作者们共同努力,来帮助癌痛患者重返美好生活。

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