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正念减压法对恶性肿瘤患者癌因性疲乏和负性情绪的干预效果*

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摘要 目的:探讨正念减压法对恶性肿瘤患者癌因性疲乏以及负性情绪的干预效果。**方法:**选择 2016 年 7 月 -2018 年 3 月期间我院收治的 122 例恶性肿瘤患者为研究对象,以随机数字表法分为观察组(n=61)和对照组(n=61),对照组接受常规健康心理疏导,观察组给予正念减压法进行干预,干预疗程为 3 个月。干预前后分别采用癌症疲乏量表、焦虑自评量表和汉密尔顿抑郁量表(HAMD)、肺癌生存质量测定量表(FACT-L)评估两组患者癌因性疲乏情况、焦虑和抑郁情况及生活质量。**结果:**干预后,两组认知疲乏评分、躯体疲乏评分、情感疲乏评分及总分均较干预前降低,且观察组低于对照组($P<0.05$)。干预后对照组焦虑自评量表评分和 HAMD 评分与干预前比较无统计学差异($P>0.05$),干预后观察组焦虑自评量表评分和 HAMD 评分低于干预前和对照组($P<0.05$)。干预后生理状况、社会/家庭状况、情感状况、功能状况及附加的关注情况评分较干预前上升,且观察组高于对照组($P<0.05$)。**结论:**在恶性肿瘤患者的干预过程中正念减压法能够显著降低患者的癌因性疲乏程度,改善患者负性情绪,同时对提高患者的生活质量也具有积极作用。

关键词:恶性肿瘤;生活质量;癌因性疲乏;负性情绪;正念减压法

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The Intervention Effect of Mindfulness-based Stress Reduction on Cancer-related Fatigue and Negative Emotions in Patients of Malignant Tumor*

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ABSTRACT Objective: To discuss intervention the effect of mindfulness-based stress reduction on cancer-related fatigue and negative emotions in patients of malignant tumor. **Methods:** A total of 122 cases of patients with malignant tumor in our hospital from July 2016 to March 2018 were selected as research subjects, all of them were divided into observation group (n=61) and control group (n=61) according to the random number table method. The control group received routine health counseling, and patients in observation group were intervened by mindfulness-based stress reduction method. The intervention course were 3 months. The cancer fatigue scale, self-rating anxiety scale, Hamilton Depression Scale (HAMD) and Functional Assessment of Cancer Therapy-Lung (FACT-L) were respectively used to evaluate the status of cancer-related fatigue, anxiety and depression status, and the life quality in two groups before and after intervention. **Results:** After intervention, the cognitive fatigue scores, physical fatigue scores, emotional fatigue scores and total scores of the two groups were lower than those before intervention, and the observation group were lower than the control group ($P<0.05$). After intervention, there was no significant difference in the self-rating anxiety scale scores and HAMD scores between the two groups ($P>0.05$). After intervention, the self-rating anxiety scale scores and HAMD scores of the observation group were lower than those of the intervention group and the control group ($P<0.05$). The physiological status, social/family status, emotional status, functional status and additional concerns scores increased after the intervention, and the observation group were higher than that of the control group ($P<0.05$). **Conclusion:** In the intervention process of patients with malignant tumor, mindfulness-based stress reduction can significantly lighten cancer-related fatigue and improve negative emotion of malignant tumor patients. At the same time, it is also play a positive role in improving the life quality of patients.

Key words: Malignant tumor; Life quality; Cancer-related fatigue; Negative emotion; Mindfulness-based stress reduction

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前言

有关研究表明,罹患恶性肿瘤的患者会伴随多种症状体验,而这些症状能够独立预测患者的治疗缺陷、功能缺失以及

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后续治疗的效果^[1-3]。如果症状经治疗后还是无法缓解,那么就会对患者的情绪状态、功能状态、生活质量等预后造成不同程度的负面影响,并引发并发症的出现和医疗费用的上升^[4,5]。有调查表明,癌因性疲乏症状高发于恶性肿瘤患者,主要包括疼痛、疲乏、呼吸困难、睡眠障碍、食欲下降、焦虑、抑郁等情况,其中疲乏是最为常见的症状,而且无法通过休息得到缓解,因此会对患者的认知、情绪产生严重影响,甚至对正常的治疗造成影响^[6-8]。临床常规干预方式主要是以疾病为中心,对患者的社会因素、心理因素考虑较少,所强调是医务人员的作用,缺乏了与患者的互动,无法发挥出患者的主观能动性^[9,10]。正念是心理治疗中最重要的概念和方法之一,而正念减压及多种形式的正念干预法,已被证实改善患者恐慌和忧郁等情况极其有效,其通过正念冥想的方式,积极影响大脑处理压力,管理自身情绪,以有意识注意当下身心状态但不做主观评论为主要内容,帮助患者调节心理状态,唤醒自身内在专注力,是一种减压的心理治疗方式,当患者情绪状态及睡眠情况相对稳定时,才能减轻身心压力,促进身心健康,更好地面对治疗和疾病^[11,12]。本研究旨在探讨正念减压法对患者癌因性疲乏和负性情绪的影响。整理结果如下。

1 资料与方法

1.1 一般资料

选取 122 例于 2016 年 7 月-2018 年 3 月在我院接受治疗的恶性肿瘤患者为研究对象,纳入标准:(1)均为肺癌Ⅲ-Ⅳ期患者,且经手术病理诊断;(2)没有合并其他器官严重并发症者;(3)患者及其家属均知情同意并签署知情同意书。排除标准:(1)卡氏评分 ≥ 60 分者;(2)中途要求退出研究者;(3)精神认知存在障碍者。根据随机数据表法分为观察组($n=61$)和对照组($n=61$)。观察组男性患者 35 例,女性患者 26 例;患者年龄 47-81 岁,平均(58.43 ± 6.57)岁。对照组男性患者 34 例、女性患者 27 例;患者年龄 46-79 岁,平均年龄(57.39 ± 6.78)岁。两组患者一般资料比较无统计学差异($P>0.05$),均衡可比。我院伦理委员会已允许实施本次研究。

1.2 方法

对照组给予常规健康心理疏导进行干预,医务人员掌握患者的负面心理后,积极沟通并给予针对性的疏导和安抚措施。详细向患者讲解疾病的发生机制、治疗措施等知识,提高患者对自身疾病的认识程度并加强自我管理能力和自我管理能力。与此同时,通过在病房播放饮食治疗视频、发放健康手册等方法加深患者家属对疾病的认知,征得患者家属的理解和配合,使患者能够得到充分的家庭支持。观察组患者给予正念减压法进行干预,具体方式如下。正念呼吸:指导患者行坐式八段锦,保证周围环境相对安静,患者保持平稳呼吸,观察自己腹部起伏变化,然后指导患者闭上双眼,平静细致感受呼吸气息,若患者出现任何不适、烦躁情绪、杂念,应保持不批判、耐心接受、持信任、放下的态度,以初学者之心客观地感受。身体扫描:患者处于平卧姿势,轻闭双眼,放松身体,呼吸平缓。根据播放的音频资料指导患者将注意力集中在身体的某个部位,从下(脚趾)至上(头顶),用心领悟这些部位的感觉。感受是否痛苦,是否令人焦虑,让患者识别不良情绪、不适感、疼痛等情况,使其随着呼吸自我解放。

正念冥想:医务人员通过强调把握事物尺度可以获得和谐的人际关系,应避免人与人之间当面的对立冲突等心理暗示,让患者正视当下的存在思维、冲动以及不良情绪,倾听自己内心的声音,并体验它们产生、消失的过程,同时要注意自己心理体验的变化,并对这些变化客观接受,将自己的意念、感受视为一个和谐的整体,不产生批判感或者排斥感。静坐冥想:这种正念减压法是将正念呼吸和正念冥想有机结合,不但包括呼吸的节奏起伏和身体放松,而且还包括客观感受及识别脑海中出现的想法和事件,使患者的身心得到全面的放松,逐渐减少消极情绪出现的频率,缓解患者压力。两组干预疗程均为 3 个月。

1.3 评价指标

评估两组患者干预前后癌因性疲乏情况、焦虑和抑郁情况及生活质量。癌因性疲乏情况采用癌因性疲乏量表进行评估,该量表共有 15 个条目,分为 3 个维度:认知疲乏、躯体疲乏及情感疲乏,各条目进行 5 点计分法,得分越高则提示患者的疲乏越严重^[13];焦虑情况则使用焦虑自评量表进行评估,共 20 个条目,通过 4 级评分法评定患者焦虑症状出现的程度和频率:轻度焦虑 50-59 分,中度焦虑 60-69 分,重度焦虑 ≥ 70 分^[14];抑郁情况采用汉密尔顿抑郁量表(Hamilton Depression Scale, HAMD)进行评分,HAMD 共包括 24 项,8-20 分为可疑,21-35 分为轻度或中度抑郁,35 分以上为重度抑郁。生活质量通过肺癌生存质量测定量表(Functional Assessment of Cancer Therapy-Lung, FACT-L)进行评估,选取生理状况、社会/家庭状况、情感状况、功能状况、附加的关注情况 5 个维度,共 36 个条目,每个条目均采用 5 级评分法,得分与患者生活质量成正比^[15]。

1.4 统计学方法

采用 SPSS22.0 进行统计分析,癌因性疲乏评分、焦虑和抑郁评分等计量资料实施 t 检验,以($\bar{x} \pm s$)表示,计数资料实施 χ^2 检验,以率表示,检验水准 $\alpha=0.05$ 。

2 结果

2.1 两组癌因性疲乏情况比较

干预前,两组癌因性疲乏量表各维度评分(认知疲乏评分、躯体疲乏评分、情感疲乏评分)及总分相比,差异均无统计学意义($P>0.05$);干预后,两组各维度评分以及总分均显著降低,且观察组低于对照组($P<0.05$),见表 1。

2.2 两组焦虑和抑郁情况比较

干预前,两组焦虑自评量表评分和 HAMD 评分相比,差异均无统计学意义($P>0.05$);干预后对照组焦虑自评量表评分和 HAMD 评分与干预前比较无统计学差异($P>0.05$);干预后观察组焦虑自评量表评分和 HAMD 评分低于干预前和对照组($P<0.05$),见表 2。

2.3 两组生活质量情况比较

干预前,两组 FACT-L 各维度(生理状况、社会/家庭状况、情感状况、功能状况及附加的关注情况)评分比较,差异均无统计学意义($P>0.05$);干预后两组各维度评分均显著上升,且观察组较对照组均升高($P<0.05$),见表 3。

3 讨论

研究发现,癌因性疲乏是恶性肿瘤患者的主要伴随症状,

表 1 两组患者癌症疲乏量表评分对比($\bar{x} \pm s$, 分)Table 1 Comparison of cancer fatigue scale in two groups of patients($\bar{x} \pm s$, scores)

Groups	n	Cognitive fatigue scores		Physical fatigue scores		Emotional fatigue scores		Total scores	
		Before	After	Before	After	Before	After	Before	After
		intervention	intervention	intervention	intervention	intervention	intervention	intervention	intervention
Observation group	61	8.17 $\pm$ 2.86	4.03 $\pm$ 1.55*	12.83 $\pm$ 4.75	7.21 $\pm$ 3.51*	12.02 $\pm$ 2.61	5.79 $\pm$ 2.11*	34.96 $\pm$ 8.14	16.98 $\pm$ 7.56*
Control group	61	8.19 $\pm$ 2.84	6.82 $\pm$ 2.72*	12.81 $\pm$ 4.90	10.75 $\pm$ 4.83*	12.03 $\pm$ 2.57	9.85 $\pm$ 2.36*	34.97 $\pm$ 8.16	29.08 $\pm$ 7.52*
t		0.039	6.960	0.023	7.247	0.021	10.017	0.007	8.863
P		0.969	0.000	0.982	0.000	0.983	0.000	0.995	0.000

Note: compared with before intervention, *P<0.05.

表 2 两组焦虑自评量表评分和 HAMD 评分比较($\bar{x} \pm s$, 分)Table 2 Comparison of self rating anxiety scale scores and HAMD scores between the two groups($\bar{x} \pm s$, scores)

Groups	n	Self-rating anxiety scale scores		HAMD scores	
		Before intervention	After intervention	Before intervention	After intervention
Observation group	61	68.10 $\pm$ 6.84	52.75 $\pm$ 4.86*	29.64 $\pm$ 4.57	18.69 $\pm$ 5.71*
Control group	61	68.05 $\pm$ 6.81	64.82 $\pm$ 4.67	28.53 $\pm$ 5.78	26.47 $\pm$ 5.94
t		0.040	16.304	1.177	4.375
P		0.968	0.000	0.242	0.008

Note: compared with before intervention, *P<0.05.

表 3 两组 FACT 评分比较($\bar{x} \pm s$, 分)Table 3 Comparison of FACT scores between the two groups($\bar{x} \pm s$, scores)

Groups	n	Physiological status		Social/family status		Emotional status		Functional status		Additional concerns	
		Before	After	Before	After	Before	After	Before	After	Before	After
		intervention	intervention	intervention	intervention	intervention	intervention	intervention	intervention	intervention	intervention
Observation group	61	17.81 $\pm$ 3.69	24.36 $\pm$ 3.13*	14.95 $\pm$ 2.97	21.37 $\pm$ 2.64*	12.36 $\pm$ 1.83	18.49 $\pm$ 2.17*	15.39 $\pm$ 2.15	23.03 $\pm$ 3.67*	22.32 $\pm$ 3.86	32.24 $\pm$ 4.58*
Control group	61	16.74 $\pm$ 3.63	19.55 $\pm$ 3.27*	15.37 $\pm$ 2.76	17.56 $\pm$ 2.18*	11.83 $\pm$ 1.39	15.76 $\pm$ 1.98*	16.02 $\pm$ 2.26	20.25 $\pm$ 3.22*	23.29 $\pm$ 3.74	28.06 $\pm$ 4.14*
t		1.614	8.299	0.809	8.691	1.801	7.258	1.577	4.447	1.410	5.288
P		0.109	0.000	0.420	0.000	0.074	0.000	0.177	0.002	0.161	0.000

Note: compared with before intervention, *P<0.05.

且持续时间最长^[16,17]。值得注意的是,营养不良、恶病质、疼痛、失眠、毒性代谢物、药物治疗副反应等均为癌因性疲乏的不同表现,在很大程度上妨碍了患者的正常生活^[18,19]。尤其是老年患者,通常伴随着多种基础疾病,再加上长时间的放化疗治疗措施的实施,其癌因性疲乏的发生率极高,而且程度最为严重^[20,21]。在面对癌因性疲乏时,大部分的患者会选择逃避或药物治疗,但疗效并不理想。另一方面,恶性肿瘤疾病还会对患者的心理健康造成严重影响,并使其功能状态、自护能力、生存质量显著降低^[22,23]。在恶性肿瘤患者的治疗和干预过程中,还应在放化疗的基础上指导患者形成有效的自我管理,从而达到提高生存质量、有效控制疾病的目的,同时能够使患者的健康功能及状况维持于满意状态,甚至使其能够独立生活^[24,25]。但必须意识到,虽然自我管理需要由患者自行完成,但是医疗保健系统应为其提供相关的支持和帮助,通过支持干预和教育来增加患者对健康问题的处理信心和技巧。

在本次研究中,常规健康心理疏导及正念减压法均对恶性肿瘤患者的癌因性疲乏情况、焦虑和抑郁情况及生活质量有所改善,但后者效果显著优于前者。正念减压法源于东方的禅宗思想,是一种放松身心的方法,要求把注意力集中在当下,客观的、不做评价的感知瞬间的情绪变化^[26]。该理念最初是帮助患者减轻疾病痛苦、缓解压力,目前在情绪管理、强迫症、焦虑抑郁、职业倦怠、压力应对等疾病中也得到了广泛的应用,对于不善表达的患者,多给予鼓励、疏导,充分体现正念的力量^[27,28]。目前,正念减压法已被国内外学者应用于缓解压力、临床疾病以及情绪管理等方面,并取得了良好的效果,其核心是不做评价、注意当下、有意识觉察,内容则体现多种形式^[29]。本研究中通过正念呼吸、身体扫描等方式,让患者根据呼吸的节奏起伏来感受身体的放松,改善负性情绪,又通过冥想的方式,让患者对自己的想法处于客观的识别状态,缓解癌因性疲乏,提高了患者的生活质量,使患者对疾病治疗更有信心。国外研究^[30]结果显

示,对 263 例癌症患者实施了正念减压法后其癌因性疲乏程度显著降低,同时生理功能有得到了明显改善,与本研究结果基本一致。在心理临床中,传统的健康心理疏导重点关注疾病的治疗,而正念减压法不仅针对疾病,而且还注重人们的身心健康,提升了治疗的有效途径,但是患者在进行正念减压训练时,注意力难以集中,容易分散精力,因此应重点向患者介绍训练的方式,并选择适当放松的音乐和视频,帮助患者采取有效的方式进行自我缓解。

综上所述,正念减压法能够提高恶性肿瘤患者的生活质量,显著降低患者的癌因性疲乏程度,改善负性情绪,使其更加受益。

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