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非小细胞肺癌化疗患者应对方式与生活质量的关联性研究*

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摘要 目的:调查非小细胞肺癌(NSCLC)化疗患者应对方式与生活质量的关联性。**方法:**选择 2016 年 5 月-2018 年 5 月在我院接受化疗的 NSCLC 患者共 110 例,分别采用肺癌生命质量量表(EORTC-QLQ.C30)、肺癌患者生活质量调查问卷(EORTC-QLQ.LC13)和医学应对方式问卷(MCMQ)对患者生活质量与应对方式进行调查,分析其相关性,并采用多元逐步回归分析整体生活质量的影响因素。**结果:**不同化疗阶段,患者功能维度得分和整体生活质量得分显著下降,差异有统计学意义($P<0.05$),症状维度得分和化疗相关副反应得分显著升高,差异有统计学意义($P<0.05$)。肺癌表现得分的差异和三种应对方式得分的差异均无统计学意义($P>0.05$)。患者采取面对方式和回避方式的得分均高于屈服方式($P<0.05$)。面对方式与患者整体生活质量呈正相关,回避方式、屈服方式与患者整体生活质量呈负相关。多元逐步回归分析显示:年龄、疾病转移及面对方式是 NSCLC 化疗患者整体生活质量的影响因素($P<0.05$)。**结论:**NSCLC 化疗患者应对方式与生活质量存在一定的相关性,应有效的发挥积极应对方式对生活质量的促进作用,提高患者生活质量。

关键词:非小细胞肺癌;化疗;应对方式;生活质量;相关性

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Correlation between Coping Style and Quality of Life in Chemotherapy Patients with Non-small Cell Lung Cancer*

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ABSTRACT Objective: To explore the correlation between coping style and quality of life in chemotherapy patients with non-small cell lung cancer (NSCLC). **Methods:** A total of 110 patients with NSCLC, who were treated in No.302 Hospital of China Guizhou Aviation Group from May 2016 to May 2018, were selected. The lung cancer life quality scale (EORTC-QLQ.C30), lung cancer patients' quality of life questionnaire (EORTC-QLQ.LC13) and Medical Coping Style Questionnaire (MCMQ) were used to investigate the quality of life and coping style of the patients, the correlation was analyzed, and the influencing factors of overall quality of life were analyzed by multiple stepwise regression. **Results:** Functional dimension scores and whole quality of life scores of the patients decreased significantly during different chemotherapy phases, the differences were statistically significant ($P<0.05$). The scores of symptom dimension and side effects associated with chemotherapy increased significantly, the differences were statistically significant ($P<0.05$). The differences of lung cancer performance scores and three kinds of coping scores were not statistically significant ($P>0.05$). The scores of patients taking the facing style and the evasion style were higher than those of the yield style ($P<0.05$). The facing style and quality of life showed a positive correlation. The evasion style and the yield style showed a negative correlation with quality of life. Multiple stepwise regression analysis showed that age, disease metastasis and the way to face were the influencing factors of the overall quality of life chemotherapy patients with NSCLC. **Conclusion:** There is a certain correlation between the coping style and the quality of life in chemotherapy patients with NSCLC. The positive coping style of patients should be advocated to improve their quality of life.

Key words: Non-small cell lung cancer; Chemotherapy; Coping style; Quality of life; Correlation

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前言

随着人口老龄化加速、人们生活方式的改变,肺癌发病率呈现不断升高趋势^[1-3]。据报道,到 2025 年,我国新增肺癌病例将超过 100 万,将成为世界第一肺癌大国^[4]。生存分析结果显

示,肺癌病死率达 90%,患者 1 年生存率约为 42%,5 年生存率仅为 10%,约 75%的患者在初诊时已失去了最佳手术治疗的时机^[5]。在所有肺癌病例中,约 80%-85%的病理分型是非小细胞肺癌(Non-small cell lung cancer, NSCLC)。NSCLC 患者常伴有消瘦、胸痛、咯血等临床症状,加之社会角色功能的消弱、放化

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疗引起的不良反应、治疗带来的经济压力等因素,患者生活质量受到严重影响^[6,7]。研究发现,积极的应对方式能够影响患者情绪和对社会支持的渴望,改善生活质量^[8]。本研究通过调查 NSCLC 化疗患者应对方式与生活质量的关联性,为其相关治疗和改善预后提供参考依据。

1 资料与方法

1.1 一般资料

选择 2016 年 5 月-2018 年 5 月在我院接受化疗的 NSCLC 患者共 110 例,纳入标准:(1)所有患者均经病理检查确诊为晚期 NSCLC,肺癌分期标准为 IIIb~IV 期,诊断标准参照《NCCN 非小细胞肺癌临床实践指南(中国版)》^[9];(2)患者自愿参与本研究;(3)精神正常且积极配合者。排除标准:(1)合并全身感染者;(2)严重贫血者;(3)严重心肝肾等系统疾病者。110 例病例中,男 64 例,女 46 例;年龄 27~80 岁,平均(53.40±10.62)岁;病程 7~33 月,平均(19.41±4.27)月。本研究经我院伦理委员会批准,患者签署知情同意书。

1.2 研究方法

1.2.1 调查工具 采用肺癌生命质量量表(EORTC quality of life questionnaire, EORTC-QLQ.C30)中文量表^[10]对 NSCLC 患者生活质量进行调查。EORTC-QLQ.C30 中文量表包含躯体功能、认知功能、情绪功能、角色功能和社会功能 5 个功能维度,疼痛、乏力、恶心呕吐 3 个症状维度及失眠、呼吸困难、腹泻、便秘、食欲不振和财务困难 6 个单项测量项目。生活质量评价得分在 1~7 分,其他条目评价得分在 1~4 分,不同维度条目得分总和/条目数即为该维度粗分,并通过极差化方法进行线性变换疾患标准化得分:标准化得分=100×[1-(粗分-1)/极差],即为功能维度标准化得分,并计算症状维度和总体健康状况维度标准化得分,总分 100 分,得分越高提示生活质量越好。

采用配合 EORTC-QLQ.C30 量表的肺癌患者专用量表 E-ORTC-QLQ.LC13^[11]评价不同治疗时期肺癌患者生活质量。该量表包含肺癌表现维度(咳嗽、气促、咯血、疼痛)和化疗相关副反应(口腔疼痛、周围神经痛、吞咽困难、脱发、止痛药物的使

用)。所有条目分为 4 个等级,评分 1~4 分,肺癌患者总评分 1~100 分,得分越高,代表肺癌症状或者治疗相关副反应越严重。

采用医学应对方式问卷(Medical coping modes questionnaire, MCMQ)对患者应对方式进行评分^[12]。MCMQ 共包含 20 个条目,包括"面对"量表(8 个条目组成)、"回避"量表(7 个条目组成)和"屈服"量表(5 个条目组成),所有计分均分为 1~4 级,其中 12 个条目正向计分,8 个条目反向计分。得分越高说明应对方式使用频次相对越多。

1.2.2 调查方法 在正式调查前所有调查人员均经过严格的培训与考核,每位参与者均清楚本次调查的目的与意义。遵循匿名、自愿原则,由调查人员发放问卷,采用统一填表方法,患者在 30 分钟内完成调查问卷。调查完成后调查员认真核实调查问卷有无遗漏、逻辑性错误等,查漏补缺。本研究共发放问卷 110 份,收回有效问卷 107 份,回收有效率 97.27%。

1.3 研究指标

分别在化疗前、化疗中和化疗后收集 NSCLC 患者生活质量调查指标和应对方式调查指标,分析其相关性,对收集的患

1.4 统计学处理

采用 EpiData3.1 进行问卷数据录入,并建立核查文件确保数据录入准确。采用 SPSS20.0 进行统计学分析。定量资料采用($\bar{x} \pm s$)描述,两组间的差异性采用 t 检验,多组间的差异性分析采用方差分析,两两比较采用 LSD 方法,并采用多元逐步回归分析整体生活质量的影响因素。以 $\alpha=0.05$ 为统计学检验水准。

2 结果

2.1 NSCLC 患者不同化疗阶段生活质量得分比较

与化疗前比较,化疗中、化疗后患者功能维度得分和整体生活质量得分显著下降,而症状维度得分和化疗相关副反应得分显著升高,差异有统计学意义($P<0.05$)。不同化疗阶段肺癌表现得分的差异无统计学意义($P>0.05$)。见表 1。

表 1 不同化疗阶段生活质量得分比较($\bar{x} \pm s$, 分)

Table 1 Comparison of quality of life scores at different stages of chemotherapy($\bar{x} \pm s$, scores)

Dimension	Before chemotherapy	In chemotherapy	After chemotherapy	F	P
Functional dimension	71.05±22.17	63.14±19.39*	58.56±16.49*	11.341	0.000
Symptom dimension	28.36±19.15	36.49±19.91*	37.81±21.77*	6.799	0.001
Manifestation of lung cancer	22.14±14.62	24.89±18.36	23.59±19.05	2.082	0.126
Side effects associated with chemotherapy	8.238±7.86	20.48±17.48*	20.78±17.37*	24.614	0.000
Overall quality of life	57.51±13.69	52.67±11.39*	51.42±12.47*	7.374	0.001

Note: compared with before chemotherapy, * $P<0.05$.

2.2 不同化疗阶段应对方式得分比较

不同化疗阶段,患者三种应对方式(面对方式、回避方式、屈服方式)得分的差异均无统计学意义($P>0.05$)。患者采取面对方式和回避方式的得分均高于屈服方式($P<0.05$)。见表 2。

2.3 NSCLC 患者应对方式与生活质量相关性分析

NSCLC 患者应对方式与生活质量相关性整体表现为:面对与患者整体生活质量呈正相关,回避、屈服与患者整体生活质量呈负相关。见表 3。

表 2 不同化疗阶段应对方式得分比较($\bar{x} \pm s$, 分)Table 2 Comparison of coping styles in different stages of chemotherapy($\bar{x} \pm s$, scores)

Styles	Before chemotherapy	In chemotherapy	After chemotherapy	F	P
Facing style	17.54 $\pm$ 3.06 [#]	17.38 $\pm$ 3.86 [#]	18.13 $\pm$ 4.08 [#]	0.300	0.741
Evasion style	16.34 $\pm$ 2.35 [#]	16.92 $\pm$ 2.89 [#]	16.39 $\pm$ 3.10 [#]	0.899	0.408
Yield style	11.58 $\pm$ 3.13	12.08 $\pm$ 2.72	12.10 $\pm$ 2.82	1.135	0.323

Note: compare with the yield style, [#] $P < 0.05$.

表 3 应对方式与生活质量相关性分析(r, P)Table 3 Correlation analysis of coping style and quality of life(r, P)

Quality of life	Facing	Evasion	Yield
Functional dimension	0.152, 0.043	-0.016, 0.124	-0.112, 0.137
Symptom dimension	-0.103, 0.097	0.191, 0.103	0.069, 0.258
Manifestation of lung cancer	-0.270, 0.025	0.087, 0.115	0.193, 0.039
Side effects associated with chemotherapy	-0.225, 0.037	0.145, 0.083	0.083, 0.371
Overall quality of life	0.231, 0.031	-0.383, 0.001	-0.359, 0.005

2.4 影响 NSCLC 患者整体生活质量的单因素分析

经单因素分析结果显示,患者整体生活质量与年龄、月收入

入、疾病转移存在明显的差异($P < 0.05$),而患者整体生活质量与性别、病理类型比较差异无统计学意义($P > 0.05$),见表 4。

表 4 影响 NSCLC 患者整体生活质量的单因素分析

Table 4 Single factor analysis of the overall quality of life in patients with NSCLC

Factors		n	Scores	t/F	P
Sex	Male	64	53.85± 12.39	0.125	0.674
	Female	46	54.62± 11.58		
Age (years old)	≥ 60	59	50.85± 13.31	33.231	0.000
	<60	51	57.13± 10.34		
Monthly income (yuan)	≥ 5000	47	64.28± 15.11	78.214	0.000
	<5000	63	47.34± 11.32		
Disease metastasis	Yes	66	49.17± 13.68	42.635	0.000
	No	44	60.53± 11.54		
Pathological type	Squamous cell carcinoma	46	52.15± 12.46	0.246	0.530
	Adenocarcinoma	19	51.78± 10.28		
	Small cell undifferentiated carcinoma	16	53.47± 12.71		
	Bronchioloalveolar carcinoma	19	52.05± 12.83		
	Large cell undifferentiated carcinoma	10	54.15± 11.30		

2.5 影响 NSCLC 患者整体生活质量的多因素分析

以单因素分析结果,以及不同面对方式相关分析有意义因素为自变量,以整体生活质量总分为因变量进行多元线性回

归分析,采用逐步回归法,其分析结果为年龄、疾病转移、面对方式是 NSCLC 化疗患者整体生活质量的影响因素($P < 0.05$)。

表 5 影响 NSCLC 患者整体生活质量的多因素分析

Table 5 Multivariate analysis of the overall quality of life in NSCLC patients

Factors	Regression coefficient	Normalized partial regression coefficient	t	P
Age	-4.732	-0.381	2.584	0.019
Monthly income	5.387	0.215	0.250	0.420
Disease metastasis	-5.214	-0.135	4.235	0.000
Facing style	7.796	0.185	2.891	0.001

3 讨论

肺癌是我国发病率和死亡率最高的恶性肿瘤之一, NSCLC 患者确诊时大多已失去手术治疗的最佳时间^[13]。化疗作为 NSCLC 患者的重要治疗手段之一,能够有效改善临床症状,延长生存时间,但是化疗会给患者带来一系列毒副作用及心理问题,严重影响患者的生活质量^[14,15]。因此,在治疗过程中,如何缓解患者身心症状、提高患者生活质量至关重要。目前,关于生活质量并没有明确的定义,WHO 对其界定为:不同价值体系下的个体对所关心事情有关的体验^[16-18]。生活质量的研究有助于评价患者生理、心理、社会功能状况,有助于患者预后判断和生存期的预测^[19]。本研究选择 EORTC-QLQ.C30 量表和肺癌患者专用量表 EORTC-QLQ.LC13 对 NSCLC 患者生活质量进行评价。应对是缓解负面情绪反应和处理、解决问题的过程,是缓解压力的行为策略和适应内外在需求的认知和改变^[20,21]。应对方式可从广义上分为情感式应对和问题式应对,本研究采用 MCMQ 应对问卷分析 NSCLC 患者应对方式,通过探讨生活质量与应对方式的相关性,为相关研究提供依据。

本研究结果发现,不同化疗阶段,患者功能维度得分和整体生活质量得分显著下降,症状维度得分和化疗相关副反应得分显著升高,说明化疗副反应增加、临床症状加重, NSCLC 患者感觉功能降低、整体生活质量也在下降,与相关研究结果一致^[22,23],这与化疗在改善患者临床症状的同时带来的各种治疗副作用有关。患者采取面对方式和回避方式的得分均高于屈服方式,可能与本研究患者多集中在肺癌分期 IV 期,患者预期疗效差,仅能采取面对方式或者回避方式^[24,25]。同时,本研究发现面对方式与患者整体生活质量呈正相关,回避方式、屈服方式与患者整体生活质量呈负相关。患者采取积极面对方式能够得到家人、朋友、社会的支持以及更好的治疗配合,患者生活质量高^[26,27];而采取回避、屈服方式的患者多存在与人接触、抱有顺其自然、怨天尤人的心态,活动减少、卧床时间增加、机体免疫力下降、医患沟通困难等问题,社会功能和整体生活质量水平均较低^[28,29]。应针对不同类型的患者,给予积极有效的引导,改善患者预后、提高生活质量。多元逐步回归分析显示:年龄、转移及面对方式是 NSCLC 化疗患者整体生活质量的影响因素,分析原因为随着年龄的增长患者整体生活质量会下降,这可能是年龄大的患者,自我照顾能力下降,影响到患者的生理、躯体、心理和社会功能,提示应加强对老年患者的健康教育,提供更多的照护,促进老年患者整体生活质量的提高;疾病转移会加重患者心理负担,增加治疗费用,导致生活质量降低。另外,积极的面对方式可使患者保持良性情绪,有效配合治疗,从而提升整体生活质量情况^[30]。

综上所述,对于 NSCLC 化疗患者,应注重评估其不同化疗期采用的应对方式,给予积极有效的引导,发挥积极应对方式对生活质量的促进作用,改善 NSCLC 患者的预后、提高患者生活质量。

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