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慢性心力衰竭患者生活质量与社会支持的关系及其影响因素分析 *

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摘要 目的:探讨慢性心力衰竭(CHF)患者生活质量与社会支持的关系及其影响因素。方法:选取我院于2019年1月~2020年5月期间收治的230例CHF患者纳入研究组,选取同期来我院行常规心血管体检的健康志愿者100例作为对照组。采用明尼苏达州心力衰竭生活质量问卷(MLHFQ)评价两组生活质量,选用社会支持评定量表对两组的社会支持进行评价。采用Pearson相关性分析CHF患者生活质量与社会支持的相关性,采用单因素以及多因素Logistic回归分析CHF患者的生活质量的影响因素。结果:研究组的症状、体力、情绪、社会经济、总分均高于对照组($P<0.05$)。研究组客观支持、个体对支持的利用度、主观支持、总分均高于对照组($P<0.05$)。Pearson相关性分析结果表明,CHF患者生活质量总分与社会支持总分呈正相关($P<0.05$)。单因素分析结果可知,CHF患者生活质量与年龄、性别、文化程度、日常生活能力、病程、心功能分级、主要照顾者身份、照顾者健康状况有关($P<0.05$),而与婚姻状况、居住情况无关($P>0.05$)。多因素Logistic回归分析结果显示:年龄、文化程度、日常生活能力、主要照顾者身份及照顾者健康状况为CHF患者生活质量的影响因素($P<0.05$)。结论:CHF患者的生活质量与社会支持密切相关,且年龄、文化程度、日常生活能力、主要照顾者身份及照顾者健康状况为CHF患者生活质量的影响因素,临床医护人员应采取有针对性的干预措施以提高CHF患者的生活质量。

关键词:慢性心力衰竭;生活质量;社会支持;影响因素

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The Relationship between Quality of Life and Social Support in Patients with Chronic Heart Failure and Analysis of Its Influencing Factors*

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ABSTRACT Objective: To explore the relationship between quality of life and social support in patients with chronic heart failure (CHF) and its influencing factors. **Methods:** 230 patients with CHF who were admitted to our hospital from January 2019 to May 2020 were included in the study group. 100 healthy volunteers who had routine cardiovascular physical examination in our hospital in the same period were selected as the control group. The quality of life of the two groups was evaluated by Minnesota heart failure quality of life questionnaire, and the social support of the two groups was evaluated by social support rating scale. Pearson correlation analysis was used to analyze the correlation between quality of life and social support in patients with CHF. Single factor and multivariate Logistic regression were used to analyze the influencing factors of quality of life in patients with CHF. **Results:** The symptoms, physical strength, emotion, social economy and total scores of the study group were higher than those of the control group ($P<0.05$). Objective support, individual utilization of support, subjective support and total scores of the study group were higher than those of the control group ($P<0.05$). Pearson correlation analysis showed that the total score of quality of life and social support in patients with CHF were positively correlated ($P<0.05$). The results of single factor analysis showed that the quality of life of patients with CHF were related to age, gender, education level, ability of daily life, course of disease, classification of heart function, identity of main caregivers and health status of caregivers ($P<0.05$), but not to marital status and living status ($P>0.05$). The results of multivariate Logistic regression analysis showed that age, education level, ability of daily life, identity of main caregivers and health status of caregivers were the influencing factors of quality of life of patients with CHF ($P<0.05$). **Conclusion:** The quality of life of patients with CHF is closely related to social support, and age, education level, ability of daily life, identity of main caregivers and health status of caregivers are the influencing factors of the quality of life of patients with CHF. Clinical medical staff should take targeted interventions to improve the quality of life of patients with CHF.

Key words: Chronic heart failure; Quality of life; Social support; Influencing factors

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前言

慢性心力衰竭(CHF)是大多数心血管疾病的最终归宿,主要是由于血流动力学负荷过重、炎症等原因引起的心肌损伤,引起心肌结构改变,最终导致心室泵血或充盈功能低下^[1-3]。近年来随着我国人们生活结构的改变,老龄化人口的加剧,CHF的发病率呈不断上升趋势^[4]。现阶段临床针对CHF的治疗主要采用药物治疗,可获得一定的疗效,但临床常规的疗效中过分强调休息,长期卧床可增加肌肉萎缩、体力减退、关节僵直等并发症的发生率,导致患者生活质量下降^[5,6]。此外,CHF作为一个长期治疗疾病,离不开亲属及朋友的关怀与支持^[7]。既往研究结果显示^[8],良好的社会支持会对个体的身体、心理健康产生许多积极影响。鉴于此,本研究通过探讨CHF患者生活质量与社会支持的关系及其影响因素分析,以期临床CHF的治疗提供一定的思路,整理报道如下。

1 资料与方法

1.1 一般资料

选取我院于2019年1月~2020年5月期间收治的230例CHF患者纳入研究组。其中男99例,女131例,年龄22~91岁,平均 (65.73 ± 3.96) 岁。纳入标准:(1)CHF诊断标准参考《中国心力衰竭诊断和治疗指南》^[9],左心室射血分数 $\leq 50\%$;(2)符合纽约心脏病协会^[10]心功能分级II~IV级者。排除标准:(1)合并严重肝肾功能障碍者;(2)认知功能障碍,无法正常沟通交流者;(3)急性冠状动脉综合征者;(4)合并恶性肿瘤者;(5)合并免疫缺陷、急慢性感染者。因6例患者无法配合完成研究,最终224例患者纳入本次研究。选取同期来我院行常规心血管体检的健康志愿者100例作为对照组,男41例,女59例,年龄

20~70岁,平均 (65.24 ± 4.56) 岁。两组性别、年龄对比无统计学差异($P>0.05$),临床资料具有可比性。所有受试者均签署知情同意书。

1.2 研究方法

(1)一般资料:采用我院自制的调查研究表收集所有患者临床资料,调查研究表内容包括病程、年龄、文化程度、性别、婚姻状况、心功能分级、日常生活能力、居住情况、主要照顾者身份、照顾者健康状况。调查过程中由经过培训的研究者使用统一的指导语对患者进行说明,患者自行填写,针对无法顺利答卷的患者由研究者逐条询问并记录。调查问卷填写完成后,当场检查并收回。(2)生活质量:采用明尼苏达州心力衰竭生活质量问卷(MLHFQ)^[11]评价两组生活质量,该量表包括21个条目,包括症状、体力、情绪和社会经济等维度,各维度采用线形条目记分法,总分105分,分数越高,生活质量越差。(3)社会支持:选用社会支持评定量表对两组的社会支持进行评价^[12],该量表包括客观支持、个体对支持的利用度、主观支持这3个维度。总分100分,分数越高,社会支持越高。

1.3 统计学处理

应用SPSS 22.0软件分析数据,计数资料用 $n(\%)$ 表示,给予 χ^2 检验。计量资料用 $(\bar{x} \pm s)$ 表示,给予t检验或F检验,CHF患者的生活质量的影响因素予以单因素以及多因素Logistic回归分析,采用Pearson相关性分析CHF患者生活质量与社会支持的相关性,将 $P<0.05$ 记作差异有统计学意义。

2 结果

2.1 两组生活质量比较

研究组的症状、体力、情绪、社会经济、总分均高于对照组($P<0.05$);详见表1。

表1 两组生活质量比较 $(\bar{x} \pm s, \text{分})$

Table 1 Comparison of quality of life between the two groups $(\bar{x} \pm s, \text{scores})$

Groups	Symptoms	Physical strength	Emotion	Social economy	Total scores
Control group(n=100)	1.07 $\pm$ 0.32	11.28 $\pm$ 2.25	4.25 $\pm$ 0.96	4.18 $\pm$ 0.85	20.78 $\pm$ 4.38
Study group (n=224)	4.86 $\pm$ 0.59	23.60 $\pm$ 3.46	9.53 $\pm$ 1.17	13.56 $\pm$ 1.71	51.55 $\pm$ 6.93
t	60.362	32.644	39.563	52.027	40.886
P	0.000	0.000	0.000	0.000	0.000

2.2 两组社会支持情况比较

研究组客观支持、主观支持、个体对支持的利用度、总分均

高于对照组($P<0.05$);详见表2。

表2 两组社会支持情况比较 $(\bar{x} \pm s, \text{分})$

Table 2 Comparison of social support between the two groups $(\bar{x} \pm s, \text{scores})$

Groups	Objective support	Individual utilization of support	Subjective support	Total scores
Control group(n=100)	8.13 $\pm$ 0.48	6.26 $\pm$ 0.73	18.95 $\pm$ 1.92	33.34 $\pm$ 3.13
Study group (n=224)	11.07 $\pm$ 0.72	8.91 $\pm$ 0.69	23.14 $\pm$ 2.68	43.12 $\pm$ 4.09
t	37.285	31.364	14.097	30.011
P	0.000	0.000	0.000	0.000

2.3 CHF 患者生活质量与社会支持的相关性分析

Pearson 相关性分析结果表明,CHF 患者生活质量总分与社会支持总分呈正相关($r=0.634, P=0.000$)。

2.4 CHF 患者生活质量的单因素分析

单因素分析结果可知,CHF 患者生活质量与年龄、性别、文化程度、日常生活能力、病程、心功能分级、主要照顾者身份、照顾者健康状况有关 ($P<0.05$), 而与婚姻状况、居住情况无关 ($P>0.05$);详见表 3。

表 3 CHF 患者生活质量的单因素分析
Table 3 Single factor analysis of quality of life in patients with CHF

Items	n=224	Total score of quality of life(scores)	F/t	P
Age				
<60 years	87	48.27± 4.28	9.553	0.000
≥ 60 years	137	53.63± 3.97		
Gender				
Male	98	47.94± 4.09	13.038	0.000
Female	126	54.36± 3.28		
Education level				
Junior high school and below	142	53.92± 5.18	15.974	0.000
High school and technical secondary school	59	48.72± 4.25		
College or above	23	44.18± 3.96		
Marital status				
No spouse	63	50.72± 4.27	1.8762	0.064
Yes spouse	161	51.87± 4.18		
Living status				
Live alone	52	51.93± 5.66	0.602	0.548
Living with family	172	51.44± 4.98		
Ability of daily life				
Can not self care	46	55.38± 5.37	16.897	0.000
Partial self care	81	52.23± 4.96		
Complete self care	97	49.17± 4.88		
Course of disease(years)				
≤ 5	118	49.14± 4.63	19.246	0.000
5~10	87	53.41± 5.14		
≥ 10	19	57.97± 5.72		
Classification of heart function				
II grade	61	45.97± 4.29	9.764	0.000
III grade	139	53.09± 4.36		
IV grade	24	56.82± 5.03		
Identity of main caregivers				
Spouse	61	45.85± 4.82	8.425	0.000
Children	148	53.26± 4.36		
Others	15	57.84± 5.63		
Health status of caregivers				
Good	102	48.41± 4.87	10.691	0.000
Commonly	112	53.76± 5.24		
Bad	10	58.84± 5.19		

2.5 CHF 患者生活质量的多因素分析

以 CHF 患者生活质量总分作为因变量,将单因素分析中有统计学意义的因素作为自变量并进行赋值,纳入多因素 Lo-

gistic 回归分析,结果显示:年龄、文化程度、日常生活能力、主要照顾者身份及照顾者健康状况为 CHF 患者生活质量的影响因素($P<0.05$);详见表 4。

表 4 CHF 患者生活质量的多因素分析

Table 4 Multivariate analysis of quality of life in patients with CHF

Items	β	Wald χ^2	SE	P	OR	95%CI
Age	2.067	6.834	0.347	0.000	7.183	3.396~7.943
Education level	3.492	7.842	0.309	0.000	6.104	2.974~6.372
Ability of daily life	2.783	7.375	0.336	0.000	5.382	2.495~6.283
Identity of main caregivers	2.459	9.536	0.374	0.000	4.952	2.295~6.052
Health status of caregivers	2.959	6.205	0.366	0.000	4.015	3.112~5.467

3 讨论

CHF 是多种心脏疾病的终末阶段,临床主要表现为收缩能力、心脏舒张、心室泵血能力降低,致残率和致死率极高^[13]。现临床针对 CHF 的治疗无根治性方案,多以缓解临床症状、阻止疾病进展为主^[14]。常见的西医内服治疗如强心、利尿、扩血管等药物可降低心脏前后负荷,达到纠正心衰的目的^[15]。但长期使用西医治疗不良反应大,导致患者依从性变差,影响整体治疗效果^[16]。随着现代医学模式的转变,CHF 的治疗逐渐由原来的注重生存率和生存时间逐渐转变为关注患者的生存质量。CHF 患者生活质量的测评工具主要采用 MLHFQ 量表,MLHFQ 量表作为评价心衰生命质量的特异性量表,具有较好的信度和效度^[17,18]。本次研究结果中,研究组的症状、体力、情绪、社会经济、总分均高于对照组,可见 CHF 患者存在较差的生活质量,这与王呼萍等学者^[19]研究结果基本一致。提示临床应对患者的身体、心理和社会表现,采取有效措施,以提高患者的自我保健意识及生活质量。

社会支持可分为主观、客观支持,主要是指来自组织或社会各方面包括家庭、亲属、同事等给予的精神、物质上的支持^[20,21]。本研究中研究组客观支持、个体对支持的利用度、主观支持、总分均高于对照组,可见 CHF 患者获得的社会支持要明显高于正常健康人群。进一步的相关性结果显示,CHF 患者生活质量总分与社会支持总分呈正相关,说明患者得到的社会支持越多,生活质量越高。CHF 患者心脏泵血不能满足机体的需要,导致患者受限于临床症状,自理能力下降,生活质量降低。而社会支持可为患者提供情感支持,改变患者的行为,增加患者的依从性^[22-24]。本研究结果显示,CHF 患者的生活质量的影响因素较多,主要包括性别、日常生活能力、年龄、文化程度、心功能分级、病程、主要照顾者身份、照顾者健康状况等,进一步的多因素 Logistic 回归分析结果显示:年龄、文化程度、日常生活能力、主要照顾者身份及照顾者健康状况为 CHF 患者生活质量的影响因素。究其原因,随着年龄的增长,患者机体各项脏器功能退化,个体的活动能力也随之下降,直接导致生活质量的降低,提示医护人员应对高龄患者进行疾病相关知识宣教,及时的心理疏导,通过提高患者的治疗依从性来提高其生活质量^[25]。文化程度低的 CHF 患者由于知识水平有限,疾病相关知识了

解不够深入,不易接受医疗信息资源,适应性较差,故而导致其生活质量下降,医护人员在临床实践中应帮助低文化程度患者正确认识疾病,以帮助其树立乐观的态度面对疾病与健康状况^[26]。日常生活能力可影响患者的生存价值,当生活能力低下的患者只有依靠他人的照顾才能维持生命,易产生挫败感和内疚感,进一步降低其生活质量^[27]。针对此类患者应给予更多的关注和支持,并加强患者自我护理技能的指导培训,使其提高自我护理能力。家庭是患者缓解心理压力、减少负面情绪的重要场所,而主要照顾者身份为最亲近的人时有利于患者获得更多的社会支持,帮助其缓解各种压力,调节不良情绪^[28,29]。此外,照顾者的健康状况是患者的负担之一,多数患者无法接受由健康状况较差的照顾者提供照顾,这会增加其内心愧疚感,降低其生活质量^[30]。

综上所述,CHF 患者的生活质量与社会支持密切相关,且年龄、文化程度、日常生活能力、主要照顾者身份及照顾者健康状况为 CHF 患者生活质量的影响因素,临床医护人员应采取有针对性的干预措施以提高 CHF 患者的生活质量。

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