

doi: 10.13241/j.cnki.pmb.2021.04.032

伴与不伴边缘性人格障碍的首发中青年抑郁症患者认知功能、临床症状的差异及其相关性分析*

李 宁 韩克艳[△] 王育梅 胡 蕊 高媛媛

(河北医科大学第一医院精神卫生科 河北 石家庄 050000)

摘要 目的:比较伴与不伴有边缘性人格障碍(BPD)的首发中青年抑郁症患者认知功能及临床症状的差异,并分析相关性。**方法:**选取自2017年3月至2020年1月于我院就诊的首发中青年抑郁症患者167例,按照纳入标准及排除标准,剔除21例不符合者,最终入组146例。将伴有BPD的抑郁症患者归为研究组(72例),不伴有BPD的抑郁症患者归为对照组(74例)。采用韦氏记忆量表(WMS-RC)、韦氏智能量表(WAIS-RC)、威斯康星卡片分类测验(WCST)对两组患者进行认知功能的对照性评估,采用症状自评量表(SCL-90)评估患者临床症状,Pearson相关性分析患者认知功能与临床症状的关系。**结果:**研究组的人际关系敏感因子评分较对照组升高($P<0.05$)。研究组即刻记忆、语言智商数、操作智商数评分均低于对照组,而持续错误数多于对照组($P<0.05$)。经Pearson相关性分析可得:伴有BPD的首发中青年抑郁症患者人际关系敏感因子评分与即刻记忆、语言智商数、操作智商数均呈负相关关系($P<0.05$),而与持续错误数呈正相关关系($P<0.05$)。**结论:**伴有BPD的首发中青年抑郁症患者较不伴有BPD的抑郁症患者认知功能受损更为严重,人际关系敏感性更高,且患者的认知功能与临床症状存在一定的关联。

关键词:抑郁症;边缘性人格障碍;认知功能;中青年;临床症状

中图分类号:R395;R395.6 **文献标识码:**A **文章编号:**1673-6273(2021)04-750-04

The Difference and Correlation Analysis of Cognitive Function and Clinical Symptoms of First-episode Young in Middle-aged Depression Patients with and without Borderline Personality Disorder*

LI Ning, HAN Ke-yan[△], WANG Yu-mei, HU Rui, GAO Yuan-yuan

(Department of Mental Health, The First Hospital of Hebei Medical University, Shijiazhuang, Hebei, 050000, China)

ABSTRACT Objective: To compare the differences of cognitive function and clinical symptoms between the first-episode young in middle-aged depression patients with and without borderline personality disorder (BPD). **Methods:** 167 patients with first-episode depression were selected in our hospital from March 2017 to January 2020. 21 patients were excluded according to the standard vertebra, and 146 patients were finally enrolled. The patients with BPD were divided into study group (72 cases) and control group (74 cases). Wechsler Memory Scale (WMS-RC), Wechsler Intelligence Scale (WAIS-RC), Wisconsin Card Sorting Test (WCST) were used to assess the cognitive function of the patients in the study group and the control group, and the symptom checklist 90 (SCL-90) was used to assess the patient's clinical symptoms. The relationship between cognitive function and clinical symptoms was analyzed by Pearson correlation analysis. **Results:** The interpersonal sensitivity factor score of the study group was higher than that of the control group (2.22 ± 0.21) ($P<0.05$). The scores of immediate memory, verbal IQ and operational IQ in the study group were lower than those in the control group, while the number of persistent errors was more than that in the control group ($P<0.05$). Pearson correlation analysis showed that interpersonal sensitivity of first-episode young in middle-aged depression patients with BPD was negatively correlated with immediate memory, verbal IQ and operational IQ ($P<0.05$), while positively correlated with persistent error number ($P<0.05$). **Conclusion:** The first-episode young in middle-aged depression patients with BPD is more serious than that of patients without BPD, and the interpersonal relationship sensitivity of patients with BPD is higher than that of patients without BPD, and there is a certain correlation between cognitive function and clinical symptoms.

Key words: Depression; Borderline personality disorder; Cognitive function; Young and middle-aged people; Clinical symptoms

Chinese Library Classification(CLC): R395; R395.6 **Document code:** A

Article ID: 1673-6273(2021)04-750-04

* 基金项目:河北省医学科学研究重点课题计划项目(20180241)

作者简介:李宁(1983-),男,硕士,主治医师,研究方向:抑郁症,E-mail: ln3961837@163.com

[△] 通讯作者:韩克艳(1980-),女,硕士,主治医师,研究方向:抑郁症,E-mail: abc304412835@126.com

(收稿日期:2020-07-04 接受日期:2020-07-28)

前言

抑郁症以显著而持久的情绪、兴趣减少、快感缺失为主要临床特征,具有高复发率、高自杀率、高致残率的特点,其中复发率高达 80%,自杀率约为 10%~15%,致残率约为 18%,此病不仅对患者本身具有较大的折磨,而且加重了患者家庭及社会的负担^[1-3]。边缘性人格障碍(BPD)是一种以人际关系、自我形象、情感的不稳定以及显著冲动为基本特征的情感障碍^[4-6]。近年来多项研究显示^[7-9],多数抑郁症患者伴有认知功能损害,其主要表现在执行能力、记忆以及注意力等方面,而关于伴有 BPD 的抑郁症患者认知功能的损害及临床特点却鲜有报道。本研究的主要目的是比较伴有与不伴有 BPD 的首发中青年抑郁症患者认知功能及临床症状的差异并分析相关性,以期临床防治中青年抑郁症提供参考依据。

1 资料与方法

1.1 一般资料

选取自 2017 年 3 月至 2020 年 1 月于我院就诊的首发中青年抑郁症患者 167 例,患者均签署了知情同意书。纳入标准:(1)年龄范围为 21-50 岁;(2)符合抑郁症的诊断标准^[10],入组时 24 项 Hamilton 抑郁量表(HAMD-24)评分 >35 分;(3)初中或以上文化程度,具备一定的视听能力以完成检查;(4)病程 1-7 个月。排除标准:(1)合并有精神活性物质依赖;(2)精神发育迟滞、痴呆、盲和聋哑残疾患者;(3)伴严重的心、肝、脑、肾等躯体疾病。剔除 21 例不符合者,最终入组 146 例,将伴有 BPD 的抑郁症患者归为研究组(HAMD-24 评分 >35 分、米氏 BPD 检测表(MSI-BPD)评分 ≥ 7 分);共 72 例,其中男 29 例,女 43 例;年龄范围(21-42)岁,平均年龄(31.19 $\pm$ 8.12)岁;受教育程度: ≤ 12 年 33 例, >12 年 39 例;病程范围(2-6)月,平均病程(4.63 $\pm$ 1.19)月;不伴有 BPD 的抑郁症患者归为对照组(HAMD-24 评分 >35 分;MSI-BPD 评分 <7 分);共 74 例,其中男 34 例,女 40 例;受教育程度: ≤ 12 年 39 例, >12 年 35 例;年龄范围(23-45)岁,平均年龄(30.18 $\pm$ 6.56)岁;病程范围(2-6)月,平均病程(4.27 $\pm$ 1.65)月。两组一般资料方面比较无明显差异($P > 0.05$),具有可比性。

1.2 研究方法

1.2.1 研究工具 (1)采用症状自评量表(SCL-90)^[11]对患者的临床症状进行评估:该量表主要包括精神病性、偏执、敌对、恐怖、焦虑、抑郁、强迫症状、躯体化以及人际关系敏感 9 个方面,每个方面得分越高预示该方面症状越明显。(2)采用韦氏记忆量表(WMS-RC)、韦氏智能量表(WAIS-RC)、威斯康星卡片分类测验(WCST)对两组患者的认知功能进行评估:WAIS-RC 评分^[12]:包括语言智商数、操作智商数、智商数,得分越高表示智力越好;WMS-RC 评分^[12]:主要内容囊括长时记忆、短时记忆以及即刻记忆,得分越高预示记忆力越好;WCST 评分^[13]:主要内容涵盖根据颜色(红、黄、绿、蓝)、形状(三角形、十字形、圆形、五角星形)和图形数量(1、2、3、4)的不同而制作的 128 张卡片。为受试者展示 1 个红三角、2 个绿五角星、3 个黄十字和 4 个蓝圆形的 4 张模板,随后要求受试者完成所有卡片的分类。观察指标囊括总测验次数、正确应答数、错误应答数、持续错误数、完成分类数。(3)MSI-BPD 评分^[14]:该量表是 Zanarini 等人于 2003 年编制的针对边缘性人格障碍的自评问卷,记分标准为符合题意记为 1 分,否则记为 0 分,整个问卷的得分为 0-10 分。根据研究结果,该问卷得分 7 分点的敏感性为 0.81,特异性为 0.85,好于其它各点,因此将该点定位 cutoff 点。

1.2.2 实施方法 由 4 名经验丰富的精神卫生科主治医师以上职称医师向入组对象解释研究目的和意义并征得入组对象同意,按入组标准及排除标准筛选入组对象,将入组对象分为研究组及对照组,对两组分别进行 WAIS-RC、WMS-RC、WCST、SCL-90 检查和评定。

1.3 统计学处理

以 SPSS 22.0 软件完成数据的统计分析,以%、($\bar{x} \pm s$)分别表示计数资料、计量资料,进行 χ^2 、t 检验。采用 Person 相关性分析患者认知功能与临床症状的关系,以 $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 两组临床症状评价

研究组患者的人际关系敏感因子评分高于对照组($P < 0.05$),两组其他因子评分比较未见显著性差异($P > 0.05$)。见表 1。

表 1 两组 SCL-90 各因子分比较($\bar{x} \pm s$, 分)

Table 1 Comparison of SCL-90 factor scores between the two groups($\bar{x} \pm s$, scores)

Factors	Study group(n=72)	Control group(n=74)	t	P
Somatization	1.75 $\pm$ 0.26	1.61 $\pm$ 0.75	1.499	0.136
Obsessive compulsive symptoms	2.42 $\pm$ 0.71	2.32 $\pm$ 0.69	0.863	0.390
Psychotic	2.76 $\pm$ 0.61	2.58 $\pm$ 0.71	1.641	0.103
Paranoia	2.67 $\pm$ 0.11	2.63 $\pm$ 0.18	1.615	0.109
Hostile	1.34 $\pm$ 0.41	1.29 $\pm$ 0.72	0.514	0.608
Fear	1.67 $\pm$ 0.24	1.74 $\pm$ 0.31	1.523	0.130
Depressed	2.83 $\pm$ 0.21	2.81 $\pm$ 0.11	0.724	0.470
Anxious	2.38 $\pm$ 0.11	2.35 $\pm$ 0.16	1.317	0.187
Interpersonal sensitivity	2.86 $\pm$ 0.91	2.47 $\pm$ 0.79	2.768	0.006

2.2 两组认知功能比较

于对照组,而持续错误数多于对照组($P<0.05$),见表2。

研究组患者即刻记忆、语言智商数、操作智商数评分均低

表2 两组认知功能的比较($\bar{x} \pm s$)Table 2 Comparison of cognitive function between the two groups($\bar{x} \pm s$)

Rating scales	Projects	Study group (n=72)	Control group (n=74)	t	P
WAIS-RC	long-term memory(scores)	39.24± 3.21	40.23± 5.32	1.357	0.177
	short-term memory(scores)	50.32± 6.21	51.65± 9.23	1.391	0.166
	immediate memory(scores)	10.11± 2.82	13.25 ± 3.45	6.012	0.000
WMS-RC	verbal IQ(scores)	91.81± 9.08	97.56± 11.17	3.408	0.001
	operational IQ(scores)	85.76± 3.56	89.14± 11.25	2.433	0.016
	IQ(scores)	115.81± 9.76	119.21± 11.32	1.914	0.054
WCST	number of total tests(counts)	75.19± 10.11	74.28± 17.02	0.391	0.696
	number of Correct answers(counts)	24.32± 12.24	25.80± 11.95	0.739	0.461
	number of persistent errors(counts)	36.12± 10.12	31.27± 11.93	2.646	0.009
	number of Random error (counts)	24.12± 11.10	21.34± 9.54	1.624	0.104
	Number of categories completed(counts)	4.97± 0.23	4.99± 0.24	0.514	0.608

2.3 伴有 BPD 的首发中青年抑郁症患者认知功能与临床症状的相关性分析

症患者人际关系敏感因子评分与即刻记忆、语言智商数、操作智商数均呈负相关关系($P<0.05$),而与持续错误数呈正相关关系($P<0.05$)。见表3。

经 Pearson 相关性分析可得:伴有 BPD 的首发中青年抑郁

表3 伴有 BPD 的首发中青年抑郁症患者认知功能与临床症状的相关性分析

Table 3 Correlation Analysis of cognitive function and clinical symptoms of first-episode young in middle-aged depression patients with BPD

Factors	Interpersonal sensitivity factors	
	r	P
Immediate memory	-0.473	0.025
Verbal IQ	-0.518	0.014
Operational IQ	-0.492	0.020
Number of persistent errors	0.532	0.012

3 讨论

抑郁症作为临床常见的情感障碍性疾病之一,主要特征涵盖情绪低落、思维迟缓以及认知功能损害等^[16-18]。目前认为,引发抑郁症的有关发病因素相对较多,其中最为重要的因素在于应激性的生活事件和个人对认知的调节方式。由于抑郁症患者的心理理解能力较差,患者发生的最危险后果通常为自杀,其已经成为患者死亡的重要诱因。因此,在对患者实施治疗时,应鉴别出有自杀企图或意识的患者,并积极为其进行科学有效的治疗。研究报道指出,自杀企图或(和)行为均是抑郁症严重后果,其中抑郁症病例的自杀风险远远高于正常人群^[22-23]。BPD 患者的主要特征是在情感控制、人际关系、自我形象、冲动控制等方面存在不稳定性。患者对环境变化非常敏感,个体会有有一种不稳定的紧张的人际关系模式,其认为分离或拒绝即将来临或失去外部支持,可导致自我情感、认知和行为上的深刻改变,患

者为了免遭遗弃可能出现自残或自杀等一系列不良行为^[19-21]。临床发现,部分抑郁症患者往往同时合并有 BPD 症状,且 BPD 还会对抑郁症的治疗效果产生较为消极的不良影响。解决措施主要在于提升此类合并症患者的短期治疗疗效,同时有效提升其对于治疗措施的依从性,强化其对治疗方案的信心。本研究比较伴有 BPD 的首发中青年抑郁症患者认知功能及临床症状的差异,并分析二者之间的相关性,有助于更好地辅助治疗抑郁症。

本文结果显示,研究组患者的人际关系敏感评分高于对照组,这充分提示了伴有 BPD 的抑郁症患者抑郁、偏执的症状更为突出,对人际关系的敏感程度也更高,导致患者自杀的风险更大。抑郁症病例普遍存在不同程度的认知功能受损,亦是影响患者病情康复以及社会功能的因素,甚至可能以残留症状的形式伴随病例^[24,25]。此外,研究组认知功能明显低于对照组,且在即刻记忆、语言智商数、操作智商数、持续错误数方面的差异

明显。已有研究证实,脑内神经递质的比例变化与抑郁症患者的情感状态和认知功能相关^[26],本研究结果提示,伴有 BPD 的抑郁症患者脑内神经递质比例变化可能更明显。WAIS-RC 反映了患者的认知功能变化情况,而 WMS-RC 有效体现了患者的记忆功能,WCST 则反映了抽象思维中的执行功能,而执行功能是个体为实现特定理想通过各种方式调控相关子系统活动的过程,其意义在于一种协同作用,若个体的执行功能下降,上述协同作用受影响,从而极易促使个体在认知过程中出现错误,进一步对解决问题能力造成负面影响^[27,28]。本研究提示伴有 BPD 的抑郁症患者执行功能受损更为严重,解决问题的能力以及处理复杂操作的能力更差,也提示伴有 BPD 的抑郁症患者额叶局部脑损害程度明显高于不伴有 BPD 的抑郁症患者。另外,经 Pearson 相关性分析可得:伴有 BPD 的首发中青年抑郁症患者人际关系敏感因子评分与即刻记忆、语言智商数、操作智商数均呈负相关关系,而与持续错误数呈正相关关系。考虑原因,笔者推测可能是随着人际关系敏感症状的加重,往往反映了患者的病情较严重,认知以及记忆损害程度较高,最终呈现了相应的变化^[29,30]。

综上所述,伴有 BPD 的首发中青年抑郁症病例临床症状较为显著,且认知功能受损更严重。对该类病患的临床症状及认知功能进行评估具有极其重要的作用,亦是临床干预措施制定的重要参考依据。

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