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中晚期直肠癌患者的心理压力调查及干预措施探讨*

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摘要 目的:分析中晚期直肠癌患者的心理健康情况,探讨改善患者心理应激的干预措施,为直肠癌的临床护理工作提供可借鉴的方法。**方法:**选取2009年1月-2013年1月在我院接受治疗的中晚期直肠癌患者89例作为研究对象,随机分为两组。其中,对照组42例患者采用常规护理模式,而干预组47例患者在此基础上接受健康指导。分别于干预前后对患者的心理健康状况及生存质量进行问卷调查,比较并分析调查结果。**结果:**实施护理干预前,两组患者各项评分无显著差异($P>0.05$);实施护理干预后,两组患者的心理健康评分均有所改善,差异具有统计学意义($P<0.05$)。干预组患者接受健康指导后的各项指标评分均显著优于对照组患者,差异具有统计学意义($P<0.05$)。两组患者干预后的生理机能、社会功能及情感功能评分均获得提高,但干预组患者效果更为明显,差异具有统计学意义($P<0.05$)。**结论:**中晚期直肠癌患者的心理压力对预后产生消极影响,医护人员应积极对患者进行心理疏导,帮助其积极配合治疗,从而获得良好的疗效。

关键词:中晚期直肠癌;心理问题;干预方法

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Investigation and Analysis on the Psychological Health of Patients with Advanced Rectal Cancer*

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ABSTRACT Objective: To analyze the mental health of patients with advanced rectal cancer and to explore the interventions which could improve patients' mental stress in order to make a reference for clinical nursing. **Methods:** 89 patients with advanced rectal cancer who were treated in our hospital from January 2009 to 2013 were selected and randomly divided into two groups. The patients in the control group were treated by the conventional nursing method, while the patients in the intervention group were treated by the mental health education besides the conventional nursing. Then a questionnaire was designed to investigate the objects in the two groups in terms of the psychological problems such as the anxiety, depression, paranoid, etc., and the results were collected and analyzed. **Results:** There was no statistically significant difference of patients in the two groups before the intervention ($P>0.05$). After the intervention, the scores of mental health of patients in the two groups were improved ($P<0.05$). The scores of patients in the intervention group who have received the health guidance were better than those of the control group with statistically significant differences ($P<0.05$). The scores of the physiology, the pain, the emotion, the sociality and the cognition of patients in the two groups were improved than before, especially for the patients in the intervention group with statistically significant differences ($P<0.05$). **Conclusions:** It is suggested that the mental factors have effects on the prognosis of patients with advanced rectal cancer. Therefore, we should take the responsibility of enhancing the self-confidence of patients and help them get rid of the mental obstacles so as to obtain better clinical effects.

Key words: Advanced rectal cancer; Psychological obstacles; Interventions

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前言

直肠癌是临床常见的恶性肿瘤之一,患者会出现排便异常、便血、腹泻及局部腹痛等症状,晚期则累及全身,病死率极高^[1-3]。直肠癌发病早期症状不明显,患者确诊时已发展为中晚期,失去了最佳的治疗时机。中晚期直肠癌患者会出现不同程

度的排泄功能障碍、心理障碍、社交活动受限等,影响患者的生存质量。此外,很多患者对疾病缺乏科学的认识,极易产生焦虑、抑郁等心理障碍,消极对待治疗,不利于改善病情预后^[4-6]。有研究表明,恶性肿瘤患者的病情进展与心理因素存在一定的关系^[7]。因此,充分了解中晚期直肠癌患者的心理压力,并采取有效的措施进行干预是改善患者生存质量的关键。本研究采用

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问卷调查的方式对我院收治的中晚期直肠癌患者的心理健康情况进行调查,并根据调查结果实施护理干预措施,取得了一定的效果。现将具体资料汇报如下:

1 资料与方法

1.1 一般资料

选取 2009 年 1 月 -2013 年 1 月在我院接受治疗的中晚期直肠癌患者 89 例作为研究对象。其中,男 49 例,女 40 例,年龄 35-69 岁,平均(42.5± 9.6)岁。将患者随机分为干预组和对照组。其中,干预组 47 例患者,男 31 例,女 16 例,年龄 30-68 岁,平均(44.3± 8.7)岁;肿瘤分期:Ⅱ期 21 例,Ⅲ期 26 例。对照组 42 例患者,男 19 例,女 23 例,年龄 32-69 岁,平均(43.8± 9.4)岁;肿瘤分期:Ⅱ期 25 例,Ⅲ期 17 例。两组患者的年龄、病情等一般资料无显著差异($P>0.05$),具有可比性。

1.2 方法

1.2.1 常规护理模式 对照组患者采用常规护理模式,根据病情制定护理计划,严格按照医嘱用药,加强巡视等。

1.2.2 健康指导模式 干预组患者在常规护理的基础上,接受心理健康指导。①健康教育:护理人员采用口头宣教、宣传图片、专题健康教育讲座等方式对患者开展疾病相关知识的教育,提高对疾病的认识;帮助患者认识直肠癌的危害性,了解不良的心理状态对疾病治疗的消极影响,使患者明确意识到改善心理状态对病情发展的重要性^[8,9]。②心理护理:肿瘤患者大多存在焦虑、烦躁、孤独、抑郁、惊恐、偏执等一些心理问题。护理人员要多与患者进行沟通,要充分地了解患者的生活习惯、价值取向及宗教信仰等,准确把握患者的心理需求。通过集体心理干预、个体心理干预、音乐疗法、运动疗法等方式,使患者学会自我心理调节,保持稳定的情绪和乐观、积极的心态。护理人员要尊重关心患者,增加患者对医护人员的信任,减轻负性情绪的影响,积极配合治疗^[10-12]。③行为干预:纠正患者不健康的生活方式,指导患者根据自身条件选择合适适量的体育锻炼,如散步、体操、打太极等有氧运动;指导患者坚持定时服药,不可随意增减^[13]。

1.3 评价方法

分别于干预前后对两组患者的心理状况进行问卷调查。根据抑郁自评量表(Self-rating depression scale, SDS)和焦虑自评量表(Self-Rating Anxiety Scale, SAS)设计调查问卷,主要内容:躯体化、强迫症、抑郁、焦虑、偏执、人际关系敏感等共 30 个项目,每题设置 4 个选项:从未发生、有时发生、经常发生、持续发生,分数为 1-4。

1.4 评分标准

患者根据自身实际情况做出选择,将 30 个项目的分数相加后× 1.25,结果取整数即为标准得分。我国常模判定抑郁的分界值为 53 分,53-62 分为轻度抑郁;63-72 分为中度抑郁;>72 分为重度抑郁。分值越高,说明抑郁程度越严重。

1.5 统计学处理

数据采用 SPSS17.0 软件系统进行统计分析,计数资料用标准方差表示,组间比较采用 t 检验,以 $P<0.05$ 为差异具有统计学意义。

2 结果

2.1 两组患者干预前后的心理状况评分比较

干预前,干预组患者躯体化评分(9.79± 0.29);强迫评分(9.22± 0.44);敏感评分(9.99± 0.58);抑郁评分(9.12± 0.22);焦虑评分(9.14± 0.57);偏执评分(9.19± 0.83)。对照组躯体化评分(9.63± 0.33);强迫评分(9.45± 0.66);敏感评分(9.67± 0.58);抑郁评分(9.59± 0.57);焦虑评分(9.67± 0.43);偏执评分(9.48± 0.46)。干预后,干预组患者躯体化评分(7.19± 0.77);强迫评分(7.37± 0.58);敏感评分(7.64± 0.16);抑郁评分(7.55± 0.28);焦虑评分(8.14± 0.36);偏执评分(7.97± 0.37)。对照组躯体化评分(7.38± 0.83);强迫评分(8.09± 0.49);敏感评分(8.14± 0.65);抑郁评分(8.55± 0.94);焦虑评分(8.76± 0.75);偏执评分(8.81± 0.13)。干预前,两组患者各项评分无显著差异($P>0.05$);干预后,两组患者心理健康评分均有所改善,干预组患者各项指标显著优于对照组,差异具有统计学意义($P<0.05$)。见表 1。

表 1 两组患者护理干预前后的心理状况比较

Table 1 Comparison of the mental situations of patients in the two groups before and after the intervention

项目 Items	对照组 Control group(n=42)		干预组 Intervention group(n=47)	
	干预前 Before intervention	干预后 After intervention	干预前 Before intervention	干预后 After intervention
躯体化 Somatization	9.79± 0.29	7.38± 0.83* [△]	9.63± 0.33	7.19± 0.77* [△]
强迫 Obsession	9.22± 0.44	8.09± 0.49* [△]	9.45± 0.66	7.37± 0.58* [△]
敏感 Sensitivity	9.99± 0.58	8.14± 0.65* [△]	9.67± 0.58	7.64± 0.16* [△]
抑郁 Depression	9.12± 0.22	8.55± 0.94* [△]	9.59± 0.57	7.55± 0.28* [△]
焦虑 Dysphoria	9.14± 0.57	8.76± 0.75* [△]	9.67± 0.43	8.14± 0.36* [△]
偏执 Paranoid	9.19± 0.83	8.81± 0.13* [△]	9.48± 0.46	7.97± 0.37* [△]

Note: compared between the two groups before the intervention, $P>0.05$; *compared within each group after the intervention, $P<0.05$; [△]compared between the two groups after the intervention, $P<0.05$.

2.2 两组患者干预前后的生存质量评分变化

干预前,干预组患者的生理机能评分为(61.52± 3.83),社会功能评分为(67.11± 2.56),情感功能评分为(63.76± 3.97);对照组患者的生理机能评分为(60.95± 3.91),社会功能评分为(69.84± 3.51),情感功能评分为(62.62± 2.76)。干预后,干预组患者的生理机能评分为(82.75± 3.25),社会功能评分为(87.22± 2.13),情感功能评分为(83.54± 3.08);对照组患者的生理机能评分为(75.44± 3.54),社会功能评分为(79.36± 3.05),情感功能评分为(72.99± 2.89)。两组患者干预后的生理机能、社会功能及情感功能评分均获得提高,但干预组患者效果更明显,差异具有统计学意义($P<0.05$)。

3 讨论

中晚期直肠癌患者主要的临床表现有:肠道分泌物增加、便血、贫血及肠梗阻等,不仅严重影响患者的生命安全,而且对患者的心理健康产生消极的影响。那么,采用一种科学有效的心理护理方式帮助患者树立积极正确的心理状态对改善中晚期直肠癌患者的生存质量至关重要。研究表明,良好的心理状态能够改善中晚期肿瘤患者的治疗效果^[14-16]。因此,医护人员应引导患者采用理智的方式应对问题,避免病情给患者带来的心理打击,帮助患者消除影响心理健康的不利因素。心理健康指导是临床护理工作中常用的护理模式,该模式要求医护人员要根据患者的临床症状、病情程度及心理特点,采取适当的措施;要鼓励患者树立战胜疾病的信心,以积极的心态面对疾病;协助患者参加适当的放松训练,如听音乐、体育锻炼等,使患者压抑在心中的负性情绪得以释放,从而减轻心理压力^[17-19]。另外,医生与患者之间要建立和谐的医患关系,向患者介绍疾病的相关知识和治疗的不同阶段应注意的事项,做好患者家属思想工作,鼓励亲友探视、关心和照顾,指导家属给予精神上的安慰和生活上的照顾,激发患者战胜疾病的信心^[20]。

本研究采用心理健康指导的护理模式,两组患者的心理健康评分均有所改善,且生理机能、社会功能及情感功能评分获得提高,差异具有统计学意义($P<0.05$)。此外,干预组患者接受健康指导后的各项指标评分均显著高于对照组患者,差异具有统计学意义($P<0.05$)。结果说明,心理健康指导能够帮助患者认识直肠癌的危害性,了解不良的心理状态对疾病治疗的消极影响,使患者明确意识到改善心理状态对病情发展的重要性,有利于帮助患者积极配合治疗,从而提高患者的生存质量。

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