耐多药肺结核患者心理健康状况调查及与应对方式、社会支持的相关性研究 *

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摘要 目的:探讨耐多药肺结核患者心理健康状况的影响因素,分析其及与应对方式、社会支持的相关性。**方法:**选择 2018 年 4 月至 2020 年 5 月我院诊治的 101 例耐多药肺结核患者作为观察组,选择同期 99 例敏感肺结核患者作为对照组。两组均测评症状自评量表 -90(SCL-90)评分、医学应对问卷(MCMQ)评分以及社会支持评定量表(SSRS)评分,分析 SCL-90 总评分与 MCMQ 各因子评分、SSRS 总评分的相关性,采用 Logistic 回归模型分析心理健康状况的影响因素。**结果:**与对照组相比,观察组的躯体化、人际关系、抑郁、焦虑、敌对性、恐怖和精神病性评分以及总评分明显提高($P<0.05$)。与对照组相比,观察组的面对评分、客观支持、主观支持、支持利用度评分以及总评分均降低($P<0.05$)。Pearson 相关性分析显示,SCL-90 总评分与 MCMQ 评分中的回避和屈服评分呈正相关性($r=0.386$、0.311,均 $P<0.05$),SCL-90 总评分与 SSRS 总评分呈负相关($r=-0.332$,$P<0.05$)。多因素 Logistic 回归分析显示,经济状况差、躯体健康状况差、病情严重、睡眠质量差和生活满意度低是耐多药肺结核患者心理健康不良的独立危险因素($P<0.05$)。**结论:**耐多药肺结核患者心理健康状况差,应对方式选择面对较少,总体社会支持水平较低,患者的心理健康状况与应对方式、社会支持存在一定的相关性。在提供躯体性治疗的基础上,应结合患者的心理健康状况及相关危险因素给予适当干预。
关键词:耐多药肺结核;心理健康;应对方式;社会支持;相关性
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Investigation on Mental Health Status of Multidrug Resistant Tuberculosis Patients and its Correlation with Coping Style and Social Support*

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ABSTRACT Objective: To explore the influencing factors of mental health status of patients with multidrug-resistant tuberculosis, and analyze its correlation with coping style and social support. **Methods:** 101 patients with multidrug-resistant tuberculosis treated in our hospital from April 2018 to May 2020 were selected as observation group, 99 patients with sensitive pulmonary tuberculosis during the same period were selected as control group. Symptom checklist-90 (SCL-90) score, Medical coping modes questionnaire (MCMQ) score and Social Support Rating Scale (SSRS) score were evaluated in both groups, the correlation between SCL-90 total score and MCMQ factor scores, SSRS total scores was analyzed, and the influencing factors of mental health status were analyzed by Logistic regression model. **Results:** Compared with the control group, the scores of somatization, interpersonal relationship, depression, anxiety, hostility, terror and psychosis and the total score in the observation group were significantly increased ($P<0.05$). Compared with the control group, the face score, objective support, subjective support, support utilization score and total score of the observation group decreased ($P<0.05$). Pearson correlation analysis showed that the SCL-90 total score was positively correlated with the avoidance and yield scores in MCMQ score ($r=0.386,0.311$; all $P<0.05$), the SCL-90 total score was negatively correlated with that of SSRS total score ($r=-0.332$, $P<0.05$). Multivariate logistic regression analysis showed that poor economic status, poor physical health, serious illness, poor sleep quality and low life satisfaction were the independent risk factors of poor mental health in patients with multidrug-resistant tuberculosis ($P<0.05$). **Conclusion:** Patients with multidrug-resistant tuberculosis generally have poor mental health, coping style selection is less, and the overall level of social support is low. There is a certain correlation between mental health status of patients and coping style and social support. On the basis of providing somatic therapy, appropriate intervention should be given in combination with the mental health status of patients and related risk factors.
Key words: Multidrug-resistant tuberculosis; Mental health; Coping style; Social support; Relevance
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前言

耐多药肺结核是一种慢性传染性疾病,流行病学研究结果显示我国的肺结核患者中耐多药肺结核患者的比例可达 7%左右,并且近年来呈逐年增长趋势,已经成为难治性肺结核病的主要因素[1,2]。目前耐多药肺结核患者的 5 年生存率较低,约为50%[3],因此大部分耐多药肺结核患者容易产生抑郁、恐惧和焦虑等不良情绪[4,5]。良好的应对方式以及社会支持能够消除患者的不良情绪,改善患者的精神和心理状况,促使患者更好配合医护人员进行治疗[6,7]。本研究对 101 例耐多药肺结核患者的心理健康状况进行调查,旨在分析患者心理健康状况的影响因素以及患者心理健康状况与应对方式、社会支持的相关性,现报道如下。

1 资料与方法

1.1 一般资料

选择 2018 年 4 月至 2020 年 5 月我院诊治的 101 例耐多药肺结核患者作为观察组。纳入标准:(1)结核菌培养呈阳性,药敏实验证实至少对利福平和异烟肼 2 种及以上的抗结核药物存在耐药性;(2)临床资料完整;(3)自愿参与本次临床实验,签署知情同意书。排除标准:(1)肝肾功能严重损伤者;(2)认知功能存在严重障碍;(3)存在严重躯体障碍;(4)存在全身性感染性疾病。其中男性 71 例,女性 30 例。年龄 18-75 岁,平均年龄(51.73±12.46)岁。选择同期 99 例敏感肺结核患者作为对照组,其中男性 68 例,女性 31 例。年龄 20-74 岁,平均年龄(50.96±15.28)岁。两组的性别比例和年龄比较,组间差异无统计学意义($P>0.05$),临床资料均衡可比。

1.2 方法

1.2.1 症状自评量表 -90(Symptom checklist-90, SCL-90)评估心理健康状况

SCL-90 量表主要分为 9 个因子,包括躯体化、人际关系、抑郁、焦虑、敌对性、恐怖、精神病性、强迫和偏执,其包括 90 个自我评定项目,每个项目的评分等级分为 0 分(无症状),1 分(轻度症状),2 分(中度症状),3 分(症状相当重)和 4 分(症状严重),每个因子的评分为组成该因子的项目总分 / 组成该因子的项目数,总评分越高表明患者的心理健康状况越差[8]。

1.2.2 医学应对问卷 (Medical Coping Modes Questionnaire, MCMQ)评分[9]调查受试者应对方式

MCMQ 评分包括屈服、回避和面对三个子量表,共包括 20 个条目,各个条目的评分等级为 1-4 分,其中的 8 个条目进行反评积分,患者根据量表中的指导语自行填写。屈服子量表的总分为 20 分,回避子量表的总分为 28 分,面对子量表的总分为 32 分。

1.2.3 社会支持评定量表(Social Support R ating Scale,SSRS)评分[10]评估受试者社会支持情况

SSRS 评分包括 10 个项目,并且分为对社会支持的利用度(3 项)、主观支持(4 项)和客观支持(3 项)三个维度,得分越高表明获得的社会支持越多、社会支持的利用度越高。

1.3 耐多药肺结核患者基本资料的收集及分组

根据 SCL-90 评分将耐多药肺结核患者进一步划分为 34 例心理健康不良组(SCL-90 总评分 >140 分)和 67 例心理健康良好组(SCL-90 总评分≤ 140 分),收集两组的基线资料,包括经济状况、躯体健康状况、病情严重程度、睡眠质量、生活满意度、性格类型、性别、年龄、文化水平、婚姻状况和体育锻炼情况。

1.4 统计学分析

采用 SPSS20.0 统计学软件对临床数据进行分析。平均年龄、SCL-90 评分、MCMQ 评分等计量资料采用平均值±标准差的方式来表示,采用独立样本 t 检验。性别比例、文化水平和婚姻状况等计数资料以频数和百分比的方式来表示,通过 χ^2 检验进行统计学分析,应用 Logistic 回归模型分析心理健康状况的影响因素,采用 Pearson 相关性分析对耐多药肺结核患者 SCL-90 总分与 MCMQ 应对方式评分、社会支持总分的相关性进行检验,$P<0.05$ 则表示差异具有统计学意义。

2 结果

2.1 观察组和对照组的 SCL-90 评分比较

观察组的躯体化、人际关系、抑郁、焦虑、敌对性、恐怖和精神病性评分以及总评分明显高于对照组($P<0.05$)。两组的强迫和偏执评分比较,组间差异无统计学意义($P>0.05$),见表 1。

表 1 SCL-90 评分比较($\bar{x}\pm s$,分)

Table 1 Comparison of SCL-90 scores($\bar{x}\pm s$, score)

Items	Observation group(n=101)	Control group(n=99)	t	P
Somatization	1.91±0.38	1.36±0.33	10.920	0.000
Hostility	1.67±0.46	1.63±0.38	0.670	0.504
Interpersonal relationship	1.88±0.54	1.64±0.39	3.597	0.000
Depression	1.96±0.43	1.63±0.56	4.680	0.000
Anxiety	1.89±0.41	1.47±0.38	7.510	0.000
Hostility	1.68±0.51	1.45±0.49	3.251	0.001
Terror	1.30±0.39	1.18±0.40	2.148	0.033
Paranoia	1.49±0.59	1.41±0.35	1.163	0.246
Psychosis	1.45±0.30	1.32±0.33	2.916	0.004
Total scores	146.37±17.38	126.95±15.17	7.979	0.000

2.2 观察组和对照组的 MCMQ 评分以及 SSRS 评分比较

观察组的面对评分、客观支持、主观支持、支持利用度评分

以及总评分均低于对照组(P<0.05)。两组的回避和屈服评分比较,组间差异无统计学意义(P>0.05),见表 2。

表 2 MCMQ 评分、SSRS 评分比较($\bar{x}\pm s$,分)

Table 2 Comparison of MCMQ score and SSRS score($\bar{x}\pm s$, score)

	Items	Observation group(n=101)	Control group(n=99)	t	P
MCMQ score	Face	17.68±3.37	19.46±3.82	3.496	0.001
	Avoid	14.86±3.03	14.43±2.96	1.015	0.311
	Yield	8.91±3.12	8.82±3.16	0.203	0.840
SSRS score	Total social support score	32.29±4.69	36.22±6.64	4.842	0.000
	Objective support	6.88±2.08	7.73±2.53	2.598	0.010
	Subjective support	18.56±3.24	20.52±4.73	3.425	0.001
	Support utilization	6.83±2.01	7.95±2.12	3.835	0.000

2.3 耐多药肺结核患者 SCL-90 总评分与 MCMQ 评分、SSRS 评分的相关性分析

Pearson 相关性分析显示,SCL-90 总评分与 MCMQ 评分中的面对评分之间无相关性 (r=0.142,P=0.189),SCL-90 总评分与 MCMQ 评分中的回避和屈服评分呈正相关性(r=0.386,0.311;P=0.015,0.019),SCL-90 总评分与 SSRS 总评分呈

负相关(r=-0.332,P=0.008)。

2.4 心理健康状况影响因素的单因素分析

两组的经济状况、躯体健康状况、病情严重程度、睡眠质量、生活满意度和性格类型比较,组间差异具有统计学意义(P<0.05)。两组的性别、年龄、文化水平、婚姻状况和体育锻炼比较,组间差异无统计学意义(P>0.05),见表 3。

表 3 心理健康状况影响因素的单因素分析【例(%)】

Table 3 Single factor analysis of influencing factors of mental health[n(%)]

Variable	Classification	n	Poor mental health group(n=34)	Good mental health group(n=67)	χ^2	P
Gender	Male	71	23(32.39)	48(67.61)	0.172	0.678
	Female	30	11(36.67)	19(63.33)		
Age	18-29 years	16	4(25.00)	12(75.00)	0.640	0.726
	30-49 years	20	7(35.00)	13(65.00)		
	≥ 50 years	65	23(35.38)	42(64.62)		
Educational level	Secondary school and below	54	21(38.89)	33(61.11)	1.753	0.416
	High school or technical secondary school	37	11(29.73)	26(70.27)		
	College or above	10	2(20.00)	8(80.00)		
Marital status	Unmarried	20	6(30.00)	14(70.00)	1.097	0.578
	Married	73	24(32.88)	49(67.12)		
	Divorce / widowhood	8	4(50.00)	4(50.00)		
Economic status	Good	9	1(11.11)	8(88.89)	12.514	0.002
	Commonly	56	13(23.21)	43(76.79)		
	Bad	36	20(55.56)	16(44.44)		
Physical health	Good	44	9(20.45)	35(79.55)	7.073	0.029
	Commonly	38	15(39.47)	23(60.53)		
	Bad	19	10(52.63)	9(47.37)		
Serious illness	Light	35	6(17.14)	29(82.86)	10.311	0.006
	Commonly	37	12(32.43)	25(67.57)		
	Serious	29	16(55.17)	13(44.83)		

续表 3 心理健康状况影响因素的单因素分析【例(%)】

Table 3 Single factor analysis of influencing factors of mental health[n(%)]

Variable	Classification	n	Poor mental health group(n=34)	Good mental health group(n=67)	χ^2	P
Sleep quality	Good	69	14(20.29)	55(79.71)	20.612	0.000
	Commonly	15	7(46.67)	8(53.33)		
	Bad	17	13(76.47)	4(23.53)		
Life satisfaction	Satisfied	22	3(13.64)	19(86.36)	8.943	0.011
	Commonly	36	10(27.78)	26(72.22)		
	Dissatisfied	43	21(48.84)	22(51.16)		
Personality type	Extroversion	46	10(21.74)	36(78.26)	7.680	0.021
	Neutral	29	10(34.48)	19(65.52)		
	Introvert	26	14(53.85)	12(46.15)		
Physical exercise	Often	24	5(20.83)	19(79.17)	3.522	0.172
	Occasionally	27	8(29.63)	19(70.37)		
	Never	50	21(42.00)	29(58.00)		

2.5 影响耐多药肺结核患者心理健康状况的多因素 Logistic 回归分析

以耐多药肺结核患者心理健康状况作为因变量，其中 0=良好，1= 不良，将表 4 中有统计学意义的变量为自变量进行多因素 Logistic 回归分析($\alpha_\text{入} =0.05, \alpha_\text{出} =0.10$)，结果显示，经济状况差、躯体健康状况差、病情严重、睡眠质量差和生活满意度低是耐多药肺结核患者心理健康不良的独立危险因素($P<0.05$)。见表 4。

表 4 心理健康状况影响因素的多因素 Logistic 回归分析

Table 4 Multivariate Logistic regression analysis on influencing factors of mental health

Factors	Regression coefficient	Standard error	Wald χ^2	P	OR	95% CI
Poor economic status	1.127	0.219	10.285	0.000	2.445	1.837~3.259
Poor physical health	0.744	0.098	4.916	0.023	1.898	1.233~3.185
Serious illness	1.085	0.389	12.708	0.000	1.250	1.117~1.536
Poor sleep quality	0.872	0.070	11.233	0.000	1.478	1.201~2.429
Low life satisfaction	0.902	0.105	6.016	0.011	1.523	1.207~1.814
Introverted personality	1.148	1.228	0.875	0.351	3.148	2.289~8.916

3 讨论

目前，耐多药肺结核是我国肺结核疾病防治的难点、重点工作之一[11]。国内外的学者在多个研究领域进行探索，以期寻找更为有效的耐多药肺结核防治方法[12,13]。随着现代医学模式的逐步发展，社会心理学在耐多药肺结核发生发展中的作用逐渐得到关注[14]。已有研究显示耐多药肺结核患者的心理健康状况会对患者的治疗依从性、内分泌系统以及神经系统造成影响[15]，因此对患者的心理问题进行干预和控制有利于患者病情的改善。

本研究发现耐多药肺结核患者心理健康状况较差，其中，躯体化、焦虑和抑郁三项评分较为突出，分析其原因可能是由于耐多药肺结核是一种慢性疾病，患者容易出现胸痛、发热、咳血、盗汗以及咳嗽等症状[16]，并且患者长期服用的抗结核药物容易产生较多的药物不良反应[17]，二者结合会导致患者出现较多的躯体症状，进而引发焦虑和抑郁。进一步研究发现耐多药肺结核患者 MCMQ 评分中的面对评分明显低于对照组，表明耐多药肺结核患者对心理问题的应对方式很少选择面对。面对是一种积极的应对方式，其具体可表现为患者积极配合医护人员接受治疗以及临床护理，能够积极主动与医护人员沟通，对自身疾病的发生有充分认识，并且能够积极主动学习耐多药肺结核诊治的相关知识[18,19]。屈服和回避则是两种消极的应对方式，患者通过屈服和回避自身的问题，使心理健康状况逐渐恶化[20,21]。耐多药肺结核患者的治疗疗程较长，治疗过程中患者的身心承受着巨大压力，治疗所产生的经济负担对患者的生活和工作造成严重影响，患者难以维持乐观向上的积极心态，因此患者更倾向于选择屈服和回避作为相应的应对方式。此外，回避和屈服与 SCL-90 总评分呈正相关性，表明耐多药肺结核患

者心理健康状况恶化与患者采取消极的应对方式有关,虽然屈服和回避的应对方式能够在短期时间内减少患者的精神压力,但是从长期来看会延误患者疾病的治疗,导致病情恶化[22,23]。

本研究进一步发现耐多药肺结核患者的总体社会支持水平较低,可能是由于患者接受长时间治疗后容易产生焦虑、沮丧和抑郁等不良情绪,部分患者甚至会产生报复社会的心理,对社会支持产生一定的排斥心理[24,25]。已有研究报道显示社会支持的质量以及程度能够直接对个体的心理健康状况造成影响,良好的社会支持在心理健康的保护上具有积极作用[26,27]。此外,社会支持总分与 SCL-90 总评分呈负相关,进一步验证社会支持与耐多药肺结核患者心理健康状况之间存在密切联系。

多因素 Logistic 回归分析显示,经济状况差、躯体健康状况差、病情严重、睡眠质量差和生活满意度低是耐多药肺结核患者心理健康不良的独立危险因素,可能是由于长时间的治疗会对经济状况差的患者造成较大的经济负担,并且限制了患者的劳动能力,导致不良情绪的产生。躯体健康状况差和睡眠质量差的患者自身存在较多的基础疾病,受到社会的鼓励支持和照顾较少,易产生心理问题[28]。病情严重患者会出现发热、咳血和咳嗽等临床症状,使得患者容易遭受周遭人群的歧视,导致患者产生自卑感和孤独感[29,30]。生活满意度低的患者更倾向于选择回避的应对方式,延误患者的疾病治疗而造成病情加剧,患者容易产生不良情绪,进而影响心理健康。

综上所述,耐多药肺结核患者心理健康状况差,应对方式选择面对较少,总体社会支持水平较低,患者的心理健康状况与应对方式、社会支持存在一定的相关性。应对耐多药肺结核患者进行综合性治疗,在提供躯体性治疗的基础上结合患者的心理健康状况及相关危险因素给予适当干预。

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