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糖尿病肾病患者生存质量调查及与社会支持和自我医学应对能力的关系研究*

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摘要 目的:研究糖尿病肾病患者生存质量调查及与社会支持和自我医学应对能力的关系。**方法:**选取我院从2018年1月~2020年1月收治的100例糖尿病肾病患者纳入研究,通过生存质量调查问卷对所有受试者的生存质量予以评估,并采用单因素、多因素 Logistic 回归分析明确影响糖尿病肾病患者生存质量的相关因素。此外,将所有受试者按照生存质量评分高低分成A组(≤ 80 分)79例和B组(> 80 分)21例,分析不同生存质量评分患者的社会支持评分、自我医学应对能力的差异,并以 Pearson 相关性分析糖尿病肾病患者生存质量与社会支持和自我医学应对能力的关系。**结果:**经单因素分析可得:糖尿病肾病患者生存质量和年龄、病程、吸烟史、饮酒史、高血压病史、遵医嘱用药、遵医嘱饮食、运动次数有关(均 $P < 0.05$)。经多因素 Logistic 回归分析可得:年龄 > 35 岁、病程 > 5 年、有吸烟史、饮酒史、高血压病史、未遵医嘱用药、未遵医嘱饮食、运动次数 ≤ 3 次/周均是糖尿病肾病患者生存质量的独立危险因素(均 $P < 0.05$)。B组患者的各项社会支持评分均高于A组患者(均 $P < 0.05$)。B组患者的宿命、逃避评分低于A组患者,其它各项自我医学应对能力评分均高于A组患者(均 $P < 0.05$)。经 Pearson 相关性分析发现:糖尿病肾病患者生存质量与家庭支持、朋友支持、其他人支持评分以及面对、乐观、支持、情感宣泄、姑息、依赖自我评分均呈正相关关系,而与宿命、逃避评分呈负相关关系(均 $P < 0.05$)。**结论:**临床工作中应加强对患者健康宣教,为其制定良好的日常生活方案,重视年龄较大以及病程较长的患者。此外,糖尿病肾病患者生存质量与社会支持和自我医学应对能力密切相关。

关键词:糖尿病肾病;生存质量;社会支持;自我医学应对能力;影响因素

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Study on the Relationship between Quality of Life Survey and Social Support and Self-medical Coping Ability in Patients with Diabetic Nephropathy*

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ABSTRACT Objective: To study the quality of life survey and social support and self-medical coping ability in patients with diabetic nephropathy. **Methods:** 100 patients with diabetic nephropathy who were admitted to the hospital from January 2018 to January 2020 were included in the study. The quality of life of all subjects was assessed through a quality of life questionnaire, and univariate and multivariate Logistic regression analysis was used to identify the related factors affecting the quality of life of patients with diabetic nephropathy. In addition, all subjects in accordance with the quality of life score height were divided into group A (≤ 80 scores) of 79 cases and group B (> 80 scores) of 21 cases, the differences in social support scores and self-medical coping ability of patients with different quality of life scores were analyzed, and Pearson correlation was used to analyze the relationship between quality of life and social support and self-medical coping ability of patients with diabetic nephropathy. **Results:** The univariate analysis showed that the quality of life of patients with diabetic nephropathy was related to age, disease course, smoking history, drinking history, hypertension history, take the medicine as directed by your doctor, diet as prescribed by the doctor, and frequency of exercise (all $P < 0.05$). According to multivariate Logistic regression analysis, age > 35 years, disease course > 5 years, with smoking history, drinking history, hypertension history, not taking medication as prescribed, non-prescribed diet, and frequency of exercise ≤ 3 times/week were all independent risk factors for life quality of patients with diabetic nephropathy (all $P < 0.05$). The scores of social support in group B were higher than those in group A (all $P < 0.05$). The scores of fatalism and avoidance in group B were lower than those in group A, and the scores of other self-medical coping abilities in group B were higher than those in group A (all $P < 0.05$). Pearson correlation analysis showed that the quality of life of diabetic nephropathy patients was positively correlated with the scores of family support, friend support, other people's support, as well as the scores of face, optimism, support, emotional catharsis, palliation and self-dependence, while negatively correlated with the scores of fate and escape (all $P < 0.05$). **Conclusion:** In clinical work, health education for patients should be strengthened, good

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daily living programs should be developed for them, and attention should be paid to older patients and patients with a longer course of disease. In addition, the quality of life of diabetic nephropathy patients is closely related to social support and self-medical coping ability.

Key words: Diabetic nephropathy; Quality of life; Social support; Self-medical coping ability; Influence factors

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前言

糖尿病肾病属于临床上较为常见的一种糖尿病微血管并发症,亦是全球范围内难治性疾病之一^[1-3]。随着人们生活方式的不断改变以及人口老龄化问题的日益突出,糖尿病肾病的发病率正呈逐年攀升趋势,且具有残疾率高、死亡率高等特点,对患者的身心健康以及生命安全产生严重影响^[4-6]。目前,生存质量作为一种健康评价指标,开始被广泛应用于糖尿病肾病的诊治以及预后评估中,其不但可以测量受调查者的健康状况,同时还可以有效评估该疾病对患者产生的影响,继而为临床相关防治措施的制定和实施提供参考依据^[7,8]。鉴于此,本文通过研究糖尿病肾病患者生存质量调查及与社会支持和自我医学应对能力的关系,旨在为糖尿病肾病生存质量的改善提供参考依据,现作以下报道。

1 对象与方法

1.1 一般资料

选取我院从2018年1月~2020年1月收治的100例糖尿病肾病患者纳入研究。男性59例,女性41例;年龄21~78岁,平均(51.25±10.38)岁;病程2~17年,平均(11.22±3.10)年;合并吸烟史(吸烟>2支/d,持续时间>1年)50例,合并饮酒史(平均每日摄入乙醇量>60g,持续时间>5年)31例,合并高血压病史53例;遵医嘱用药35例,遵医嘱饮食41例;运动次数≤3次/周68例,>3次/周32例。纳入标准:(1)所有入选对象均符合糖尿病肾病的诊断标准^[9];(2)意识清晰可完成相关问卷调查;(3)无临床病历资料的缺失。排除标准:(1)神志异常或合并神经系统疾病者;(2)正参与其他研究者。所有研究对象均知情并签署了同意书,本研究与《赫尔辛基宣言》相关要求相符。

1.2 研究方法

(1)基线资料调查:采用医院自制的基线资料调查表完成,调查人员均经过专业培训,对于理解能力较差或不具备填写条件的人员由调查人员阅读后由被调查者回答,再由调查人员填写。调查问卷已全部回收,回收率100%。完成后安排1人负责核查数量和填写质量,若有漏填错填的立刻提示被调查者纠正。调查内容包括以下几点:①年龄;②性别;③病程;④吸烟史;⑤饮酒史;⑥高血压病史;⑦遵医嘱用药;⑧遵医嘱饮食;⑨运动次数。(2)采用世界卫生组织生存质量测定简表(WHO-QOL-BREF)测定所有受试者的生存质量,主要内容包括生理功能、社会关系、环境因素以及心理/精神状态4个维度,共26个条目,每个条目采线性评分方法(1~5分),得分越高预示受试者的生存质量越高^[10]。将所有受试者按照WHOQOL-BREF评分的高低分成A组(≤80分)79例和B组(>80分)21例。(3)参照领悟社会支持评定量表进行,主要包括12个条目,其

中家庭支持、朋友支持、其他人支持各4个条目,每个条目按照极不同意~极同意计分1~7分,总分12~84分,得分越高预示社会支持程度越佳^[11]。(4)通过国际医学应对能力问卷完成所有受试者自我医学应对能力的评估,主要内容包括以下几个维度:①面对;②乐观;③支持;④逃避;⑤宿命;⑥情感宣泄;⑦姑息;⑧依赖自我。共8个维度,60个条目,每个维度计分0~3分,得分越高预示受试者更倾向于采用该应对方式^[12]。

1.3 统计学处理

数据处理软件为SPSS 22.0,计数资料以%表示,开展 χ^2 检验;计量资料以($\bar{x}\pm s$)表示,开展t检验。采用单因素、多因素Logistic回归分析明确影响糖尿病肾病患者生存质量的影响因素。以Pearson相关性分析糖尿病肾病患者生存质量与社会支持和自我医学应对能力的关系。 $P<0.05$ 预示差异有统计学意义。

2 结果

2.1 糖尿病肾病患者生存质量的单因素分析

经单因素分析可得:糖尿病肾病患者生存质量和年龄、病程、吸烟史、饮酒史、高血压病史、遵医嘱用药、遵医嘱饮食、运动次数有关(均 $P<0.05$),而与性别无关($P>0.05$),见表1。

2.2 糖尿病肾病患者生存质量影响因素的多因素 Logistic 回归分析

经多因素Logistic回归分析可得:年龄>35岁、病程>5年、有吸烟史、有饮酒史、有高血压病史、未遵医嘱用药、未遵医嘱饮食、运动次数≤3次/周均是糖尿病肾病患者生存质量的独立危险因素(均 $P<0.05$),见表2。

2.3 不同生存质量评分患者的社会支持评分对比

B组患者的各项社会支持评分均高于A组患者(均 $P<0.05$),见表3。

2.4 不同生存质量评分患者的自我医学应对能力评价

B组患者的宿命、逃避评分低于A组患者,其它各项自我医学应对能力评分均高于A组患者(均 $P<0.05$),见表4。

2.5 糖尿病肾病患者生存质量与社会支持和自我医学应对能力的相关性分析

经Pearson相关性分析发现:糖尿病肾病患者生存质量与家庭支持、朋友支持、其他人支持评分以及面对、乐观、支持、情感宣泄、姑息、依赖自我评分均呈正相关关系,而与宿命、逃避评分呈负相关关系(均 $P<0.05$),见表5。

3 讨论

糖尿病肾病患者的肾功能呈渐进性丧失,极易引起一系列并发症,继而导致病情恶化、病程迁延,最终进展为终末期肾病^[13-15]。迄今为止,因受肾源稀少以及无特异性治疗手段等各种因素的影响,透析治疗已成为终末期肾病患者的重要手段,但

表 1 糖尿病肾病患者生存质量的单因素分析(分, $\bar{x} \pm s$)

Table 1 Univariate analysis of quality of life in patients with diabetic nephropathy(scores, $\bar{x} \pm s$)

Items	n	WHOQOL-BREF scores	t	P	
Gender	Male	59	72.33±5.01	0.691	0.491
	Female	41	73.04±5.12		
Age(years)	≤ 35	20	81.34±4.13	9.994	0.000
	>35	80	70.44±4.22		
Disease course(years)	≤ 5	25	84.52±4.91	12.944	0.000
	>5	75	68.65±5.07		
Smoking history	Yes	50	69.32±4.77	5.617	0.000
	No	50	75.91±5.61		
Drinking history	Yes	31	67.59±4.18	6.837	0.000
	No	69	74.88±4.83		
Hypertension history	Yes	53	69.12±4.17	6.002	0.000
	No	47	76.56±5.20		
Take the medicine as directed by your doctor	Yes	35	79.13±5.28	9.046	0.000
	No	65	69.12±4.29		
Diet as prescribed by the doctor	Yes	41	85.32±5.92	21.264	0.000
	No	59	63.79±4.27		
Frequency of exercise (times/week)	≤ 3	68	70.44±3.89	6.687	0.000
	>3	32	77.25±5.21		

表 2 糖尿病肾病患者生存质量影响因素的多因素 Logistic 回归分析

Table 2 Multivariate Logistic regression analysis of influence factors of quality of life in patients with diabetic nephropathy

Factors	β	SE	Wald χ^2	P	OR	95%CI
Age>35 years	2.105	0.855	7.352	0.000	7.365	1.355~11.35
disease course>5 years	2.875	0.849	6.231	0.000	7.105	1.398~12.095
With smoking histor	1.785	0.822	6.216	0.001	6.283	1.445~9.395
With drinking history	1.955	0.815	6.039	0.006	8.062	1.405~12.375
With hypertension history	2.375	0.880	5.873	0.012	7.288	1.833~12.875
Not taking medication as prescribed	2.426	0.901	5.972	0.007	6.873	1.432~9.873
Non-prescribed diet	1.864	0.875	5.772	0.017	7.395	1.305~11.735
Frequency of exercise ≤ 3 times/week	2.401	0.835	5.901	0.008	8.152	1.407~12.374

表 3 不同生存质量评分患者的社会支持评分对比(分, $\bar{x} \pm s$)

Table 3 Comparison of social support scores of patients with different quality of life scores(scores, $\bar{x} \pm s$)

Groups	n	Family support	Friend support	Other people's support	Total scores
Group B	21	12.53±3.27	23.76±4.69	9.31±2.34	44.10±8.05
Group A	79	10.34±3.21	20.55±5.10	7.94±2.18	40.39±7.16
t	-	2.768	2.605	2.521	2.056
P	-	0.007	0.011	0.013	0.043

昂贵的医疗费用以及依赖性治疗方式会对患者造成沉重的心理负担、经济压力,继而对其生存质量产生负面影响^[16-18]。由此可见,医务人员在改善临床诊疗水平以及提高患者生存率的同时,更应重视对患者生存质量的改善,帮助患者保持健康的心理状态。

本研究显示,年龄大、病程长、合并吸烟史、饮酒逃避、高血

压病史、未遵医嘱用药、未遵医嘱饮食的发生,以及运动次数的减少,糖尿病肾病患者的生存质量有所下降。随着年龄的增长,患者往往合并多种基础疾病,继而增加了临床治疗的难度,加之机体抵抗力以及免疫力的下降,不利于临床治疗^[19]。病程的延长往往反映了患者的病情加剧,临床控制难度增加,生存质量势必下降^[20-22]。吸烟、饮酒以及高血压病史均会促使疾病的进

表 4 不同生存质量评分患者的自我医学应对能力评价(分, $\bar{x} \pm s$)Table 4 The evaluation of self-medical coping ability of patients with different quality of life scores(scores, $\bar{x} \pm s$)

Items	Group B(n=21)	Group A(n=79)	t	P
Face	1.60±0.61	1.30±0.57	2.113	0.037
Optimism	1.87±0.42	1.51±0.34	4.098	0.000
Support	1.72±0.50	1.41±0.45	2.741	0.007
Fate	1.37±0.49	1.71±0.58	2.533	0.013
Escape	1.52±0.53	1.84±0.61	2.192	0.031
Emotional catharsis	1.30±0.44	1.01±0.50	2.419	0.017
Palliation	1.25±0.49	1.06±0.31	2.185	0.031
Self-dependence	1.34±0.53	1.08±0.47	2.193	0.031

表 5 糖尿病肾病患者生存质量与社会支持和自我医学应对能力的相关性分析

Table 5 Correlation analysis of quality of life with social support and self-medical coping ability in patients with diabetic nephropathy

Relevant indicators	Quality of life	
	r	P
Family support	0.361	0.004
Friend support	0.542	0.000
Other people's support	0.493	0.000
Face	0.372	0.000
Optimism	0.433	0.000
Support	0.509	0.000
Fate	-0.523	0.012
Escape	-0.423	0.000
Emotional catharsis	0.377	0.002
Palliation	0.482	0.001
Self-dependence	0.552	0.006

展加快,继而导致病情加剧,最终引起生存质量的降低。未遵医嘱用药、饮食以及运动次数减少则不利于临床治疗,继而无法为患者的疾病康复创造有利条件,甚至适得其反,促进疾病的加重^[23-25]。由此可见,在临床实际工作中可通过针对上述相关因素制定相应措施并实施,继而达到改善糖尿病肾病患者生存质量的目的。此外,本研究发现,糖尿病肾病患者生存质量与社会支持和自我医学应对能力密切相关。考虑原因可能在于:糖尿病肾病患者的病程普遍在 10 年左右,存在长期无法治愈的特点,加之可能并发其他疾病等原因,继而使得患者的身心压力以及社会压力增加,从而导致患者对疾病好转丧失希望,进一步拒绝亲朋好友以及社会的帮助,最终导致患者的生存质量降低^[26-28]。自我医学应对能力包括面对、乐观、支持、逃避、宿命等 8 个方面,积极健康的心理情感体验可有效缓解机体所遭遇的压力,同时降低了生理唤醒水平,继而提高认知、改善应激,最终影响生存质量。负性心理情感体验可能导致患者对病情监测的放松,引起不良生活方式的回潮以及治疗依从性降低,最终导致生存质量降低^[29]。故此,医护人员在临床实际工作中应重视对糖尿病肾病患者社会支持和自我医学应对能力的评估、培养,继而达到改善生存质量的目的。

综上所述,年龄、病程、吸烟史、饮酒史、高血压病史、未遵

医嘱用药、未遵医嘱饮食、运动次数均是糖尿病肾病患者生存质量的影响因素,且糖尿病肾病患者生存质量与社会支持和自我医学应对能力密切相关,可能通过提高患者的社会支持和自我医学应对能力,间接改善患者的生存质量。

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