

doi: 10.13241/j.cnki.pmb.2014.13.040

远程护理管理对经皮冠状动脉介入治疗术后患者心理状态 与生活质量的影响*

孙桂志 郭丽 李微微 蒋欣 张力娜

(哈尔滨医科大学附属第四医院心内科 黑龙江 哈尔滨 150001)

摘要 目的:探讨远程护理管理对经皮冠状动脉介入治疗(PCI)术后患者心理状态与生活质量的影响。**方法:**选取 52 例 PCI 术后患者,随机分为对照组和试验组,各 26 例,对照组给予常规护理,试验组在对照组基础上采用远程护理管理进行干预。采用 Zung 焦虑自评量表(SAS)、抑郁自评量表(SDS)评价两组患者心理状态,并用社会功能缺陷筛选量表(SDSS)对两组患者生活质量进行评价。**结果:**两组患者干预前 SAS、SDS、SDSS 评分无差异,实施干预后,两组患者均有 SAS、SDS、SDSS 评分下降,但试验组患者 SAS、SDS、SDSS 评分下降更明显,与对照组比较,差异有统计学意义($P < 0.01$)。**结论:**远程护理管理有助于改善 PCI 术后患者焦虑、抑郁负性情绪,提高生活质量。

关键词:远程护理管理;经皮冠状动脉介入;心理状态;生活质量

中图分类号:R473.5 文献标识码:A 文章编号:1673-6273(2014)13-2546-03

Effects of Telemanagement Nursing on State of mind and the Quality of Life in Patients after Percutaneous Coronary Intervention*

SUN Gui-zhi, GUO Li, LI Wei-wei, JIANG Xin, ZHANG Li-na

(Department of cardiology, Fourth Affiliated Hospital of Harbin Medical University, Harbin, Heilongjiang, 150001, China)

ABSTRACT Objective: To investigate the psychological state and quality of life post percutaneous coronary intervention (PCI) by remote management of nursing. **Methods:** 52 patients post PCI, were randomly divided into control group and experimental group, 26 cases in each group. The patients in control group were given routine nursing care, while patients in experimental group were based on the use of remote management of nursing intervention. Mental state in the two groups were assessed by Zung Self-rating Anxiety Scale (SAS), self-rating depression scale (SDS), and we also used the social disability screening schedule (SDSS) to evaluate the quality of life of the patients of two groups. **Results:** There were no difference for the scores of SAS, SDS, SDSS in the two groups before intervention, and after intervention, the scores of SAS, SDS, SDSS decreased in the two groups, but there were difference significantly in experimental group compared with patients in the control group ($P < 0.01$). **Conclusion:** Remote nursing management helps to improve post PCI patients with negative mood included anxiety and depression, which could improve the quality of life.

Key words: Telemanagement nursing; Percutaneous coronary intervention; State of mind; Quality of life

Chinese Library Classification(CLC): R473.5 **Document code:** A

Article ID: 1673-6273(2014)13-2546-03

前言

近年来,CHD 发病呈上升趋势,冠状动脉性心脏病(CHD)简称冠心病,是由于冠状动脉狭窄、心肌供血不足引发的心脏功能及器质性病变。经皮冠状动脉介入治疗(PCI)已成为治疗 CHD 的主要方法之一。PCI 属微创治疗,具有创伤小、恢复快等优点,国内广泛开展。但 PCI 仍属手术范畴,术后患者存在一定的心理问题,如焦虑、抑郁、甚至恐惧^[1-3]。负性情绪使交感神经兴奋,冠状动脉痉挛,不利于患者术后恢复^[4-5]。远程护理管理,是利用便携式通讯设备收集患者资料及对患者进行心理疏导及护理指导,促进疾病的康复^[6]。我院采用远程护理管理指导 PCI 术后患者,取得了良好的效果,现报道如下:

1 资料与方法

1.1 临床资料

1.1.1 病例纳入标准 ①年龄小于 70 岁;②初次行 PCI 治疗;③初中以上文化程度;④签署知情同意书,能接受随访观察;

1.1.2 排除标准 ①合并有严重并发症;②合并有其他重要脏器病变,严重内分泌功能紊乱及精神类疾病病患者;

1.1.3 一般临床资料 选取 2011 年 3 月-2012 年 3 月行 PCI 治疗住院患者 52 例,随机分成对照组和试验组,各 26 例。其中对照组,男 14 例,女 12 例;年龄 35~70 岁,平均 53 岁;文化程度:大学及以上 4 例,高中 12 例,初中及以下 10 例;婚姻美满 16 例,丧偶 10 例。试验组男 15 例,女 13 例;年龄 31~67 岁,

* 基金项目:黑龙江省教育厅科学技术研究项目(12521171)

作者简介:孙桂志(1977-),女,主管护师,研究方向:心内科护理,E-mail:sunguizhi1977@126.com

(收稿日期:2013-11-12 接受日期:2013-12-10)

平均 52 岁;文化程度:大学及以上 3 例,高中 11 例,初中及以下 12 例;婚姻美满 18 例,丧偶 8 例。其中冠状动脉单支病变 28 例,双支病变 18 例,多支病变 6 例,所有病例均无智力障碍及其他心理疾病,能够自我判断,语言沟通亦无障碍。两组一般资料具有可比性。

1.2 方法

1.2.1 一般治疗 叮嘱患者养成良好的生活习惯,术后多饮水,加快排泄造影剂,预防并发症,并告知患者长期服药的必要性及意义。早期告知患者平卧休息,禁止手术肢体的活动。待心肺功能恢复后,鼓励患者进行适当活动,避免用力过度。描述手术进行顺利的情况,减轻患者焦虑、抑郁情绪,与家属沟通,获取家庭支持。

1.2.2 远程护理管理 ①人员培训及设施准备。选拔资历较深,思维敏捷,沟通能力强,主管护师以上的人员进行培训,内容包括:PCI 患者的护理,患者资料的收集以及与患者的沟通技巧等。充分利用患者家现有的通讯设备,如固定电话、移动电话、计算机等,保证设备畅通运行。②远程护理管理。由管责任护士收集患者的疾病信息,每周 1 次,根据患者疾病的动态情况实施个体化指导,包括电话告知、电子邮件通知、移动电话短信等,以患者自愿选择的接收方式提供服务,内容包括全方位的循证护理,并根据需要,第 1~3 个月,每周指导 1 次,第 3~6 个月,每 2 周指导 1 次,第 6~9 个月,每 3 周指导 1 次,共进行 9 个月。

1.3 疗效评定标准

1.3.1 SAS 评分 使用焦虑自评量表(SAS)对患者进行焦虑评分。SAS 的主要统计 20 个项目标准分,SAS 标准分的分界值为 50 分,其中 50~59 分为轻度焦虑,60~69 分为中度焦虑,70 分以上为重度焦虑。

1.3.2 SDS 评分 抑郁自评量表(SDS)是含有 20 个项目,分为 4 级评分的自评量表,分界值为 53 分,53~62 分为轻度抑郁,63~72 分为中度抑郁,72 分以上为重度抑郁。

1.3.3 SDSS 评分 社会功能缺陷筛选量表(SDSS)含有 10 个项目,每项分 3 个等级,分别以 0 分,1 分,2 分进行打分。0 分为无异常或仅有不引起抱怨或问题的极轻微缺陷;1 分为确有功能缺陷;2 分为严重功能缺陷。

1.4 统计学处理

应用 SPSS 17.0 统计软件进行数据分析,计量资料采用 t 检验,以 $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 两组患者干预前后 SAS 评分比较

两组患者干预前 SAS 评分比较无显著差异($P > 0.05$)。干预后两组患者 SAS 评分均有所下降,但试验组 SAS 评分下降更明显,与对照组比较,差异有统计学意义($P < 0.01$)。见表 1。

2.2 两组患者干预前后 SDS 评分比较结果

两组患者干预前 SDS 评分比较无显著差异($P > 0.05$)。干预后两组患者 SDS 评分均有所下降,但试验组 SDS 评分下降更明显,与对照组比较,差异有统计学意义($P < 0.01$)。见表 2。

表 1 两组患者干预前后 SAS 评分比较($\bar{x} \pm s$)

Table 1 The scores of SAS before and after intervention($\bar{x} \pm s$)

Group	n	Before intervention	After intervention	t	P
Experimental group	26	57.35 $\pm$ 5.40	44.86 $\pm$ 5.78	7.954	0.000
Control group	26	57.30 $\pm$ 5.61	49.93 $\pm$ 5.62	4.732	0.000
t		0.032	3.206		
P		0.974	0.002		

表 2 两组患者干预前后 SDS 评分比较($\bar{x} \pm s$)

Table 2 The scores of SDS before and after intervention($\bar{x} \pm s$)

Group	n	Before intervention	After intervention	t	P
Experimental group	26	55.55 $\pm$ 5.34	44.18 $\pm$ 5.94	7.258	0.000
Control group	26	55.80 $\pm$ 5.22	49.31 $\pm$ 5.66	4.298	0.000
t		0.170	3.188		
P		0.865	0.002		

2.3 两组患者干预前后 SDSS 评分比较结果

两组患者干预前 SDSS 评分比较无显著差异($P > 0.05$)。干预后,试验组在社会性退缩、家庭外的社会活动、家庭外活动过少、个人生活自理、对外界的兴趣和关心方面明显改善($P < 0.01$)。对照组干预前后差异不大。见表 3。

3 讨论

3.1 冠心病 PCI 患者实施干预的必要性

随着群众饮食结构变化,生活工作压力增大,CHD 发病率增高,严重影响人们工作生活,并成为常见的死亡原因。冠心病

表 3 两组患者干预前后 SDSS 评分比较($\bar{x} \pm s$)
Table 3 The scores of SDSS before and after intervention($\bar{x} \pm s$)

Item	Experimental group		Control group	
	Before intervention	After intervention	Before intervention	After intervention
Occupation and job	1.47± 0.65	1.40± 0.70	1.46± 0.85	1.44± 0.65
Marriage functions	1.42± 0.69	1.39± 0.72	1.44± 0.55	1.40± 0.67
Parental responsibility	0.90± 0.76	0.89± 0.61	0.99± 0.71	0.90± 0.62
Social withdrawal	1.51± 0.67	1.24± 0.65*#	1.65± 0.69	1.62± 0.60
Family and social activities	1.57± 0.82	1.42± 0.56*	1.54± 0.79	1.51± 0.54
Family hypoactivity	1.36± 0.62	1.22± 0.64*#	1.34± 0.74	1.34± 0.76
The functions of the family	1.19± 0.64	1.18± 0.64	1.16± 0.68	1.12± 0.56
Personal care	1.65± 0.24	1.24± 0.61*	1.52± 0.77	1.54± 0.73
Interest of outside	1.58± 0.52	1.24± 0.63*#	1.57± 0.65	1.54± 0.55
Responsibility and planning	1.38± 0.75	1.34± 0.58	1.39± 0.70	1.35± 0.53

(* Compared with those before intervention, $P < 0.01$; # Compared with the control group, $P < 0.01$)

是冠状动脉粥样改变、管腔狭窄、心肌供血不足、心功能不全等一系列病变。目前,行经皮冠状动脉介入治疗(PCI)疗效确切,临床上广泛应用。但 PCI 毕竟为手术方式的一种,增加循环系统严重并发症的发生,甚至引发死亡。患者对手术认识不足,产生一系列的心理问题和应激反应,研究也证实,冠心病患者多存在心理问题^[7,8]。术后心理问题主要以焦虑、抑郁、紧张和恐惧为主,来源于患者不能预知的结果,治疗费用的增加,术后恢复等^[9,10]。杨蓓等^[11]的研究表明,经济收入较少、文化层次相对低下、置入支架数较多的患者焦虑、抑郁的发生率较高。余萌等^[12]的研究显示,PCI 术后焦虑主要因素为性别、既往高血压史、术前心绞痛程度、职业、家属探视次数等因素有关。故采取一定的护理干预措施,减轻术后焦虑等负性情绪,临床意义重大^[13]。

3.2 远程护理管理是 PCI 术后患者有效的护理方式

信息通讯技术可为护理学科的发展提供更丰富、更可靠、更前沿、更有内涵的课题。远程护理是指应用远程通信技术、信息学技术和护理保健技术^[14-17],通过传输数据、文字、视频、音频和图像等形式,为远程服务对象提供医疗监护、护理指导、培训及家庭保健服务^[17]。Istepanian 等^[19]对糖尿病患者进行了远程护理,发现糖化血红蛋白明显低于对照组。张远凤等^[20]应用将电子通讯技术进行健康教育宣传及连续护理,提高了患者的满意率及门诊复诊率。本组研究显示,通过远程护理管理 PCI 术后患者,两组患者干预前 SAS、SDS、SDSS 评分无差异,实施干预后,两组患者均有 SAS、SDS、SDSS 评分均有下降,与对照组比较有显著差异($P < 0.01$)。提示远程护理管理能改善 PCI 术后患者焦虑、抑郁等负性情绪,提高患者的生活质量。远程护理管理是新的护理方式,相关的报道研究相对较少,本组也只针对 PCI 患者进行初步研究,若能重复证明远程护理在管理 PCI 术后患者的优势,则能推广应用。

参考文献(References)

- [1] Kilonzo B, O'Connell R. Secondary prevention and learning needs post percutaneous coronary intervention (PCI): perspectives of both

patients and nurses[J]. J Clin Nurs, 2011, 20(7-8):1160-1167

- [2] Hanssen TA, Nordrehaug JE, Hanestad BR. A qualitative study of the information needs of acute myocardial infarction patients, and their preferences for follow-up contact after discharge[J]. Eur J Cardiovasc Nurs, 2005, 4(1):37-44
- [3] Kattainen E, Meriläinen P, Jokela V. CABG and PTCA patients' expectations of informational support in health-related quality of life themes and adequacy of information in 1-year follow-up [J]. Eur J Cardiovasc Nurs, 2004, 3(2):149-163
- [4] Sabo J, Chlan LL, Savik K. Relationships among patient characteristics, comorbidities, and vascular complications post-percutaneous coronary intervention[J]. Heart Lung, 2008, 37(3): 190-195
- [5] Pedersen SS, Denollet J, van Gestel YR, et al. Clustering of psychosocial risk factors enhances the risk of depressive symptoms 12-months post percutaneous coronary intervention [J]. Eur J Cardiovasc Prev Rehabil, 2008, 15(2):203-209
- [6] Gambetta M, Dunn P, Nelson D, et al. Impact of the implementation of telemanagement on a disease management program in an elderly heart failure cohort[J]. Prog Cardiovasc Nurs, 2007, 22(4):196-200
- [7] Dave M, Dhavale HS. A comparative study of psychological factors in patients with normal and abnormal angiographic findings[J]. Indian J Psychiatry, 1999, 41(4):314-319
- [8] Gelder M, Mayou R, Geddes J. Psychiatry [M]. 2nd ed, New York: Oxford University Press, 1999:363-364
- [9] Pedersen SS, Smith OR, De Vries J, et al. Course of anxiety symptoms over an 18-month period in exhausted patients post percutaneous coronary intervention[J]. Psychosom Med., 2008, 70(3):349-355
- [10] Huffman JC, Celano CM, Januzzi JL. The relationship between depression, anxiety, and cardiovascular outcomes in patients with acute coronary syndromes [J]. Neuropsychiatr Dis Treat, 2010, 6: 123-136

(下转第 2572 页)

- 2009, 13: 98-99
- Gu Li-mei, Shi Chun-pu. One case of an anaphylactic shock induced by nedaplatin [J]. Journal of Clinical Medicine in Practice, 2009, 13: 98-99 (In Chinese)
- [10] Kanzawa F, Koizumi F, Koh Y, et al. In vitro synergistic interactions between the cisplatin analogue nedaplatin and the DNA topoisomerase I inhibitor irinotecan and the mechanism of this interaction [J]. Clin C Res, 2001, 7 (1): 202-209
- [11] SUN Gui fu, et al. Clinical study of docetaxel plus nedaplatin in the treatment of advanced non-small cell lung cancer [J]. Modern Oncology, 2008, 16(11): 1940-1941
- [12] Joly F, Petit T, Pautier P, et al. Weekly combination of topotecan and gemcitabine in early recurrent ovarian cancer patients: a French Multicenter Phase II study. Gynecol Oncol, 2009, 115(3): 382-388
- [13] Ferrero A, Logripio V, Spanu PG, et al. Gemcitabine and vinorelbine combination in platinum-sensitive recurrent ovarian cancer. Int J Gynecol Cancer, 2009, 19(9): 1529-1534
- [14] Cheng Xiao-wei, Yang Yu-xing, Yu Xiao-yuan. A comparative study of concurrent chemoradiotherapy with cisplatin versus nedaplatin for patients with middle-advanced stage uterine cervical cancer [J]. Tumor, 2011, 31(7): 662-664
- [15] Lu Jian-Xun, Luo Biao, Mao Gui-Zhen. Clinical observation of neoadjuvant transarterial infusion chemotherapy with nedaplatin and paclitaxel in cervical cancer. [J]. Journal of Clinical Medicine in Practice, 2010, 14(24): 7-19
- [16] 靳红, 张云艳, 成海燕. 放射治疗联合每周使用奈达铂治疗中晚期宫颈癌疗效观察 [J]. 实用临床医药杂志, 2010, 14(9): 68
- Jin Hong, Zhang Yun-yan, Cheng Hai-yan. Evaluation of efficacy of radiotherapy combined with nedaplatin at weekly in advanced cervical cancer [J]. Journal of Clinical Medicine in Practice, 2010, 14(9): 68 (In Chinese)
- [17] 管忠震, 徐瑞华. 奈达铂临床研究进展 [J]. 中国肿瘤临床, 2004, 31(13): 774-780
- Guan Zhong-zhen, Xu Rui-hua. Clinical Progression of Nedaplatin [J]. Chinese Journal of Clinical Oncology, 2004, 31 (13): 774-780 (In Chinese)
- [18] Barton MK. Oxaliplatin in the adjuvant treatment of colon cancer [J]. GA Cancer J Clin, 2012, 62(1): 3-4
- [19] Alberto ME, Butera V, Russo N. Which one among the Pt-containing anticancer drugs more easily forms monoadducts with G and A DNA bases? A comparative study among oxaliplatin, nedaplatin and carboplatin [J]. Inorg Chem, 2011, 50(15): 6965-6971
- [20] Aitini E, Rossi A, Morseli P, et al. Economic comparison of capecitabine+oxaliplatin and 5-fluorouracil+oxaliplatin in the adjuvant treatment of colon cancer [J]. Cancer Manag Res, 2012, 4: 99-103
- [21] 徐嘉文, 杨春艳, 林芸, 等. 新辅助化疗在局部晚期宫颈癌治疗中的作用 [J]. 国际医药卫生导报, 2011, 17(22): 2758-2761
- Xu Jia-wen, Yang Chun-yan, Lin Yun, et al. Efficacy of neoadjuvant chemotherapy on locally advanced cervical cancer [J]. International Medicine and Health Guidance News, 2011, 17 (22): 2758-2761 (In Chinese)

(上接第 2548 页)

- [11] 杨蓓, 李建美. 冠心病患者介入治疗后焦虑、抑郁状况分析 [J]. 临床和实验医学杂志, 2008, 7(2): 38-39
- Yang Bei, Li Jian-mei. The analysis of anxiety and depression in patients with percutaneous coronary intervention [J]. Journal of Clinical and Experimental Medicine, 2008, 7(2): 38-39
- [12] 余萌, 刘溢思, 吴琰, 等. 中青年病人冠状动脉介入术后心理特征分析 [J]. 护理研究, 2012, 26(2): 113-115
- Yu Meng, Liu Yi-si, Wu Ying, et al. Analysis on psychological characteristics of middle-aged and young patients after undergoing coronary artery intervention [J]. Chinese Nursing Research, 2012, 26(2): 113-115
- [13] Mills C, Wright C, Newell C. Care of the post percutaneous coronary intervention patient [J]. Aust Nurs J, 2012, 19(7): 26-27
- [14] Jain R, Evenson A, Jain R, et al. Efficacy of multidisciplinary outpatient management (MOM) program in long term heart failure care [J]. South Med J, 2010, 103(2): 131-137
- [15] Van Gaalen JL, Hashimoto S, Sont JK. Telemanagement in asthma: an innovative and effective approach [J]. Curr Opin Allergy Clin Immunol, 2012, 12(3): 235-240
- [16] Cross RK, Finkelstein J. Challenges in the design of a Home Telemanagement trial for patients with ulcerative colitis [J]. Clin Trials, 2009, 6(6): 649-657
- [17] Joshi A, Amelung P, Arora M, et al. Clinical impact of home automated telemanagement in asthma [J]. AMIA Annu Symp Proc, 2005: 1000
- [18] 吴茜, 王文洁, 施雁. 信息通讯技术在护理领域的应用现状与展望 [J]. 护理学杂志, 2012, 27(13): 86-88
- Wu Qian, Wan Wen-jie, Shi Yan. Information and communication technology in nursing: present status and future outlook [J]. Journal of Nursing Science, 2012, 27(13): 86-88
- [19] Istepanian RS, Zitouni K, Harry D, et al. Evaluation of a mobile phone telemonitoring system for glycaemic control in patients with diabetes [J]. J Telemed Telecare, 2009, 15(3): 125-128
- [20] 张远凤, 吴丽. 电子信息技术在优质护理服务示范工程活动中的应用 [J]. 护理学报, 2011, 18(7): 50-51
- Zhang Yuan-feng, Wu Li. The application of electronic information technology service in high quality nursing demonstration project activities [J]. Journal of Nursing, 2011, 18(7): 50-51