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焦虑、抑郁及社会支持情况对短暂性脑缺血发作患者睡眠的影响

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摘要 目的:讨论焦虑、抑郁和社会支持情况对短暂性脑缺血患者睡眠的影响情况。**方法:**将 2012 年 1 月至 2014 年 1 月于我院治疗的 164 名短暂性脑缺血患者为研究对象,采用社会支持评定量表 SSRS、自评焦虑量表 SAS、匹兹堡睡眠指数 PSQI 及自评抑郁量表 SDS 评估病人的抑郁、焦虑与社会支持情况对患者的影响,并分析相关性。在对患者进行一个月的治疗过程中,对伴有焦虑及抑郁症状的患者给予盐酸舍曲林片,并考察药物治疗对患者睡眠质量的影响情况。**结果:**164 名患者中出现焦虑的几率为 37.4%,出现抑郁的几率为 18.9%,二者同时出现的几率为 12.8%,存在睡眠障碍的患者约占 68.4%,匹兹堡睡眠指数与自评焦虑量指数、自评抑郁量指数与社会支持评定的主观支持与患者对支持和利用得分均存在相关性($r=0.66, 0.53, -0.39, -0.40, P<0.05$),且差异有统计学意义。对采集的数据进行多因素回归分析,结果显示,焦虑、抑郁、社会主观支持和患者对支持的利用度是影响睡眠的重要因素。通过 Logistic 回归分析,结果显示患者对支持利用度的增加及自评焦虑量指数、自评抑郁量指数与发作次数的减少有利于改善患者的睡眠障碍($OR=0.221, 2.412, 1.938, 0.321, P<0.05$)。**结论:**抑郁、焦虑和社会支持是导致短暂性脑缺血患者存在睡眠障碍的重要因素,对三者情况进行改善可辅助药物治疗,改善患者睡眠质量。

关键词:短暂性脑缺血;抑郁;焦虑;社会支持;睡眠

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The Influence of Anxiety, Depression and Social Support on the Sleep Quality of Patients with Transient Ischemic Attack

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ABSTRACT Objective: To study the influence of anxiety, depression and social support on the sleep quality of patients with transient ischemic attack. **Methods:** 164 patients with transient ischemic attack in our hospital from January 2012 to January 2014 were selected and studied. The effect of anxiety, depression and social support on the sleep quality of patients was analyzed via Social Support Review Scale, Self anxiety Scale, Pittsburgh, Sleep quality Index and Self Depression Scale. In the course of treatment of patients for one month, the symptoms of anxiety and depression were treated with Sertraline Hydrochloride Tablets, and the influence of the drug therapy on the sleep quality of patients were observed. **Result:** In 164 patients, the incidence was 37.4% for anxiety and 18.9% for depression. The incidence for an combination of anxiety and depression was 12.8%. There were 68.4% of the total patients having sleep disorder. There was correlation between PSQI and anxiety, depression, social support ($r=0.66, 0.53, -0.39, -0.40, P<0.05$). Subjective support, the application of the support, anxiety and depression were found to be important factors affecting sleep quality via the multiple-factors analysis. With the Logistic analysis, it presented that reduction of anxiety and depression, less ischemic attack, and better use of support were beneficial to sleep quality ($OR=0.221, 2.412, 1.938, 0.321, P<0.05$). **Conclusion:** Depression, anxiety and social support are important factors that could affect sleep quality in patients with transient ischemic attack, and corresponding measures can be taken to improve the sleep quality.

Key words: Transient ischemic attack; Depression; Anxiety; Social support; Sleep

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前言

短暂性脑缺血是一种常见的脑血管疾病,多发于中老年人。是由局灶性脑缺血引起的短时间的脑部血液循环不畅通,具有突发性的特点,属于较危险的神经功能障碍疾病^[1-4]。国内

外相关研究发现短暂性脑缺血患者多存在睡眠障碍,且其在病症发展和演化过程中起着重要作用,而患者的焦虑、抑郁及社会因素则是导致短暂性脑缺血患者睡眠障碍的重要因素^[5-9]。本研究通过临床跟踪调查,旨在探讨病人的心理状况及社会相关因素对其睡眠情况的影响,为临床治疗提供合理建议。

1 对象和方法

1.1 研究对象

本研究将 2012 年 1 月至 2014 年 1 月于我院就诊的短暂性脑缺血患者为研究对象,除去失听、失语,有认知障碍及严重

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躯体疾病等的患者,不限年龄,且未有治疗史,可独立完成自评抑郁量表、自评焦虑量表、社会支持量表和匹兹堡睡眠指数的填写。所有患者均 MRI 或 CT 明确诊断,共收集患者 164 例,椎基底动脉系统患者 41 例,颈动脉系统患者 99 例,颈内椎基底动脉系统患者 24 例。

1.2 方法

对符合标准及短暂性脑缺血症状的患者进行访视,记录其性别、年龄、婚姻状况、受教育年限、职业性质等人口学资料,并统计其抽烟史。首次访视在患者短暂性脑缺血发作 12 小时后进行,对社会支持评定量表、自评焦虑量表、匹兹堡睡眠指数及自评抑郁量表的评定。

所有患者均要进行至少 1 个月改善脑循环、抗血小板及清除自由基等治疗,对有焦虑及抑郁症状的患者同时使用盐酸舍

曲林片进行治疗。第二次访视于治疗后的第 28 天,对各量表进行再次评定,并记录两次访视间短暂性脑缺血的发作次数。

1.3 统计学处理

所有数据均采用 SPSS13.0 统计学软件进行数据分析,采用方法为方差分析法,Pearson 相关分析法,t 检验,非条件 Logistic 回归分析法及多因素回归分析法。

2 结果

2.1 一般资料

访视患者,对其焦虑、抑郁及睡眠状况进行统计,对有焦虑症状的、抑郁症状的及两症状同时存在与不存在患者的匹兹堡指数进行统计学比较,进行 t 检验,结果显示各组差异有统计学意义,结果见表 1。

表 1 患者心理状况结果

Table 1 The psychological status of patients

患者 Patients	焦虑症状 Anxiety symptoms	抑郁症状 Depression symptoms	焦虑及抑郁同时存在 Anxiety and depression	无焦虑或抑郁症状 No anxiety or depression
患病例数[n(%)] Number of cases[n(%)]	65(39.6%)	32(19.5%)	21(12.8%)	46(28.0%)
匹兹堡睡眠指数 Pittsburgh sleep quality index	13.55± 3.16	11.24± 1.19	14.38± 4.28	8.03± 3.27
有睡眠障碍例数[n(%)] Number of cases of sleep disorder[n(%)]	57(34.7%)	24(14.6%)	19(11.5%)	13(7.9%)

2.2 短暂性脑缺血患者的抑郁、焦虑及社会支持状况与匹兹堡睡眠指数的相关性分析

将随访数据进行统计,对社会支持评定量表、自评焦虑量

表及自评抑郁量表总分及主观支持、客观支持和患者对支持利用度得分与匹兹堡指数及成分进行 Pearson 相关性分析,结果见表 2。

表 2 各量表及其因子与匹兹堡指数及成分的相关性分析

Table 2 Correlation analysis between scales and factors and pittsburgh index and composition

r	SDS	SAS	SSRS	主观支持 Subjective support	客观支持 Objective support	支持利用度 Utilization of support
PSQI	0.53**	0.66**	-0.17	-0.39*	-0.14	-0.40*
入睡时间 Sleep time	0.45**	0.62**	-0.27	-0.12*	0.01	-0.18*
睡眠效率 Sleep efficiency	0.51**	0.45**	-0.14	-0.11	0.04	-0.12
催眠药物 Hypnotic drugs	0.24*	0.31*	-0.12	-0.03	0.31*	-0.48**
睡眠质量 quality of sleep	0.38**	0.76**	-0.11	-0.26*	0.00	-0.38*
睡眠时间 Duration of sleep	0.62**	0.33*	-0.07	-0.11	0.00	-0.21
日间功能障碍 Daytime dysfunction	0.43**	0.20	-0.21	-0.15	-0.02	-0.14
睡眠障碍 Sleep disorder	0.35*	0.53**	-0.21*	-0.15	-0.03	0.07

Note: *P<0.05; **P<0.01

2.3 影响睡眠质量的相关分析

将人口学资料、短暂性脑缺血发作情况,分型、社会支持评定量表、自评焦虑量表及自评抑郁量表总分及主观支持、客观

支持和患者对支持利用度得分为自变量,将匹兹堡睡眠指数为因变量,进行多因素回归分析,进一步探讨影响患者睡眠质量的主要可能性因素。

表 3 影响患者睡眠质量的多因素回归分析

Table 3 Multiple regression analysis of the factors affecting the quality of sleep in patients

自变量 Variables	SAS	SDS	抽烟史 Smoking history	病情发作 Onset of the disease	对支持利用度 Utilization of support	主观支持 Subjective support	常数 Constant
B	1.88	1.47	6.09	8.17	-1.89	-1.21	-17.25
SE	0.58	0.92	1.22	1.49	0.44	0.54	5.31
SB	0.569	0.387	0.423	0.415	-0.311	-0.281	
t	5.289	4.217	10.315	7.268	1.799	2.197	2.404
P	0.007	0.021	0.012	0.024	0.035	0.029	0.041

2.4 治疗情况对睡眠质最的相关情分析

将治疗前后病发次数 X1、治疗前后自评焦虑指数之差 X2、治疗前后自评抑郁指数之差 X3、治疗前后社会支持量表总分之差 X4、客观支持分之差 X5、主观支持分之差 X6、患者对

支持利用度分值差 x7 及短暂性脑缺血分型 X8、X9 为自变量, 将治疗前后匹兹堡睡眠指数差为因变量, 进行非条件 Logistic 回归分析,结果见表 4。

表 4 治疗对睡眠质量影响的 Logistic 分析
Table 4 Logistic analysis of treatment effect on the quality of sleep

自变量 Variables	B	S.E.	Wald X2	P	OR	95%CI	
						Down	Up
X1	-2.56	0.44	13.90	0.006	0.221	0.069	0.963
X2	2.55	0.41	5.79	0.001	2.412	2.106	2.799
X3	1.89	0.33	3.41	0.036	1.938	1.201	2.701
X7	-2.71	0.31	4.50	0.039	0.321	0.049	0.968
常数 Constant	-35.6	0.35	5.11	0.021			

3 讨论

短暂性脑缺血俗称小中风,是由于大脑特定部位供血障碍引起的神经系统功能障碍。近年来临床研究发现其发病率逐年上升。患者可短时间暂时失去感觉性能甚至语言能力,症状虽然会在 24 小时内消失, 却对患者的生活质量造成了不良的影响。在国内外研究中发现,睡眠障碍广泛存在于短暂性脑缺血患者生活中, 本研究调查结果也显示,164 例短暂性脑缺血患者中约为 68.9%的患者有睡眠障碍症状。究其原因,大概分为两方面:其一由疾病引起:在短暂性脑缺血的发病机制中可知,由于脑细胞由于组织短暂性缺血可产生不同程度的缺氧,从而有大量有毒代谢物质产生并释放于脑部网状系统,使 5-羟色胺及去甲肾上腺素等神经递质合成减少,患者神经递质失调,而这些递质与觉醒有关,从而干扰了睡眠-觉醒机制^[10-14]。短暂性脑缺血患者睡眠时的脑内血流速度、流量及血容量都可能减少,由此也会引起睡眠障碍。在本研究中进行的多因素分析结果可见短暂性脑缺血发作次数减少和治疗后发作次数减少都可在一定程度上改善患者的睡眠质量,从而对短暂性脑缺血疾病本身可引起睡眠障碍的推测作的证实;其二则可能是由病人自身心理因素引起的睡眠障碍。病人知道自身患病,心理上会直接出现或多或少的消极暗示。虽然患者的病发时间较短暂,但其突发性易引起患者产生对随时出现的症状有恐慌及不安,会出现紧张,焦躁和恐惧等症状,严重患者甚至会出现抑郁,从而导致睡眠质量的下降^[15-18]。另一方面,焦虑和抑郁情绪的出现也会导致 5-羟色胺及去甲肾上腺素等神经递质合成减少,可见患者保持良好情绪对睡眠的改善有重要的作用。在本研究中显示,针对性的降低患者的焦虑及抑郁程度并增加社会的主观与客观支持度可有效的改善短暂性脑缺血患者的睡眠质量。患者处于社会生活中,被支持与理解可有效的改善病人的负面情绪,缓解抑郁及焦虑程度,对患者睡眠质量的改善起到正向促进作用^[19,20]。

综上所述,抑郁、焦虑和社会支持是导致短暂性脑缺血患者存在睡眠障碍的重要因素,对三者情况进行改善可辅助药物治疗,改善患者睡眠质量。

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