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突发性耳聋患者焦虑抑郁状况及其影响因素分析*

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摘要 目的:探讨突发性耳聋患者焦虑、抑郁现状,并分析导致患者焦虑、抑郁的影响因素。**方法:**采用焦虑自评量表(SAS)、抑郁自评量表(SDS)评价2015年2月至2017年12月我院耳鼻喉科收治的156例突发性耳聋患者的焦虑、抑郁心理状态,收集患者一般资料、发病以及治疗情况,采用Logistic多元回归分析突发性耳聋患者焦虑、抑郁的影响因素。**结果:**本组患者中发生焦虑者48例,发生率为30.77%,发生抑郁者41例,发生率为26.28%。单因素分析结果显示,突发性耳聋患者焦虑、抑郁的发生与年龄、性别、经济收入、文化程度、伴随症状种类数、听力损失程度、耳聋耳鸣程度、合并基础疾病种类数、治疗疗效有关($P < 0.05$)。多因素分析结果显示,年龄为30-60岁、重度或极重度耳鸣、听力损失程度 ≥ 70 dBHL、合并基础疾病 ≥ 3 种、治疗无效是突发性耳聋患者发生焦虑的危险因素,女性、重度耳聋、合并基础疾病 ≥ 3 种、治疗无效是突发性耳聋患者发生抑郁的危险因素。**结论:**突发性耳聋患者焦虑、抑郁发生率较高,其焦虑、抑郁水平受年龄、性别、耳聋耳鸣程度、合并疾病种类数、治疗疗效影响,医护人员应关注患者心理健康,积极治疗原发疾病,控制基础疾病,并进行心理疏导,以减轻患者焦虑、抑郁水平。

关键词:突发性耳聋;焦虑;抑郁;影响因素

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Status of Anxiety and Depression and Its Influencing Factors in Patients with Sudden Deafness*

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ABSTRACT Objective: To investigate the status of anxiety and depression in patients with sudden deafness and analyze the influencing factors of anxiety and depression. **Methods:** The psychological states of anxiety and depression of 156 patients with sudden deafness who were admitted to the department of otolaryngology in our hospital from February 2015 to December 2017 were evaluated by the self-rating anxiety scale (SAS) and the self-rating depression scale (SDS). General data, morbidity and treatment of patients were collected, the influencing factors of anxiety and depression in patients with sudden deafness were analyzed by logistic multiple regression. **Results:** There were 48 cases of anxiety in this group, the incidence was 30.77%. There were 41 cases of depression, the incidence was 26.28%. Single factor analysis showed that the incidence of anxiety and depression in patients with sudden deafness was related to age, sex, economic income, educational level, number of accompanying symptoms, degree of hearing loss, degree of deafness and tinnitus, type of underlying diseases, therapeutic effect ($P < 0.05$). Multivariate analysis showed that the risk factors of anxiety in patients with sudden deafness were age 30-60 years old, severe or very severe tinnitus, hearing loss ≥ 70 dBHL, complicating diseases ≥ 3 kinds and ineffective treatment. The risk factors of depression in patients with sudden deafness were female, severe deafness, complicating diseases ≥ 3 kinds and ineffective treatment. **Conclusion:** The incidence of anxiety and depression are high in patients with sudden deafness, and their anxiety and depression levels are affected by age, sex, degree of deafness and tinnitus, complicating diseases and therapeutic effect. Medical staff should pay attention to the mental health of patients, actively treat primary diseases, control basic diseases, and conduct psychological counseling to reduce the level of anxiety and depression of patients.

Key words: Sudden deafness; Anxiety; Depression; Influencing factors

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前言

突发性耳聋是临床常见的感音神经性听力损失^[1],近年来,

随着国人生活节奏加快以及生活压力的增加,突发性耳聋患病率逐年上升,且有年轻化趋势^[2,3],严重影响患者生存质量。突发性耳聋发病机制尚不清楚,且症状复杂、临床疗效不稳定,患者

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往往容易出现精神心理障碍,进而放大临床症状,延误病情^[4-6]。突发性耳聋的发病与多种因素有关,其中心理创伤可能是其主要诱因^[7,8]。近年来,随着医学界对突发性耳聋研究的不断深入,突发性耳聋患者心理状态也逐渐受到学者们的关注,多数研究发现^[9-11],突发性耳聋患者存在明显的焦虑、抑郁心理,而且其焦虑、抑郁发生风险是正常人的 2-3 倍。为全面了解突发性耳聋患者焦虑、抑郁负面心理的影响因素,本研究回顾性分析了本院耳鼻喉科 156 例突发性耳聋患者临床资料,并探讨了导致其发生焦虑、抑郁的危险因素,以期临床治疗提供有效参考。

1 资料与方法

1.1 一般资料

选择 2015 年 2 月至 2017 年 12 月本院耳鼻喉科收治的 156 例突发性耳聋患者,纳入标准:①符合 2015 年《突发性耳聋诊断和治疗指南》中诊断标准^[12];②初次诊断为突发性耳聋,且病程>14 d;③具备正常沟通和理解能力,能准确表达自己情绪,并能独立完成问卷调查;④对本研究知情同意,并签署同意书。排除标准:①中耳、内耳或颅内占位性病变者;②合并严重躯体性疾病者;③神经系统病变、血液系统疾病、自身免疫系统疾病等引起的继发性听力下降者;④发生离异、丧偶等负面生活事件者。156 例患者中,男 72 例,女 84 例,年龄 30-75 岁,平均(40.12±12.69)岁,所有患者入院后均详细记录病史、伴随症状,完善纯音测听、声阻抗、听性脑干反应检查,部分患者进行乳突 CT、头部核磁共振成像检查,入院后均积极按照指南^[6]进行分型治疗。

1.2 研究工具

采用焦虑自评量表(Self-Rating Anxiety Scale,SAS)^[13]、抑郁自评量表(Self-Rating Depression Scale,SDS)^[14]评价患者焦虑、抑郁主观感受,每个量表各 20 个项目,每个条目按 1-4 分计分,各条目得分相加的总得分×1.25 取整数部分作为标准分,SAS 评分标准:SAS 评分<50 分为无焦虑,轻度:50 分≤SAS 评分<60 分,中度:60 分≤SAS 评分<70 分,重度:SAS 评分≥70 分。SDS 评分标准:SDS 评分<53 分为无抑郁,轻度:53 分≤SDS 评分≤62 分;中度:63 分≤SDS 评分≤72 分;重度:SDS 评分>72 分。采用耳鸣残疾评估量表(Tinnitus Handicap Inventory,THI)评价患者耳鸣程度^[15],共 25 个条目,从功能性评估(11 项)、感情评估(9 项)、严重性评估(5 项)进行评分,每项回答"是"计 4 分,"有时"计 2 分,"没有"计 0 分,满分 100 分,根据 THI 总分将耳鸣分为四级:轻微(0-16 分),轻度

(18-36 分),中度(38-56 分),重度(58-76 分),极重度(78-100 分)。

1.3 研究方法

分别于入院后 48 h 内、治疗 1 周后由主管医生负责监督患者独立完成 SAS、SDS 的评估,同时在入院时进行 THI 评估,填写过程禁止使用暗示性或提示性语言,由患者自由作答。采用研究者自行设计的问卷调查表采集患者一般资料,包括患者性别、年龄、经济收入、文化程度、合并基础疾病(高血压、糖尿病、冠心病、高脂血症等)等信息,并收集患者疾病相关信息,包括患耳、耳聋程度(根据听力学纯音测听结果分为:轻度 20-40 dBHL;中度 41-70 dBHL;重度 71-98 dBHL;全聋>95dBHL)、耳鸣程度、发病时间、听力损失程度、伴随症状(耳鸣、耳闷、眩晕)、临床治疗效果。根据纯音电测听评价临床治疗效果^[16]:①痊愈:受损听力恢复至正常,或者听力恢复至健耳或患病前水平;②显效:受损听力提高>30 dB;③有效:受损听力提高为 15-30 dB;④无效:受损听力提高<15 dB。

1.4 统计学分析

采用 SPSS20.0 统计软件进行数据分析,计量资料经 K-S 检验具备方差齐性和正态分布并以($\bar{x} \pm s$)表示,采用 t 检验,以率(%)表示计数资料,采用 χ^2 检验或 Kruskal-Wallis 检验,采用 Logistic 多元逐步回归分析进行多因素分析。 $P < 0.05$ 表示差异有统计学意义。

2 结果

2.1 突发性耳聋患者焦虑、抑郁状况分析

156 例突发性耳聋患者入院时 SAS 平均评分为(48.62±10.37)分,SDS 平均评分为(50.02±12.15)分,发生焦虑者 48 例,发生率为 30.77%,发生抑郁者 41 例,发生率为 26.28%,其中轻度焦虑 20 例(12.82%),中度焦虑 23 例(14.74%),重度焦虑 5 例(3.21%),无焦虑 108 例(69.23%);轻度抑郁 22 例(14.10%),中度抑郁 17 例(10.90%),重度抑郁 2 例(1.28%),无抑郁 115 例(73.72%)。经治疗后患者 SAS 平均评分为(42.15±6.58)分,SDS 平均评分为(45.37±8.15)分,与治疗前对比患者 SAS、SDS 评分均出现下降($t=6.580, 3.970, P < 0.05$)。

2.2 突发性耳聋患者焦虑、抑郁的单因素分析

单因素分析结果显示,突发性耳聋患者焦虑、抑郁的发生与年龄、性别、经济收入、文化程度、伴随症状种类数、听力损失程度、耳聋耳鸣程度、合并基础疾病种类数、治疗疗效有关($P < 0.05$),与患耳分布、发病时间无关($P > 0.05$),见表 1。

2.3 突发性耳聋患者焦虑、抑郁的多因素分析

表 1 突发性耳聋患者焦虑、抑郁的单因素分析结果

Table 1 Single factor analysis results of anxiety and depression in patients with sudden deafness

Factors	n	Anxiety		χ^2	P	Depression		χ^2	P
		yes(n=48)	no(n=108)			yes(n=41)	no(n=115)		
Age(years)	30-45 years	80	29(60.42)	51(47.22)	6.444	30(73.17)	50(43.48)	8.972	0.011
	46-60 years	33	10(20.83)	23(21.30)		5(12.20)	28(24.35)		
	> 60 years	43	9(18.75)	34(31.48)		6(14.63)	37(32.17)		
Sexes	Male	72	10(20.83)	62(57.41)	17.887	6(14.63)	66(57.39)	22.234	0.000
	Female	84	38(79.17)	46(42.59)		35(85.37)	49(42.61)		

Distribution of the affected ear	Left	76	26(54.17)	50(46.30)	0.824	0.364	24(58.54)	52(45.22)	0.261	0.609
	Right	80	22(45.83)	58(53.70)			17(41.46)	63(54.78)		
Economic income (yuan/month)	< 3000	49	26(54.17)	23(21.30)	25.002	0.000	29(70.73)	20(17.39)	39.917	0.000
	3000-5000	72	10(20.83)	62(57.40)			8(19.51)	64(55.65)		
	> 5000	35	12(25.00)	23(21.30)			4(9.76)	31(26.96)		
Educational level	High school and below	84	33(68.75)	51(47.22)	6.197	0.013	30(73.17)	54(46.96)	8.358	0.004
	Bachelor degree or above	72	15(31.25)	57(52.78)			11(26.83)	61(53.04)		
Number of accompanying symptoms	1 kind	38	6(12.50)	32(29.63)	4.534	0.012	4(9.76)	34(26.57)	7.380	0.025
	2 kinds	52	15(31.25)	37(34.26)			14(34.15)	38(33.04)		
	3 kinds	66	27(56.25)	39(36.11)			23(56.10)	43(37.39)		
Time of onset	< 10 d	71	25(52.08)	46(42.59)	1.327	0.249	23(56.10)	48(41.74)	2.513	0.113
	≥ 10 d	85	23(47.92)	62(57.41)			18(43.90)	67(58.26)		
Degree of hearing loss	< 70 dBHL	92	12(25.00)	80(74.07)	33.077	0.000	10(24.39)	82(71.30)	27.495	0.000
	≥ 70 dBHL	64	36(75.00)	28(25.93)			31(75.61)	33(28.70)		
Degree of deafness	Mild	59	5(10.42)	54(50.00)	64.353	0.000	6(14.63)	53(46.09)	52.630	0.006
	Moderate	72	19(39.58)	53(49.07)			14(34.15)	58(50.43)		
	Severe	25	24(50.00)	1(0.93)			21(51.22)	4(3.48)		
Degree of tinnitus	None	50	4(8.33)	46(42.59)	23.436	0.000	3(7.32)	47(40.87)	24.218	0.000
	Mild-to-moderate	52	16(33.33)	36(33.33)			12(29.27)	40(34.78)		
	Severe or extremely severe	54	28(58.33)	26(24.07)			26(63.41)	28(24.35)		
Complicating disease	0 kind	67	6(12.50)	61(56.48)	26.478	0.000	7(17.07)	60(52.17)	15.198	0.001
	< 3 kinds	34	15(31.25)	19(17.59)			13(31.71)	21(18.26)		
	≥ 3 kinds	55	27(56.24)	28(25.93)			21(21.22)	34(29.57)		
Therapeutic effect	Excellent	39	5(10.42)	34(31.48)	29.340	0.000	4(9.76)	35(30.43)	21.450	0.000
	Effective	83	20(41.67)	63(58.33)			18(43.90)	65(56.52)		
	Invalid	34	23(47.92)	11(10.19)			19(46.34)	12(10.43)		

将单因素分析中差异有统计学意义的变量纳入多因素 logistic 回归模型分析,变量筛选采用逐步回归,结果显示,年龄为 30-60 岁、重度或极重度耳鸣、听力损失程度 ≥ 70 dBHL、合并基础疾病 ≥ 3 种、治疗无效是突发性耳聋患者发生焦虑的危

险因素,女性、重度耳聋、合并疾病 ≥ 3 种、治疗无效是突发性耳聋患者发生抑郁的危险因素,见表 2。

表 2 突发性耳聋患者焦虑、抑郁的多因素分析结果

Table 2 Multivariate analysis results of anxiety and depression in patients with sudden deafness

Independent variable	β	S.E	Wald χ^2	OR(95%CI)	P
Anxiety					
Age 30-60 years	1.325	0.621	4.552	3.762(0.681-1.264)	0.015
Severe or extremely severe tinnitus	0.956	0.261	13.416	2.601(0.261-0.961)	0.001
Degree of hearing loss ≥ 70 dBHL	1.035	0.415	6.220	3.688(0.264-5.619)	0.009
Complicating disease ≥ 3 kinds	1.662	0.719	5.343	5.270(0.136-0.769)	0.013
Ineffective treatment	2.064	0.692	8.896	7.877(0.264-0.961)	0.005
Depression					
Female	0.954	0.321	8.833	2.596(0.351-0.685)	0.006
Severe deafness	1.635	0.361	20.513	5.129(0.352-5.314)	0.000
Complicating disease ≥ 3 kinds	1.329	0.402	10.929	3.778(0.008-1.354)	0.006
Ineffective treatment	1.964	0.537	13.376	7.128(0.358-2.364)	0.002

3 讨论

随着现代“生物-心理-社会”医学模式的转变,精神心理因素在疾病发生、转归方面逐渐受到重视,越来越多的研究显示突发性耳聋患者广泛存在不同程度的心理障碍^[17-19],Contraera 等人^[20]研究发现中度以上突发性聋患者均有不同程度“体感缺失”;陶朵等^[21]研究表明突发性耳聋老年患者存在人际关系敏感、抑郁、躯体化、精神病性等表现。SAS、SDS 量表在国内外应用广泛,被证实信效度良好^[22-24]。本研究以 SAS、SDS 量表为评价标准,分析了 156 例突发性耳聋患者入院时 SAS、SDS 平均评分均处于较高水平,其中焦虑发生率为 30.77%,抑发生率为 26.28%,验证了突发性耳聋患者发病后的焦虑、抑郁发生率确实较高。焦虑、抑郁即是突发性耳聋的诱因,又是其结果,两者相互影响形成恶性循环,因此分析突发性耳聋患者焦虑、抑郁的影响因素对消除患者负面心理,促进其康复有着积极的作用。

本研究中突发性耳聋患者焦虑、抑郁发生率高于年老患者,说明年龄会影响焦虑、抑郁的发生。分析原因为中年患者正处于事业发展高峰期,对听力丧失的事实普遍不能接受,因此更容易产生焦虑、抑郁等悲观情绪,而赵凯等^[25]认为突发性耳聋患者焦虑、抑郁程度随着年龄的增长而加重,出现这一现象原因可能与选择样本偏差、使用研究工具的不同有关。本研究显示女性在患突发性耳聋后更容易出现焦虑和抑郁,而 Koylv 等^[26]发现女性突发性耳聋患者多表现出消极、抑郁心理;Kamaradova 等^[27]也在研究中发现突聋患者中女性焦虑、抑郁评分高于男性,与本研究结果一致。分析原因可能与女性体内低水平雌激素有关。本研究显示听力损失程度、耳聋程度与患者焦虑、抑郁有关,听力损失程度、耳聋程度直接影响患者听力,听力损失程度、耳聋程度越重,意味着患者残疾程度越重,生活能力丧失越严重,因此焦虑、抑郁发生率越高。同时,本研究还显示,伴随症状种类数、耳鸣程度与患者焦虑、抑郁发生均有关。赵群等人^[28]分析了突发性耳聋患者耳鸣程度与焦虑、抑郁的相关性,结果显示 THI 评分与 SAS、SDS 均呈正相关,说明耳鸣是突发性耳聋患者发生焦虑、抑郁的主要因素。本研究多因素分析结果也显示,伴随重度耳鸣的患者,其焦虑发生风险增加了 2.601 倍,与上述结果相似。本研究中合并基础疾病种类越多,患者焦虑、抑郁发生率越高,而且合并基础疾病≥3 种是突发性耳聋焦虑、抑郁的共同危险因素。分析原因为合并基础疾病将导致治疗难度、效果不确定性增加,也与多种疾病共存导致患者生存质量严重下降有关^[29,30]。本研究结果显示治疗后突发性耳聋患者 SAS、SDS 评分均显著下降,但不同治疗疗效患者焦虑、抑郁的发生率存在显著差异,治疗显效患者焦虑、抑郁的发生率最低,而治疗无效患者最高,说明治疗效果对患者焦虑、抑郁有着较大的影响,多因素分析也显示,治疗无效分别增加了突发性耳聋患者 7.877 倍焦虑和 7.128 倍抑郁发生风险,提示在治疗过程中,医护人员应重视突发性耳聋患者心理治疗,以提高临床疗效。

综上,突发性耳聋患者受性别、年龄、耳聋耳鸣程度、合并基础疾病种类数、治疗疗效等多种因素影响容易发生焦虑、抑郁,因此,医护人员应加强患者疾病及健康知识宣传,关注患者

心理健康,积极治疗原发疾病,控制基础疾病,尽早实施心理干预和治疗,减轻患者焦虑、抑郁水平,促进突发性耳聋患者康复。

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