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## 精神心理干预对慢性肛周湿疹患者治疗效果、心理状态及生活质量的影响 \*

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**摘要 目的:**探讨精神心理干预对慢性肛周湿疹患者治疗效果、心理健康及生活质量的影响,为临床治疗提供新的切入点。**方法:**选取 122 例慢性肛周湿疹患者为研究对象,采用随机数字表法分为干预组和对照组各 61 例。对照组接受常规治疗,干预组在对照组的基础上接受精神心理干预,两组患者均治疗 8 周。对比两组患者的临床疗效,观察并比较两组患者治疗前后的心理状态以及生活质量的变化情况。**结果:**干预组的总有效率为 85.25%,明显高于对照组的 62.30%( $P<0.05$ )。治疗 8 周后,两组患者焦虑自评量表(SAS)评分、抑郁自评量表(SDS)评分、皮肤病生活质量指数(DLQI)评分和匹兹堡睡眠质量指数(PSQI)评分均降低,且干预组患者治疗后的 SAS 评分、SDS 评分、DLQI 评分和 PSQI 评分均明显低于对照组( $P<0.05$ )。两组患者治疗后的心理弹性量表(CD-RISC)评分升高,且与对照组相比,干预组患者治疗后的 CD-RISC 评分显著升高( $P<0.05$ )。**结论:**精神心理干预联合常规治疗对慢性肛周湿疹具有较好的疗效。对患者实施精神心理干预可有效减轻患者焦虑、抑郁等负性情绪,提高患者心理韧性水平,促进患者生活质量的提升。

**关键词:**慢性肛周湿疹;精神心理干预;生活质量;心理状态

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## Effect of Psychological Intervention on Therapy Efficacy, Psychological State and Quality of Life in Patients with Chronic Perianal Eczema\*

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**ABSTRACT Objective:** To explore the influence of psychological intervention on therapy efficacy, psychological health and quality of life in patients with chronic perianal eczema, and provide a new entry point for clinical treatment. **Methods:** 122 patients with chronic perianal eczema were enrolled in the study. They were divided into intervention group and control group by 61 cases using random number table method. They were divided into intervention group and control group according to random number table method, each group contains 61 cases. The control group received routine treatment, while the intervention group was additionally treated with psychosocial intervention on the basis of the control group. Two groups were treated for 8 weeks. The clinical efficacy of the two groups of patients were compared. The psychological state and quality of life of the two groups were observed and compared before and after treatment. **Results:** The total effective rate of the intervention group was 85.25%, which was significantly higher than 62.30% of the control group ( $P<0.05$ ). After 8 weeks of treatment, the Self-Rating Anxiety Scale (SAS) scores, Self-Rating Depression Scale (SDS) scores, Connor-Davidson Resilience Scale (CD-RISC) scores and the Dermatology Life Quality Index (DLQI) scores of the two groups were decreased. And the SAS score, SDS score, DLQI score and the PSQI score of the intervention group were significantly lower than those of the control group ( $P<0.05$ ). The Connor-Davidson Resilience Scale (CD-RISC) scores were increased in both groups after treatment. And compared with the control group, the score of CD-RISC in the intervention group were significantly increased after treatment ( $P<0.05$ ). **Conclusion:** Psychosocial intervention combined with routine treatment has a good effect on chronic perianal eczema. Psychosocial intervention can effectively alleviate patients' negative emotions such as anxiety and depression, improve patient's psychological resilience, and promote the improvement of patients' quality of life.

**Key words:** Chronic perianal eczema; Psychological intervention; Quality of life; Psychological state

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## 前言

慢性肛周湿疹是一种发于肛门和肛门周围皮肤的变态反应性皮肤病,皮损可延及臀部会阴和生殖器,多表现为皮肤肥厚,覆以少量糠秕样鳞屑,可有红斑、潮润、少有渗出等,呈局限性,边缘亦较清楚<sup>[1-4]</sup>。严重时皮肤皲裂伴疼痛,主觉奇痒难受,呈阵发性,夜间较甚,严重影响了患者的日常工作和生活<sup>[5,6]</sup>。此外,由于慢性肛周湿疹病程较长,反复发作,迁延不愈,病部位敏感且特殊,给患者带来很多苦恼,容易引发患者负性情绪,对患者的身心健康造成极大影响<sup>[7]</sup>。目前国内外学者对慢性肛周湿疹的药物等治疗方法进行了广泛的研究,而较少关注精神心理干预在慢性肛周湿疹治疗中的影响及作用。本研究探讨精神心理干预对慢性肛周湿疹患者治疗效果、心理健康及生活质量的影响,以期对慢性肛周湿疹临床治疗提供新的切入点,结果阐述如下。

## 1 材料与方法

### 1.1 材料

本研究调查对象来源于2014年1月~2018年1月哈尔滨医科大学第一临床医学院和黑龙江省三江管局建三江人民医院皮肤科门诊的122名慢性肛周湿疹患者。入选标准:符合慢性肛周湿疹诊断标准<sup>[8]</sup>,病程大于3个月,自愿并能独立完成调查。排除标准:①泛发湿疹或合并感染的患者;②患有呼吸、循环、消化、内分泌、泌尿、血液和神经等各系统慢性疾病;③患有其他慢性皮肤疾病;④妊娠或哺乳期妇女;⑤各类精神障碍、近期内服用精神活性药物者。采用随机数字表法将入选患者分为干预组和对照组,各61例。干预组男37例,女24例;年龄20~52岁,平均 $(32.98 \pm 8.79)$ 岁,病程11个月~2年,平均病程 $(1.60 \pm 0.37)$ 年。对照组男35例,女26例;年龄25~58岁,平均 $(35.12 \pm 7.14)$ 岁,病程5个月~2.5年,平均病程 $(1.65 \pm 0.54)$ 年。两组患者一般资料差异无统计学意义( $P>0.05$ ),均衡可比。本研究符合哈尔滨医科大学第一临床医学院和黑龙江省三江管局建三江人民医院伦理委员会的相关规定。

### 1.2 方法

对照组给予患者常规治疗。干预组在常规治疗的基础上对患者实施精神心理干预,具体措施为:①提高患者认知水平:根据患者的疾病情况、对疾病的认知程度以及文化程度等情况,为患者详细讲解慢性肛周湿疹的发病机制、治疗方法及注意事项等,说明焦虑、抑郁等负性情绪对疾病治疗的影响、与疾病发展的关系。同时,纠正患者在疾病治疗方面存在的错误解读,帮助其树立正确的病症观念。具体可通过向患者发放健康知识手册、播放健康知识视频等方式,提高患者的认知水平。②对患者进行心理疏导:在治疗过程中,多与患者进行交流、沟通,实时了解患者的心理状态,明确患者所存在的心理问题。耐心解答患者的各项疑问,向患者讲解以往治疗成功的案例,多关心鼓励患者,以提升其安全感,提高其治愈信心;耐心倾听患者诉说,疏导安慰患者的负性情绪,以此减轻患者心理负担及悲观情绪,并帮助患者克服羞怯心理,调动其积极性,帮助患者正视疾病,积极面对治疗。③让患者感受到家人的支持:对患者家属

进行疾病相关知识的讲解,调动患者家属的积极性,使其给予患者亲情的鼓励、理解及支持,为患者治愈营造良好的情感环境,帮助患者改善焦虑抑郁等负性情绪,进一步提升治疗信心。

### 1.3 观察指标及评价标准

**1.3.1 疗效评价** 治疗8周后,根症状的缓解情况,对两组患者的疗效进行评定,评分分为4个等级。痊愈:皮损完全恢复,肛周皮肤瘙痒状况消失,没有分泌物渗出;显效:皮损创面大部分消退,肛周皮肤瘙痒症状明显改善,分泌物明显减少;有效:皮损创面部分消退,肛周皮肤瘙痒症状稍有改善,分泌物稍有减少;无效:皮损消退不明显或加重,肛周皮肤瘙痒症状没有改善甚至加重,分泌物并未减少或增多。总有效率为痊愈例数、显效例数和有效例数之和与总例数的比值<sup>[9]</sup>。

**1.3.2 心理状态** 于治疗前和治疗8周后,采用焦虑自评量表(SAS)、抑郁自评量表(SDS)和心理弹性量表(CD-RISC)评估患者的心理状态。SAS和SDS由华裔教授Zung编制。两个量表均含有20个条目,采用4级评分法,总分得分范围为0~100分,得分越高表示焦虑或抑郁严重<sup>[10,11]</sup>。CD-RISC由Connor和Davidson于2003年编制,用于评估个体对困难经历的反弹能力。该量表包括坚韧性、力量性和乐观性,共3个维度25个条目,总分得分范围为0~100分,得分越高,表示心理弹性水平越高<sup>[12]</sup>。

**1.3.3 生活质量** 于治疗前和治疗8周后,采用皮肤病生活质量指数(DLQI)和匹兹堡睡眠质量指数(PSQI)评估患者的生活质量。DLQI由Finlay发明。该问卷共10项,内容包括生理、心理、日常活动、穿衣、社交娱乐、运动、工作学习、家庭、性生活和治疗。每个问题均采用4级计分法,总分0~30分,得分越高,生活质量越差<sup>[13]</sup>。PSQI由美国匹兹堡大学精神科医生Buysse博士等人编制。该问卷共18个自评条目参与计分,总分0~21分,得分越高,表示睡眠质量越差<sup>[14]</sup>。

### 1.4 统计学分析

采用SPSS 22.0统计学软件进行统计分析。有效率等计数资料以百分数表示,实施卡方检验。心理状态、生活质量指标等计量资料以均数 $\pm$ 标准差( $\bar{x} \pm s$ )表示,实施t检验。将 $\alpha=0.05$ 设为检验标准。

## 2 结果

### 2.1 两组患者治疗效果比较

与对照组相比,干预组总有效率明显升高( $P<0.05$ )。见表1。

### 2.2 两组患者心理状态比较

治疗前,两组患者SAS评分、SDS评分、CD-RISC评分比较差异无统计学意义( $P>0.05$ );治疗8周后,两组患者SAS评分、SDS评分均较治疗前降低,CD-RISC评分较治疗前升高( $P<0.05$ ),且干预组患者治疗后的SAS评分和SDS评分均明显低于对照组,CD-RISC评分明显高于对照组( $P<0.05$ )。见表2。

### 2.3 两组患者生活质量比较

治疗前,两组患者DLQI评分和PSQI评分比较差异无统计学意义( $P>0.05$ );治疗8周后,两组患者DLQI评分和PSQI评分均较治疗前降低( $P<0.05$ ),且干预组患者治疗后的DLQI评分和PSQI评分均明显高于对照组( $P<0.05$ )。见表3。

表 1 两组治疗效果比较[n(%)]

Table 1 Comparison of the therapeutic effect of the two groups[n(%)]

| Groups             | n  | Cured   | Excellence | Effective | Invalid   | Total effective rate |
|--------------------|----|---------|------------|-----------|-----------|----------------------|
| Intervention Group | 61 | 1(1.64) | 21(34.43)  | 29(47.54) | 9(14.75)  | 52(85.25)            |
| Control Group      | 61 | 0(0.00) | 18(29.51)  | 20(32.79) | 23(37.70) | 38(62.30)            |
| $\chi^2$           |    |         |            |           |           | 8.303                |
| P                  |    |         |            |           |           | 0.004                |

表 2 两组心理状态比较( $\bar{x} \pm s$ , 分)Table 2 Comparison of the psychological state in the two groups( $\bar{x} \pm s$ , scores)

| Groups             | n  | SAS score        |                               | SDS score         |                               | CD-RISC score    |                               |
|--------------------|----|------------------|-------------------------------|-------------------|-------------------------------|------------------|-------------------------------|
|                    |    | Before treatment | After treatment               | Before treatment  | After treatment               | Before treatment | After treatment               |
| Intervention group | 61 | 62.90 $\pm$ 9.06 | 39.49 $\pm$ 5.17 <sup>#</sup> | 60.79 $\pm$ 8.18  | 39.56 $\pm$ 7.82 <sup>#</sup> | 54.48 $\pm$ 8.43 | 68.30 $\pm$ 5.51 <sup>#</sup> |
| Control group      | 61 | 63.30 $\pm$ 9.87 | 51.56 $\pm$ 7.53 <sup>#</sup> | 59.44 $\pm$ 10.21 | 47.92 $\pm$ 5.38 <sup>#</sup> | 55.25 $\pm$ 9.01 | 61.36 $\pm$ 5.43 <sup>#</sup> |
| t                  |    | 0.227            | 10.229                        | 0.796             | 6.882                         | 0.483            | 6.995                         |
| P                  |    | 0.820            | 0.000                         | 0.427             | 0.000                         | 0.630            | 0.000                         |

Note: compared with the control group, <sup>#</sup>P<0.05.表 3 两组生活质量比较( $\bar{x} \pm s$ , 分)Table 3 Comparison of the quality of life in the two groups( $\bar{x} \pm s$ , scores)

| Groups             | n  | DLQI score       |                              | PSQI score       |                               |
|--------------------|----|------------------|------------------------------|------------------|-------------------------------|
|                    |    | Before treatment | After treatment              | Before treatment | After treatment               |
| Intervention group | 61 | 9.54 $\pm$ 5.83  | 4.54 $\pm$ 3.49 <sup>#</sup> | 16.51 $\pm$ 3.84 | 8.85 $\pm$ 3.81 <sup>#</sup>  |
| Control group      | 61 | 10.43 $\pm$ 4.85 | 7.93 $\pm$ 3.99 <sup>#</sup> | 16.21 $\pm$ 4.06 | 13.41 $\pm$ 4.22 <sup>#</sup> |
| t                  |    | 0.912            | 5.001                        | 0.413            | 6.265                         |
| P                  |    | 0.364            | 0.000                        | 0.681            | 0.000                         |

Note: compared with the control group, <sup>#</sup>P<0.05.

### 3 讨论

慢性肛周湿疹是一种常见的、由多种因素诱发的迟发型变态反应性皮肤病。近年来,随着社会的不断发展,人们生活节奏的加快,生活习惯的不断改变,慢性肛周湿疹发病率呈逐年上升趋势。慢性肛周湿疹由于周围分布丰富的神经末梢与毛细血管,皮肤瘙痒时,其痒无比,抓挠剧烈后,又会导致皮肤破损、痛痒加剧且易引发感染,使得患者烦躁焦虑痛苦,严重影响了患者日常生活和工作<sup>[15-17]</sup>。且其病程不定,易复发,经久不愈,使患者长时间承受着巨大的心理压力<sup>[18-20]</sup>,承受着疾病的折磨,导致其普遍出现焦虑、抑郁、自卑等负性情绪,心里状况普遍较差<sup>[21]</sup>。大量研究表明<sup>[22-25]</sup>,压力及负性情绪对慢性肛周湿疹疾病的发生发展影响重大,它们极不利于患者的治疗和康复,甚至可能会导致患者病情加重。Kouris 等<sup>[24]</sup>研究发现湿疹患者的不良情绪将导致其病情恶化和复发;Yu 等<sup>[23]</sup>发现湿疹患者具有较高的焦虑和抑郁水平,倾向于出现更多的其他的身心症状。因此,在治疗过程中,采取积极的措施帮助患者缓解或消除焦虑、抑郁等负面情绪,防止这些负性情绪加重病情变化,构成恶性循环对患者康复造成不良影响,显得尤为重要。

本研究中,对照组接受常规治疗,干预组在对照组基础对

患者实施精神心理干预。研究结果表 2 显示,治疗前,两组患者 SAS 评分、SDS 评分和 CD-RISC 评分比较,差异无统计学意义(P>0.05);治疗后,两组 SAS 评分、SDS 评分均较治疗前降低,CD-RISC 评分均较治疗前升高,且与对照组比较,干预组 SAS 评分、SDS 评分更低,CD-RISC 评分更高(P>0.05)。说明精神心理干预对于改善慢性肛周湿疹患者焦虑、抑郁情绪,提高患者心理弹性水平,具有明显效果。分析其原因:(1)大部分患者由于对疾病的认识不足,往往存在错误的治疗观念,当病情出现或反复时,由于缺乏心理准备,很可能会盲目地对疾病持悲观态度,对治疗丧失信心,同时面对疾病反复性带来的长期痛苦和不便,感到无望,陷入负性思考中,从而产生焦虑、抑郁、自卑等负性情绪,心理弹性较差<sup>[26,27]</sup>。精神心理干预可引导患者正确认识和看待疾病,以积极的心态面对疾病,使其摆脱悲观情绪,增强治疗信心,同时能及时疏导患者的不良情绪,使其焦虑、抑郁情绪有所缓解,心理弹性水平有所提高。(2)此外,慢性肛周湿疹的高发人群为男性,这类患者承担着社会和家庭的重要角色,疾病导致的工作、生活能力下降使得患者承受着巨大的精神压力,导致产生焦虑、抑郁等负性情绪,降低了患者的适应能力和抗压能力。精神心理干预通过调动患者家属的积极性,让患者感受到家人的关爱、鼓励、理解及支持,利用亲情的

温暖帮助其缓解精神心理压力,从而有效改善焦虑、抑郁情绪,心理弹性水平有所增强。

本研究结果表 3 显示,治疗前,两组患者 DLQI 评分和 PSQI 评分比较,差异无统计学意义 ( $P>0.05$ );治疗后,两组 DLQI 评分和 PSQI 评分均较治疗前升高,且与对照组比较,干预组 DLQI 评分和 PSQI 评分更高 ( $P>0.05$ )。说明精神心理干预对于改善慢性肛周湿疹睡眠质量,提高患者生活质量,具有明显效果。分析其原因:(1)慢性肛周湿疹发病部位特殊隐私,部分患者在接受治疗时由于心中羞怯,不愿讲述病情,不积极配合甚至逃避治疗,导致治疗效果大打折扣、病情加重,皮损瘙痒加剧,严重影响其睡眠质量和生活质量。精神心理干预通过一对一心理辅导,帮助患者克服羞怯心理,正视疾病,积极配合治疗,使得疗效大大提升,病痛得到有效缓解,睡眠质量有所提高,生活质量得到提升。(2)此外,大量研究表明,变态反应性疾病的发展与患者情绪、精神紧张等具有明显的相关性<sup>[28,29]</sup>。精神心理干预能有效改善慢性肛周湿疹患者焦虑、抑郁情绪,提高患者心理弹性水平(表 2 研究结果),从而减少负性情绪对疾病的影响,提升临床疗效,使得患者睡眠质量提升,生活质量得到提高。

研究结果表 1 显示,治疗后,干预组总有效率明显高于对照组 ( $P<0.05$ ),提示精神心理干预可以提高慢性肛周湿疹的治疗效果,更为有效的缓解患者皮损、瘙痒等症状。分析其原因:精神心理干预能有效改善慢性肛周湿疹患者焦虑、抑郁情绪,提高患者心理弹性水平(表 2 研究结果),并有效改善慢性肛周湿疹睡眠质量,提高患者生活质量(表 3 研究结果)。负性情绪的越少,心理健康水平的越高,生活质量和睡眠质量的越好,越有利于病情的好转<sup>[30-32]</sup>,如此构成良性循环,对病情产生正面影响,使得治疗效果大大提升。

综上所述,与单纯的常规治疗相比,精神心理干预联合常规治疗能更有效地改善患者心理状态,提高患者生活质量,治疗慢性肛周湿疹效果更佳,值得推广。

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