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正念训练联合情志干预缓解肿瘤安宁期患者癌因性疲乏的效果观察*

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摘要 目的:探讨正念训练联合情志干预缓解肿瘤安宁期患者癌因性疲乏的效果。**方法:**选择2018年1月到2019年10月在本院进行诊治的肿瘤安宁期患者122例,根据随机数字表法将其分为正念组与对照组,每组各61例。对照组给予常规情志干预,正念组给予正念训练联合情志干预,两组干预观察时间为8周。记录和比较两组治疗前后癌因性疲乏指标(正念评分、焦虑与抑郁评分、睡眠质量评分、行为/严重程度、情感、感觉、认知/情绪评分)的变化情况。**结果:**干预后,正念组与对照组的正念评分都高于干预前,且正念组高于对照组($P<0.05$)。两组干预后焦虑与抑郁评分、睡眠质量评分都显著低于干预前,正念组明显低于对照组($P<0.05$)。正念组干预后的行为/严重程度、情感、感觉、认知/情绪评分都明显低于对照组($P<0.05$)。**结论:**正念训练联合情志干预能缓解肿瘤安宁期患者的癌因性疲乏状况,提高睡眠质量与正念认知,缓解患者的焦虑与抑郁情绪。

关键词:正念训练;情志干预;肿瘤安宁期;癌因性疲乏;睡眠质量

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Observation on the Effect of Mindfulness Training Combined with Emotional Intervention on Cancer-induced Fatigue*

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ABSTRACT Objective: To explore the effect of mindfulness training combined with emotional intervention to alleviate cancer-related fatigue in patients with tumors in the peaceful period. **Methods:** From January 2018 to October 2019, 122 patients with oncological stage were selected for diagnosis and treatment in our hospital and were equally divided into the mindfulness group and control group accorded to the random number table method, with 61 cases in each group. The control group was given regular emotional intervention, and the mindfulness group was given mindfulness training combined with emotional intervention. The observation period of the two groups was 8 weeks. Record and compare the changes of cancer-related fatigue indicators (mindfulness score, anxiety and depression score, sleep quality score, behavior / severity, emotion, feeling, cognition / emotion score) before and after treatment in the two groups. **Results:** After the intervention, the mindfulness scores of the mindfulness group and the control group were higher than those before the intervention, and the mindfulness group were higher than the control group ($P<0.05$). After intervention, the anxiety and depression scores and sleep quality scores of the two groups were significantly lower than before the intervention, and the mindfulness group were also significantly lower than the control group ($P<0.05$). After intervention, the mindfulness group's behavior / severity, emotion, feeling, and cognitive / emotional scores were significantly lower than those of the control group ($P<0.05$). **Conclusion:** Mindfulness training combined with emotional intervention could alleviate cancer-induced fatigue in patients with tumors in the tranquil period, improve sleep quality and awareness of mindfulness, and relieve patients' anxiety and depression.

Key words: Mindfulness training; Emotional intervention; Tumor tranquillity period; Cancer-induced fatigue; Sleep quality

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前言

随着诊断与治疗技术的提高,很多早期恶性肿瘤患者的死亡率有所下降^[1]。但是由于各种因素的影响,很多肿瘤患者由于早期确诊率低,就诊时多处于安宁期,预期生存期较短,对各种

治疗手段与方法都不敏感^[2,3]。此时,患者处于身心疲惫期,不但要承受疾病带来的疼痛,长期的医疗救治、高额的医疗费用也会给患者及其家属带来了沉重的精神和经济负担^[4,5]。癌因性疲乏是与癌症相关的持续的、主观的、正常功能的、不正常疲劳疲倦的感觉;直接影响患者的日常活动,也与疼痛、睡眠障碍和

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肌肉无力有直接的关系,最终将影响患者的生存质量^[6,7]。

安宁期肿瘤患者情志干预目的主要是通过预防、评估和控制疼痛,裂解患者在心理、社会 and 心灵上的问题,减缓身体的不适症状,以提高患者的生存质量^[8]。正念是一个人有意识地去觉察自己此时此刻的感受而接纳自己的一切感受,其是个体对自己不断变化的感受进行有意识地观察与对待自己各种各样的反应^[9,10]。正念训练是以正念为核心的一种减压和认知的心理训练方法,有效减轻缓解身心压力,以正念冥想、认知、减压为核心,有助于改善患者对慢性疾病患者的心身症状,改善个体的身心健康^[11,12]。本研究主要探讨了正念训练联合情志干预缓解肿瘤安宁期患者癌因性疲乏的效果,以明确正念训练的应用价值。现总结报道如下。

1 临床资料

1.1 研究对象

选择 2018 年 1 月到 2019 年 10 月在本院进行诊治的肿瘤安宁期患者 122 例,纳入标准:临床与调查资料完整;病理诊断符合肿瘤安宁期的诊断标准;预计生存期 ≥ 3 个月;患者或家属签署了知情同意书;本院伦理委员会批准了此次研究;年龄 35~80 岁;听力和语言表达能力正常。排除标准:妊娠与哺乳期妇女;无法获得治疗资料或资料不完整的患者;有精神疾病病史者;失语、听力丧失或有其他交流障碍的患者。根据随机数字表法把患者分为正念组与对照组各 61 例,两组的体重指数、肿瘤类型、病程、性别、年龄、受教育年限等对比差异无统计学意义($P>0.05$),具有可比性。见表 1。

表 1 两组一般资料的对比

Table 1 Comparison of the general information between two groups

Groups	n	BMI(kg/m ²)	Types of tumors (digestive tract tumors / respiratory tract tumors / gynecological tumors / others)	Course of disease (years)	Gender(Male/Female)	Age (years)	Years of education (years)
Mindfulness group	61	20.84 $\pm$ 2.11	32/19/6/4	6.13 $\pm$ 0.48	24/37	56.77 $\pm$ 2.19	12.85 $\pm$ 1.22
Control group	61	20.19 $\pm$ 3.89	33/17/5/6	6.17 $\pm$ 0.24	25/36	56.10 $\pm$ 3.87	12.87 $\pm$ 0.98

1.2 干预方法

对照组:给予常规情志干预,与患者进行贴心耐心的交流,随后耐心讲解患者安宁期的注意事项,提高自我干预的主动性。同时定期开展病友之间交流会,通过交流改善患者的负面情绪。

正念组:在对照组干预的基础上给予正念训练,具体措施如下:(1)干预前对患者进行身心状况的评估,培训正念训练医师并建立正念训练小组。小组每月进行正念训练相关知识进行考核,及时发现存在的问题与隐患,分析原因后进行持续质量改进。(2)第 1~2 w:体验身体感觉,躯体感觉扫描;体验气体的进出,正念呼吸练习。第 3~4 w:关注情绪、慈心禅修,察觉内心想法,给思想贴标签;正念伸展活动,应对压力情境,进行 3 min 呼吸空间。第 5~6 w:大自然禅修、冲动冲浪,冲动冲浪、身体扫描、3 min 呼吸空间,控制情绪。第 7~8 w:复习、分享及总结,自主正念觉察,正念进食。(3)每周进行 3~5 h 的正念减压训练指导,主要包括布置家庭练习,愉悦事件觉察,静坐觉察呼吸、身体感觉、声音和想法,识别身体里的情绪以小组授课、讨论分享、指导练习、自行练习情况与纠错等方式进行,进行分享并评价正念减压训练的结果。

两组干预观察时间为 8 周。

1.3 观察指标

(1)在干预前后选择五因素正念评估量表(Five Facet Mindfulness Questionnaire, FFMQ)进行评估,采用 5 级评分,信效度分别为 0.80 和 0.81,分数越高,正念程度越高。(2)在干预前后采用焦虑自评量表(Self-rating anxiety scale, SAS)和抑郁自评量表(Self-rating Depression Scale, SDS)进行评分,标准分 ≥ 50 分表明有焦虑、抑郁症状,分数越高,焦虑、抑郁症状越严重。(3)在干预后采用修订的 Piper 疲乏量表进行测量,包括疲乏的行为/严重程度、情感、感觉、认知/情绪等四个方面,分为 0~10 分评分,得分越高,疲乏越严重。(4)在干预前后采用匹兹堡睡眠质量指数(Pittsburgh sleep quality index, PSQI)进行测定,PSQI 的总分为 0~21 分,总分 >7 分时睡眠质量较差,分值越高,睡眠质量越差。

1.4 统计学分析

选择 SPSS 20.00 软件对计量资料与计数数据进行分析,分别以均数 $\pm$ 标准、率与百分比表示计量资料与计数数据,组间对比采用 t 检验与卡方 χ^2 检验,检验水准为 $\alpha=0.05$ 。

2 结果

2.1 两组干预前后正念评分变化的对比

干预后,正念组与对照组的正念评分均都显著高于干预前,且正念组高于对照组,差异都有统计学意义($P<0.05$),见表 2。

表 2 两组干预前后正念评分的对比(分, $\bar{x}\pm s$)

Table 2 Comparison of the mindfulness scores between the two groups before and after intervention (scores, $\bar{x}\pm s$)

Groups	n	Pre-intervention	After intervention
Mindfulness group	61	67.44 $\pm$ 5.59	114.29 $\pm$ 13.92**
Control group	61	67.13 $\pm$ 6.39	100.89 $\pm$ 14.59*

Note: Compared with the pre-intervention, * $P<0.05$; Compared with the control group, ** $P<0.05$.

2.2 两组干预前后焦虑与抑郁情绪评分的对比

明显低于对照组,差异都有统计学意义($P<0.05$),见表3。

两组干预后焦虑与抑郁评分都显著低于干预前,且正念组

表3 两组干预前后焦虑与抑郁评分的对比(分, $\bar{x}\pm s$)Table 3 Comparison of the scores of anxiety and depression before and after intervention between two groups (scores, $\bar{x}\pm s$)

Groups	n	Anxiety		Depression	
		Pre-intervention	After intervention	Pre-intervention	After intervention
Mindfulness group	61	48.11 $\pm$ 3.91	33.14 $\pm$ 3.04* [#]	49.22 $\pm$ 3.95	32.85 $\pm$ 3.33* [#]
Control group	61	48.00 $\pm$ 4.78	40.43 $\pm$ 2.85*	49.11 $\pm$ 4.87	38.52 $\pm$ 3.14*

Note: Compared with the pre-intervention, * $P<0.05$; Compared with the control group, [#] $P<0.05$.

2.3 两组干预前后睡眠质量评分的对比

明低于对照组,差异都有统计学意义($P<0.05$),见表4。

两组干预后的睡眠质量评分都显著低于干预前,且正念组

表4 两组干预前后睡眠质量评分对比(分, $\bar{x}\pm s$)Table 4 Comparison of the sleep quality scores between the two groups before and after intervention (scores, $\bar{x}\pm s$)

Groups	n	Pre-intervention	After intervention
Mindfulness group	61	14.22 $\pm$ 2.73	6.24 $\pm$ 2.8* [#]
Control group	61	14.19 $\pm$ 3.10	9.11 $\pm$ 2.67*

Note: Compared with the pre-intervention, * $P<0.05$; Compared with the control group,

2.4 两组干预后癌因性贫乏评分的对比

对比无差异($P>0.05$),干预后两组上述指标评分都明显降低,且

干预前,两组行为/严重程度、情感、感觉、认知/情绪评分

正念组低于对照组($P<0.05$),见表5。表5 两组干预后癌因性贫乏评分对比(分, $\bar{x}\pm s$)Table 5 Comparison of cancer-induced anemia scores between the two groups after intervention (scores, $\bar{x}\pm s$)

Group	n	Behavior / Severity		Emotion		Sense perception		Cognition / Emotion	
		Pre-intervention	After intervention	Pre-intervention	After intervention	Pre-intervention	After intervention	Pre-intervention	After intervention
Mindfulness group	61	8.23 $\pm$ 2.31	3.92 $\pm$ 0.28* [#]	12.14 $\pm$ 2.57	3.62 $\pm$ 0.51* [#]	12.53 $\pm$ 3.21	3.74 $\pm$ 0.63* [#]	9.25 $\pm$ 2.53	2.98 $\pm$ 0.56* [#]
Control group	61	8.25 $\pm$ 2.34	5.33 $\pm$ 0.22*	12.09 $\pm$ 2.53	6.36 $\pm$ 0.54*	12.57 $\pm$ 3.32	5.31 $\pm$ 0.57*	9.31 $\pm$ 2.51	4.67 $\pm$ 0.89*

Note: Compared with the pre-intervention, * $P<0.05$; Compared with the control group, [#] $P<0.05$.

3 讨论

肿瘤安宁期具有复发转移风险高、无病生存率低、侵袭性强、易局部复发、疾病进展快等特点,患者很难获得长期生存,在此期间加强非治疗干预具有重要价值^[13]。"喜、怒、思、悲、恐、忧、惊"为"七情",七情变化可提示人体的外在精神状态,当七情变化多度时可引起人体兴奋或抑制过度,可致机体阴阳失衡、气血阻塞、经络紊乱,引起机体各项功能紊乱,可加重恶性肿瘤患者病情,从而影响预后^[14,15]。

情志干预是一种通过改善患者情绪实现提高治疗目的的干预方法,目前在临床各疾病护理中均有开展,能显著改善患者的不良情绪^[16,17]。正念训练强调观察情绪,采取一种非评判和非评估的态度对待情绪,放下"好"或"坏"的评判,少情绪痛苦,提高患者的情绪调节能力^[18,19]。本研究显示正念组与对照组干预后的正念评分都高于干预前,且正念组高于对照组,两组干预后焦虑与抑郁评分都低于干预前,正念组也低于对照组。戈瑶^[20]等学者也发现正念减压法对恶性肿瘤患者癌因性疲乏

以及负性情绪的干预后,患者的焦虑评分和抑郁评分低于干预前和常规护理组,说明在恶性肿瘤患者的干预过程中正念减压法能够显著降低患者的癌因性疲乏程度,改善患者负性情绪。本研究结果表明正念训练联合情志干预能缓解患者的负面情绪,改善正念认知。也有研究表明不仅正念训练对心理功能的改善有益,也与患者的预后结局显著相关。并且正念训练可促进患者情绪、认知、自我调节、价值澄清、行为的改善,从而形成良性患者,降低患者消极情绪体验的频率^[21,22]。正念训练可使患者对所有的心理现象保持正面的态度,对不愉快的内在情绪高度容忍,提高患者的正性思维与幸福感,进而改善患者的负面情绪^[23]。

肿瘤安宁期患者不仅存在心理创伤,也多伴随有睡眠障碍,且患者的抑郁情绪和睡眠质量交互影响,导致疾病恶化^[24]。情志干预可以帮助患者转移和分散在睡眠上的注意力,形成良好的睡眠习惯及心理准备,消除对睡眠情况的过度关注^[25]。正念训练的重点是观察、描述和参与,其需要让患者有意识地练习,不作评判,集中精神在某一件事上、不抗拒、有效的行为,能

有效改善患者的睡眠质量^[26,27]。本研究显示两组干预后的睡眠质量评分都低于干预前,正念组也低于对照组,说明正念训练干预能提高患者的睡眠质量。本研究与高茜学者的研究类似^[28]。其研究主要探讨了聚焦解决模式联合正念干预对胃癌术后病人癌因性疲乏及睡眠质量的影响,对照组患者给予传统的模式(入院指导、用药指导、饮食指导、疾病相关知识宣教等),观察组给予聚焦解决模式联合正念干预法,正念干预与本研究方法类似,结合聚焦解决模式(包括问题描述、构建具体目标、探查例外、实时反馈、评价进步等方面对患者实施干预),结果显示观察组的疲乏修订自评量表总分及各子条目得分均低于对照组,入睡时间、夜间苏醒、早醒情况、总睡眠时间、总睡眠质量、白天情绪、白天身体功能和白天思睡得分、总分均显著高于对照组,说明聚焦解决模式联合正念干预可有效改善胃癌术后病人的癌因性疲乏和睡眠质量。与本研究不同的是高茜等人采用了聚焦解决模式结合正念干预,但是均能够说明传统干预联合正念干预,能够显著改善患者的睡眠质量。

癌因性疲乏被认为是肿瘤安宁期患者的持续时间最长、最具破坏性的症状,对肿瘤患者的生存质量有着强烈而直接的负面影响^[29]。同时,癌因性疲乏也可增加患者的挫败感、恐惧感以及抑郁情绪,患者也容易因体力的消耗而对社会关系形成妥协,不利于预后康复^[30,31]。本研究显示正念组干预后的行为/严重程度、情感、感觉、认知/情绪评分都明显低于对照组,与王艳慧的研究结果一致^[32]。对肺癌患者给予正念减压疗法癌因性疲乏评分明显降低,说明与常规护理相比,肺癌患者实施以正念减压疗法可有效降低其癌因性疲乏程度。从机制上分析,正念训练可以减少机体能量的消耗或是提高躯体功能,也对患者的情感也有安抚效果,从心理上减轻了患者对疲乏症状控制的无助感。并且正念训练强调对惯性消极自动模式的处理,可引导个体通过对情绪、躯体、思想的感知体验,从而可及时觉察并消除患者负面心理模式^[33,34]。本研究的局限性在于被试人数相对较少,具体的机制还不明确,获得的结果在其它群体的适用性问题上也有待进一步验证。

总之,正念训练联合情志干预能缓解肿瘤安宁期患者的癌因性疲乏状况,提高睡眠质量与正念认知,缓解患者的焦虑与抑郁情绪。

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