·临床研究·

湖北钟祥市乡镇92例长寿老人慢性病调查

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【摘 要】 **目的** 调查湖北钟祥市92例长寿老人慢性病现状,为改善长寿老人的生存质量提供科学依据。**方法** 根据钟祥市民政局提供的人口学信息,2013年1月至2017年4月走访湖北省钟祥市11个乡镇≥90岁的长寿老人92例,其中男性18例,女性74例,年龄90~113(99.3±4.7)岁,由经过统一培训的工作人员对长寿老人进行健康综合评估和慢性病调查,并比较男女差异。采用SPSS 20.0统计软件对数据进行分析。组间比较采用t检验、χ^2检验或Fisher确切概率法。**结果** 健康综合评估结果表明长寿老人健康状况良好,大部分老人生活能自理,能够完成穿衣、洗澡、散步等活动。41.30%(38/92)的老人认知正常,46.74%(43/92)的老人虽有轻度认知功能障碍,但能与亲属及身边人进行良好的沟通交流,仅18.48%(17/92)的老人有抑郁表现,世界卫生组织生存质量测定简表(WHOQOL-BREF)评分表明老人生存质量良好,自我满意度高。相比女性长寿老人,男性长寿老人独居比率高($\chi^2=7.031$, $P<0.05$)、文盲人数少($\chi^2=9.218$, $P<0.05$)、有吸烟史人数多($\chi^2=31.2$, $P<0.001$)。每人罹患慢性病1~7(3.13±1.32)种。10.87%(10/92)的老人仅患1种疾病,88.04%(81/92)的老人2~6种慢性病共病,1.09%(1/92)的老人7种慢性病共病。罹患的16种慢性病中前三位分别为高血压72.83%(67/92)、营养不良与营养不良风险61.95%(57/92)和血脂异常58.70%(54/92)。男女慢性病共病状况差异无统计学意义($P>0.05$)。**结论** 钟祥市长寿老人罹患慢性病中高血压患病率最高,糖尿病、痴呆和癌症患病率低。大部分老人多种慢性病共存,但大多可完成基本日常生活活动,同时心理状态良好,但仍需改善营养状况,谨防跌倒,以降低致残率,进一步提高生活质量。

【关键词】 慢性病;共病;预防;长寿老人
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Survey on chronic diseases in longevous old people living in villages or towns of Zhongxiang City, Hubei Province

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【**Abstract**】 **Objective** To survey the current status of chronic diseases in 92 longevous old people living in Zhongxiang City in order to provide a scientific basis to improve their quality of life. **Methods** According to the demographic information provided by Zhongxiang Bureau of Civil Affairs, 92 longevous people (≥90 years old) who were residents in 11 villages or towns were visited and surveyed during January 2013 and April 2017. They were 18 males and 74 females, and at an age of 90 – 113 (99.3 ± 4.7) years. Comprehensive health assessment and chronic diseases survey were carried out on the subjects by trained staffs. The differences between the males and the females were investigated. SPSS statistics 20.0 was used to perform the statistical analysis. Student's t test, Chi-square test, or Fisher's exact test was employed for the comparison between the 2 groups. **Results** The results of the comprehensive health assessment showed that the longevous subjects were in good health. Most of them could take care of themselves and complete daily activities such as dressing, bathing and walking. Some subjects (41.30%, 38/92) had normal cognition, while some (46.74%, 43/92) had mild cognitive dysfunction, but were able to communicate well with their relatives and others. Only 18.48% (17/92) of the participants had depressive symptoms. The World Health Organization Quality of Life (WHOQOL)-BREF Scale showed that the elderly had good quality of life and high self-satisfaction. Compared with the female subjects, the male ones had higher ratio of living alone ($\chi^2=7.031$, $P<0.05$), lower ratio of illiteracy ($\chi^2=9.218$, $P<0.05$), and higher ratio of smoking history ($\chi^2=31.2$, $P<0.001$). Each person suffered from 1 to 7 (3.13 ± 1.32) kinds of chronic diseases. Only 10.87% (10/92) participants had only 1 chronic disease, 88.04% (81/92) had 2 to 6 kinds, and 1.09% (1/92) had even 7 kinds. Among the 16 common chronic diseases, the top 3 were hypertension (72.83%, 67/92), malnutrition and risk of malnutrition (61.95%, 57/92), and

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dyslipidemia 58.70% (54/92). There was no significant difference in the comorbid conditions between the male and female subjects ($P>0.05$). **Conclusion** The prevalence rate of hypertension is the highest, while those of diabetes, dementia and cancer are quite low in the longevous people in Zhongxiang City. Although most of them suffer from a variety of chronic diseases, they still can complete basic daily activities and enjoy good mental status. However, improving their nutritional status and being cautious for falls are of great significance to reduce their morbidity and thus improve their quality of life.

【**Key words**】 chronic disease; comorbidity; prevention; longevous elderly

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中国已逐渐进入老龄化社会,2015年世界人口统计数据显示全球≥90岁(长寿)人口数量为1676万,其中中国216万[1]。老龄人口增长使得慢性病即慢性非传染性疾病的患病率越来越高,2015年大数据统计表明近4000万人死于心血管疾病、糖尿病、癌症、慢性呼吸系统疾病等慢性病,占全球总死亡人数的71%,相比2005年增长了14%[2],老年人慢性病的共病现象已是全球公共卫生领域的普遍问题。国内外对普通老年人慢性病的研究较多,但对长寿老人的研究甚少。湖北省钟祥市是我国著名的长寿乡,也是世界长寿乡之一[3],本研究对湖北钟祥92例长寿老人健康状况进行了调查,并分析了他们的慢性病现状。

1 对象与方法

1.1 研究对象

根据钟祥市民政局提供的人口学信息,2013年1月至2017年4月走访了湖北省钟祥市≥90岁长寿老人96例,排除拒绝参加调查的4例,最终有效对象92例,其中男性18例,女性74例,年龄90~113(99.3±4.7)岁。

1.2 方法

由经过统一培训的工作人员对长寿老人进行健康综合评估。核对长寿老人身份证,按年龄从小到大编排序号1~92号,准确记录一般人口统计学资料(性别、民族、年龄等)、家族史、配偶情况、生育史、牙齿颗数、烟酒嗜好、家庭结构、居住情况和饮食生活习惯,并对慢性病做出诊断。

1.2.1 老年人健康综合评估 老年人健康综合评估(comprehensive geriatric assessment, CGA)依据《中国健康老年人标准(2013)》进行[4]。(1)生活自理能力:采用日常生活能力量表(activity of daily living scale, ADL)评估,总分100分,≥80岁老年人95分以上为正常,目前长寿老人日常活动能力的评分标准未公布,本研究将长寿老人自理需要帮助程度分为5个等级,完全自理(95~100分)、几乎很少帮助(60~94分)、部分帮助(40~59分)、很大帮助(20~39分)和完全依赖帮助(<20分)。(2)认知功能:采用简易智能状态量表(mini-mental state examination, MMSE)评估,总分30分,高龄老年人≥25分为正常,初中以上文化水平老年人≥27分为正常。18~24分为轻度认知障碍,10~17分为中度认知障碍,≤9分为重度认知障碍。(3)心理状况:采用老年抑郁量表(geriatric depression scale, GDS)评估,以5分为临界值,>5分为存在抑郁状态。(4)营养风险筛查和营养状况评估:使用简易营养评价(mini-nutritional assessment, MNA)[5]法评估。得分<17分为营养不良,17~23分为营养不良风险,24~30分为营养良好。(5)生活质量评分:采用世界卫生组织生存质量测定简表(World Health Organization Quality of Life Bref, WHOQOL-BREF)进行调查,共26个条目。其中24个条目分为4个维度,分别是生理(7个条目)、心理(6个条目)、社会(3个条目)和环境(8个条目);其余2个条目分别用于测量总的生存质量和健康状况。各领域得分通过计算所属条目的平均分乘以4得到,范围4~20分,分值越高,生存质量越好[6]。

1.2.2 慢性病诊断 诊断主要依据:(1)询问长寿老人或家属疾病既往史、就诊情况、服用药物情况、手术史;(2)钟祥市民政局提供的长寿老人每年体检资料与本次健康调查及各项量表评分;(3)依据第8版内科学[7]各疾病诊断标准综合分析数据后对慢性病做出诊断。

1.3 统计学处理

采用SPSS 20.0统计软件对数据进行分析。计量资料用均数±标准差($\bar{x}\pm s$)表示,两组比较采用t检验。计数资料用百分率表示,组间比较采用χ^2检验和Fisher确切概率法。$P<0.05$为差异有统计学意义。

2 结 果

2.1 长寿老人基本资料

92例长寿老人大多数有良好的饮食习惯,不挑食,1/3老人喜食猪油、饮糖水或蜂蜜水,晚年以软

食为主,坚持辛勤劳作,生活满意度高且家庭和睦。父母寿限均未过百岁,父母双亲、单亲和兄弟姐妹高寿者仅占 21.7%(20/92)。90 ~ 99 岁者占 32 .6%(30/92),≥100 岁者占 67.4%(62/92);93.5%(86/92)是农民,2%(2/92)是干部,教师、裁缝、电工和退伍军人各 1 例;94.6%(87/92)丧偶,4%(4/92)再婚,1%(1/92)未婚;79.3%(73/92)与家人或亲属同住,12.0%(11/92)独居,9%(8/92)在养老院;71.7%(66/92)居住在农村,28.3%(26/92)居住在城镇;81.5%(75/92)文化水平为文盲,18.5%(17/92)小学以上;12.0%(11/92)有吸烟史,88.0%(81/92)无吸烟史,吸烟者均为男性。15.2%(14/92)有饮酒史,84.8%(78/92)无饮酒史。男女在居住形式、受教育程度和吸烟史方面差异有统计学意义($P<0.05$)。男性较女性独居比率高($\chi^2=7.031$, $P<0.05$)、文盲人数少($\chi^2=9.218$, $P<0.05$)、有吸烟史人数多($\chi^2=31.2$, $P<0.001$)。

2.2 长寿老人 CGA

92 例长寿老人 ADL 评分结果表明≥95 分者占 6.52%(6/92),生活基本自理。评分 60 ~ 94 分的老人为 80.43%(74/92),能自行穿衣、上厕所、吃饭等,借助拐杖等工具能行走。评分≤39 分的老人为 4.35%(4/92),均为残疾,其中 3 例因跌倒骨折畸形愈合,能自行或在帮助下如厕,1 例中风偏瘫卧床 13 年,生活不能自理。MMSE 评分结果表明 41.30%(38/92)的老人认知正常,46.74%(43/92)的老人虽然有轻度认知功能障碍,但能与亲属及身边人进行良好的沟通和交流。GDS 评分结果表明有抑郁表现的长寿老人仅 18.48%(17/92)。MNA 评分结果表明 38.04%(35/92)的长寿老人营养良好。WHOQOL-BREF 评分结果表明长寿老人生存质量较好。健康综合评估各项量表评分男女差异无统计学意义($P>0.05$;表 1)。

2.3 长寿老人慢性病情况

92 例长寿老人均伴有不同程度的听力和视力障碍以及缺齿,未长期规律服药,15.22%(14/92)服用药物,11.96%(11/92)间断服药 1 ~ 2 种,3.26%(3/92)服药 3 种以上。罹患慢性病共 16 种,72.83%(67/92)患高血压,61.95%(57/92)营养不良和潜在营养不良风险,58.70%(54/92)血脂异常,8.04%(35/92)贫血,27.17%(25/92)肾功能异常。9.78%(9/92)骨折,其中 8.70%(8/92)为跌倒致髋关节/股骨骨折,1.09%(1/92)为车祸骨折。糖尿病和痴呆各 1.09%(1/92)。男女慢性病患病率差异无统计学意义($P>0.05$;表 2)。

表 1 长寿老人 CGA 结果

Table 1 CGA results of the subjects

Item	Male ($n=18$)	Female ($n=74$)	t/χ^2	P value
ADL[score, n(%)]				
95 – 100	2(11.11)	4(5.41)	0.773	0.379
60 – 94	13(72.22)	61(82.43)	0.095	0.327
40 – 59	2(11.11)	6(8.11)	0.164	0.685
20 – 39	1(5.56)	2(2.70)	0.374	0.541
<20	0(0.00)	1(1.35)	0.246	0.620
MMSE[score, n(%)]				
≥25	9(50.00)	29(39.19)	0.698	0.403
18 – 24	9(50.00)	34(45.95)	0.096	0.757
10 – 17	0(0.00)	10(13.51)	2.729	0.099
≤9	0(0.00)	1(1.35)	0.246	0.620
GDS[score, n(%)]			1.285	0.257
>5	5(27.78)	12(16.22)		
0 – 5	13(72.22)	62(83.78)		
MNA[score, n(%)]				
24 – 30	8(44.44)	27(36.49)	0.389	0.533
17 – 23	7(38.89)	31(41.89)	0.054	0.816
<17 score	3(16.67)	16(21.62)	0.020	0.888
WHOQOL-BREF(score, $\bar{x}\pm s$)				
Physical domain	14.11 ± 3.07	14.78 ± 0.91	−0.698	0.499
Psychological domain	14.72 ± 1.80	16.03 ± 1.36	−1.976	0.074
Relationship domain	14.29 ± 1.62	15.37 ± 1.91	−1.174	0.265
Environmental domain	14.78 ± 1.57	15.12 ± 1.54	−0.786	0.448

CGA: comprehensive geriatric assessment; ADL: activity of daily living scale; MMSE: mini-mental state examination; GDS: geriatric depression scale; MNA: mini-nutritional assessment; WHOQOL-BREF: World Health Organization Quality of Life Bref

表2 长寿老人慢性病情况

Table 2 Chronic diseases state of the subjects [n(%)]

Item	Male (n=18)	Female (n=74)	χ^2	P value
Hypertension	14(77.78)	53(71.62)	0.053	0.817
Dyslipidemia				
Hyperlipidemia	8(44.44)	41(55.41)	0.699	0.403
Hypolipidemia	2(11.11)	3(4.05)	0.366	0.545
Malnutrition *	7(38.89)	31(41.89)	0.054	0.816
Potential malnutrition *	3(16.67)	16(21.62)	0.020	0.888
Anemia	8(44.40)	27(36.50)	0.389	0.533
Chronic kidney disease	3(16.70)	22(29.70)	0.676	0.411
Hypoproteinemia *	4(22.22)	19(25.68)	0.094	0.759
Chronic pulmonary diseases *	4(22.22)	15(20.27)	0.033	0.855
Fracture *	2(11.11)	7(9.46)	0.430	0.835
Ischemic heart disease *	2(11.11)	5(6.76)	0.017	0.897
Parkinson's disease *	0(0.00)	6(8.11)	0.515	0.473
Atrial fibrillation *	0(0.00)	6(8.11)	0.515	0.473
Stroke *	0(0.00)	5(6.76)	0.307	0.579
Bone and joint disease *	1(5.56)	4(5.41)	0.001	0.980
Heart failure *	0(0.00)	3(4.05)	0.017	0.898
Diabetes mellitus *	0(0.00)	1(1.35)	0.438	0.508
Dementia *	0(0.00)	1(1.35)	0.438	0.508

* Fisher's exact test

2.4 长寿老人共病状况分析

92例长寿老人患慢性病1~7(3.13±1.32)种。10.87%(10/92)的老人仅患1种疾病;88.04%(81/92)2~6种慢性病共病,1.09%(1/92)7种慢性病共病。慢性病共病数量及男女慢性病共病情况见图1和图2。男女慢性病共病状况差异无统计学意义($P>0.05$)。

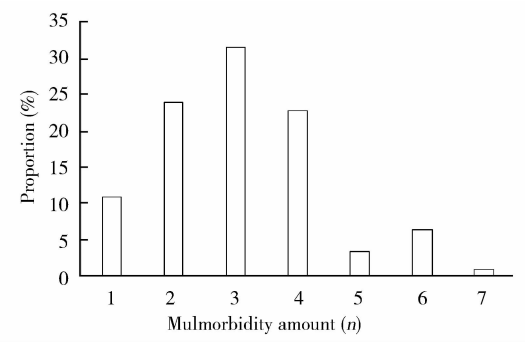


图1 长寿老人慢性病共病情况

Figure 1 Prevalence of multimorbidity on chronic diseases

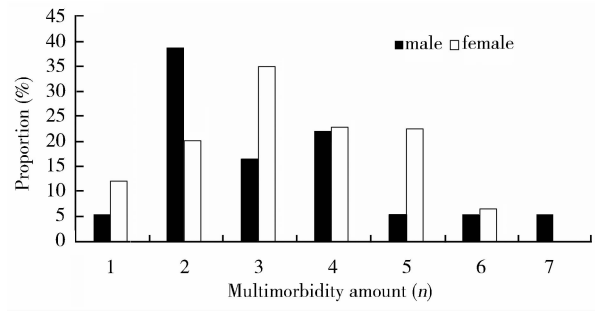


图2 男女慢性病共病情况比较

Figure 2 Comparison of prevalence of multimorbidity on chronic diseases between males and females

3 讨 论

本研究表明41.30%(38/92)的老人认知正常,46.74%(43/92)的老人虽有轻度认知功能障碍,但能与亲属及身边人进行良好的沟通交流,仅18.48%(17/92)的老人有抑郁表现,WHOQOL-BREF评分表明老人生存质量良好,自我满意度高。而希腊百岁老人健康状况评估结果表明百岁老人是相对健康的,15%的百岁老人无慢性病侵扰[5]。一项葡萄牙>80岁老人的研究则表明高龄老人在日常活动、认知、交流方面有极大的障碍[8],这也显示不同国家百岁老人健康状况有所差异。

中国老年居民多种慢性病共存状况分析报道中指出,我国74.2%的≥60岁老年居民至少患有1种包括高血压、糖尿病、慢性阻塞性肺疾病、哮喘、恶性肿瘤在内的常见慢性病[9],德国柏林百岁老人调查结果显示仅3%无慢性病[10]。而湖北钟祥市长寿老人每人罹患慢性病1~7种,罹患16种慢性病中高血压患病率最高,与日本和中国居民营养与慢性病状况(2015)报道[11,12]中高血压居首位结果一致。

长寿基因计划和新英格兰百岁老人研究中心报道女性长寿老人高血压患病率高[13],与本研究男性高于女性结果相反,分析可能是钟祥市男性老人长期吸烟所致。其次,钟祥市长寿老人61.95%(57/92)存在营养不良与潜在营养不良风险,结果

与都江堰地区长寿老人营养状况调查结果相似[14]，分析可能由于长寿老人缺齿及咀嚼和吞咽功能明显降低，因而无法主动从软食或半流质的食物中获取足够的营养，也是贫血和低蛋白血症的常见原因。本研究表明长寿老人高脂血症患病率居第三，这与老人们的饮食结构和脂代谢异常相关。研究表明总胆固醇水平高会降低平均年龄为 81.4 岁高龄老年人发生营养不良、癌症和感染死亡的风险[15]。而美国国家心脏、肺和血液研究所专家综合指南中指出，相对低的总胆固醇水平会增加非心血管疾病的死亡风险[16]。钟祥市长寿老人血脂异常患病率较高但却长寿，两者是否存在相关性有待进一步深入研究。本研究结果表明糖尿病和痴呆患病率 1.09%，且未发现恶性肿瘤，与多项研究结果一致[14,17,18]，其原因尚不明了。

一项西班牙≥85 岁高龄老人的研究结果表明 95.1% 的老年人≥2 种慢性病共存[19]。共病是危害老年人生存质量的重要因素，也有研究指出老年人多重用药是老年综合征和死亡发生率增加的危险因子[20]，而钟祥市长寿老人均带病长寿，同时药物使用率低。尽管男女慢性病患病率和共病状况差异无统计学意义，但大多数疾病女性患病率较高，罹患 3 种共病的女性长寿老人多于男性，这与一项英国百岁老人调查结果相一致，该研究结果表明女性患老年综合征可能性更大，女性多重发病率高于男性[13]。

综上所述，本研究表明钟祥市长寿老人仍需改善营养状况，谨防跌倒，降低致残率，进一步提高生活质量，家庭照料和政府支持对这一特殊群体也起积极作用。本研究的不足在于样本量少并缺少相应的对照，有待今后累积完善，进一步深入研究。

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