·临床研究·

老年乳腺癌患者归因方式、心理痛苦及生活质量的相关性

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【摘 要】 **目的** 探讨老年乳腺癌患者归因方式、心理痛苦及生活质量的相关性。**方法** 选择绵阳市中心医院2021年7月至2022年12月收治的290例乳腺癌患者为研究对象,根据年龄将患者分为中青年组(年龄18~<60岁,$n=123$)及老年组(年龄≥60岁,$n=167$)。采用归因方式问卷(ASQ)、心理痛苦[心理痛苦温度计(DT)]及生活质量[中文版乳腺癌生活质量测定量表(FACT-B)]调查两组患者归因方式、心理痛苦及生活质量水平。采用SPSS 19.0统计软件进行数据分析。根据数据类型,分别采用t检验、方差分析或χ^2检验进行组间比较。采用Preason相关性分析评估老年乳腺癌患者归因方式、心理痛苦及生活质量的相关性。**结果** 老年组患者归因方式中负性事件得分低于中青年组,ASQ量表总得分高于中青年组;DT得分低于中青年组,心理显著痛苦发生率低于中青年组;FACT-B量表中生理状态、功能状况维度以及量表总得分均低于中青年组,差异均有统计学意义($P<0.05$)。Pearson相关性分析提示,老年组患者归因方式的正性事件总得分与心理痛苦呈弱负相关($r=-0.263$;$P<0.001$),与生活质量呈弱正相关($r=0.214$;$P<0.001$);负性事件总得分与心理痛苦呈弱正相关($r=0.255$;$P<0.001$),与生活质量呈弱负相关($r=-0.277$;$P<0.001$);心理痛苦与生活质量呈弱负相关($r=-0.267$;$P<0.001$)。而中青年组患者归因方式的正性事件总得分与心理痛苦呈中等强度负相关($r=-0.553$;$P<0.001$),与生活质量呈中等强度正相关($r=0.633$;$P<0.001$);负性事件总得分与心理痛苦呈中等强度正相关($r=0.494$;$P<0.001$),与生活质量呈中等强度负相关($r=-0.511$;$P<0.001$);心理痛苦与生活质量呈中等强度负相关($r=-0.577$;$P<0.00$)。患者自评婚姻质量越好、月收入越高、情绪调节能力越好,生活质量得分越高;合并慢性病种类越多,生活质量得分越低;此外,术后接受内分泌治疗及化疗者生活质量得分均分别高于未接受内分泌治疗者与未接受术后化疗者,差异均有统计学意义($P<0.05$)。**结论** 与中青年乳腺癌患者相比,老年乳腺癌患者归因方式更健康,心理痛苦程度更低,但生活质量更差,老年乳腺癌患者生活质量与其归因方式、心理痛苦的相关性更弱。此外,合并慢性疾病、月收入、术后内分泌治疗及化疗、自评婚姻质量以及情绪调节能力是影响老年乳腺癌患者术后生活质量的相关因素。

【关键词】 老年人;乳腺癌;归因方式;心理痛苦;生活质量
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Correlation of attributional style and psychological distress with quality of life in elderly patients with breast cancer

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【**Abstract**】 **Objective** To explore the correlation between attributional style, psychological distress and quality of life in the elderly patients with breast cancer. **Methods** A total of 290 patients with breast cancer admitted to Mianyang Central Hospital from July 2021 to December 2022 were selected as the study subjects. According to age, the patients were divided into young and middle-aged group (18-<60 years; $n=123$) and elderly group (≥60 years; $n=167$). Attributional style questionnaire (ASQ), distress thermometer (DT) and Chinese version of functional assessment of cancer therapy-breast (FACT-B) were used to investigate the attributional style, psychological distress and quality of life of the patients in the two groups. Data analysis was conducted using SPSS 19.0. According to the data type, comparison between groups was performed using t test, analysis of variance or *Chi*-square test respectively. Pearson correlation analysis was used to analyze the correlation between attributional style, psychological distress, and quality of life in the elderly patients with breast cancer. **Results** In the elderly group, the score of negative event of attributional style was lower, and the total

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score on ASQ scale was higher; the DT score was lower, and the incidence rate of significantly psychological distress was lower; the scores of physiological status and functional status and total score of FACT-B scale were lower than those in the young and middle-aged people group ($P<0.05$). Pearson correlation analysis indicated that the total score of positive events of attributional style in the elderly group was weakly negatively correlated with psychological distress ($r=-0.263$; $P<0.001$) and was weakly positively correlated with quality of life ($r=0.214$; $P<0.001$). The total score of negative events had a weak positive correlation with psychological distress ($r=0.255$; $P<0.001$) and a weak negative correlation with quality of life ($r=-0.277$; $P<0.001$). Psychological distress was negatively correlated with quality of life ($r=-0.267$; $P<0.001$). In the young and middle-aged group, the total score of positive events of attributional style was moderately negatively correlated with psychological distress ($r=-0.553$; $P<0.001$) and was moderately positively correlated with quality of life ($r=0.633$; $P<0.001$). The total score of negative events was moderately positively correlated with psychological distress ($r=0.494$; $P<0.001$) and was moderately negatively correlated with quality of life ($r=-0.511$; $P<0.001$), and psychological distress was moderately negatively correlated with quality of life ($r=-0.577$; $P<0.001$). Patients with better self-rated marital quality, higher the monthly income, better the emotional regulation ability had higher score for quality of life, and those with more chronic diseases had lower score for quality of life. In addition, the patients receiving endocrine therapy and chemotherapy after surgery scored higher for quality of life than those who did not ($P<0.05$). **Conclusion** Compared with the middle-aged and young patients with breast cancer, the elderly patients with breast cancer have healthier attributional style and milder psychological distress but worse quality of life. There is a weak correlation between quality of life and attributional style and psychological distress in the elderly patients with breast cancer. Additionally, comorbid chronic diseases, monthly income, postoperative endocrine therapy and chemotherapy, self-rated marital quality and emotional regulation are the factors affecting the postoperative quality of life in the elderly patients with breast cancer.

【Key words】 aged; breast cancer; attributional style; psychological distress; quality of life

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乳腺癌发病率高,是影响女性群体生命健康的重要病因。随着国民健康意识的提高及医学技术的不断进步,乳腺癌检出率及患者预后均较以往有着明显的改善[1]。随着医学观念的改变,乳腺癌患者术后生活质量成为继生存时间之外另一项评估手术效果的重要指标。生活质量受到多种因素的影响,近年来心理因素对生活质量的影响备受关注。归因方式是个体对发生事件原因的认识,不同的归因方式会引起截然不同的心理体验及应对方式[2]。心理痛苦是各种原因引起的不良情绪体验,会干扰患者应对疾病治疗与躯体症状的能力[3]。而乳腺癌年龄跨度广,有研究显示,老年人机体功能及免疫力下降,其乳腺癌病理特征及治疗现状均有别于其他年龄段患者[4],有必要对其术后生活质量进行单独研究。了解老年乳腺癌患者归因方式、心理痛苦及术后生存质量现状,分析三者之间的关系,对于改善患者术后生活质量具有一定价值。

1 对象与方法

1.1 研究对象

选择绵阳市中心医院 2021 年 7 月至 2022 年 12 月收治的 290 例乳腺癌患者为研究对象,根据年龄将患者分为中青年组(年龄 18~<60 岁,$n=123$)及老年组(年龄≥60 岁,$n=167$)。纳入标准:经临床及病理诊断确诊为乳腺癌;年龄≥18 岁;患者对自身病情知情;均行外科根治性手术;无远处转移;出院 6 个月后回院复诊;认知清楚,可正常沟通配合完成相关调查。排除标准:参与研究前 3 个月内服用抗抑郁、抗癫痫类药物;既往合并自杀史或精神心理疾病史;合并其他恶性肿瘤;参与研究前 6 个月内除乳腺癌外,经历离婚、亲人去世等其他重大创伤事件。

1.2 方法

在患者出院 6 个月回院复诊时,采用问卷调查的方式,对其归因方式、心理痛苦、生活质量及一般人口学资料、病例资料进行调查。在患者填写问卷前首先向其说明各量表及量表内各项目的含义、填写注意事项等,确保数据真实有效,由患者独立自主地完成问卷,测试完毕后当场收回,两名研究人员核对数据录入。

1.2.1 一般人口学资料及病例资料调查 收集患者年龄、婚姻状态、生育情况、受教育程度、乳腺癌家族史、经济收入、医疗支付方式、治疗方式、乳腺癌临

床分期、乳腺癌分子分型、组织学分级等资料。

1.2.2 归因方式问卷调查 归因方式问卷(attributional style questionnaire, ASQ)[5]包含36个计分条目,分12个场景,包括正性事件6个、负性事件6个,3个维度分别为内外维度、稳定维度及整体维度。问卷采用Likert 7级计分法。总分计算方法:正性事件条目得分减去负性事件条目得分,各维度得分计算以此类推,总分及正性事件得分越高,提示患者归因方式越积极、乐观,负性事件得分越高,则越消极、悲观。问卷总信度Cronbach's α系数为0.80。

1.2.3 心理痛苦温度计调查 心理痛苦温度计(distress thermometer, DT)[6]有0~10共11个尺度,其中0分代表无痛,10分代表极度痛苦,可评估患者近1周内平均痛苦水平,1~3分代表轻度痛苦,4~6分代表中度痛苦,7~9分代表重度痛苦,10分为极度痛苦。美国国家癌症综合网(National Comprehensive Cancer Network, NCCN)指南综合各国家报道,将DT得分≥4分划为存在显著心理痛苦,需专业心理学或精神科医师评估指导或进行相关治疗。

1.2.4 乳腺癌生活质量测定量表调查 中文版乳腺癌生活质量测定量表(functional assessment of cancer therapy-breast, FACT-B)[7]包括生理状态(7个条目)、社会/家庭状况(7个条目)、情感状况(6个条目)、功能状况(7个条目)等四个维度共27个条目,各条目得分0~4分,得分越高,生活质量越好。

1.3 统计学处理

采用SPSS 19.0统计软件进行数据分析。计量资料以均数±标准差($\bar{x}\pm s$)表示,两组间比较采用t检验,多组间比较采用方差分析,组内两两比较采用LSD-t检验。计数资料以例数(百分率)表示,组间比较采用χ^2检验。采用Pearson线性相关分析法分析乳腺癌患者归因方式、心理痛苦及生活质量的相关性。$P<0.05$为差异有统计学意义。

2 结 果

2.1 中青年组与老年组患者基线资料比较

老年组患者年龄、合并慢性病种类、病理检查提示雌激素受体(estrogen receptor, ER)、孕激素受体(progesterone receptor, PR)阳性率均高于中青年组;受教育程度、月收入、术后行内分泌治疗、化疗及放疗率低于中青年组,差异均有统计学意义($P<0.05$;表1)。

2.2 两组患者归因方式比较

老年组患者归因方式中负性事件得分低于中青年组,ASQ量表总得分高于中青年组,差异有统计学意义($P<0.05$);两组正性事件总得分及内外维度、稳定维度、整体维度得分比较,差异无统计学意义($P>0.05$;表2)。

2.3 两组患者心理痛苦程度比较

老年组患者DT得分低于中青年组[(3.33±0.81)和(3.96±0.85)分],差异有统计学意义($t=6.410$, $P<0.001$);老年组患者心理显著痛苦发生率低于中青年组[26.35%(44/167)和47.15%(58/123)],差异有统计学意义($\chi^2=13.449$, $P<0.05$)。

2.4 两组患者生活质量比较

老年组患者FACT-B量表中生理状态、功能状况维度以及量表总得分均低于中青年组,差异有统计学意义($P<0.05$;表3)。

2.5 老年乳腺癌患者归因方式、心理痛苦及生活质量的相关性

Pearson相关性分析提示,老年组患者归因方式的正性事件总得分与心理痛苦呈弱负相关($r=-0.263$; $P<0.001$),与生活质量呈弱正相关($r=0.214$; $P<0.001$);负性事件总得分与心理痛苦呈弱正相关($r=0.255$; $P<0.001$),与生活质量呈弱负相关($r=-0.277$; $P<0.001$);心理痛苦与生活质量呈弱负相关($r=-0.267$; $P<0.001$)。而中青年组患者归因方式的正性事件总得分与心理痛苦呈中等强度负相关($r=-0.553$; $P<0.001$),与生活质量呈中等强度正相关($r=0.633$; $P<0.001$);负性事件总得分与心理痛苦呈中等强度正相关($r=0.494$; $P<0.001$),与生活质量呈中等强度负相关($r=-0.511$; $P<0.001$);心理痛苦与生活质量呈中等强度负相关($r=-0.577$; $P<0.001$)。

2.6 不同临床特征的老年乳腺癌患者生活质量比较

分析提示,患者自评婚姻质量越好、月收入越高、情绪调节能力越好,生活质量得分越高;合并慢性病种类越多,生活质量得分越低。此外,术后接受内分泌治疗及化疗者的生活质量得分均分别高于未接受内分泌治疗者与未接受术后化疗者,差异均有统计学意义($P<0.05$;表4)。

表 1 两组患者基线资料比较

Table 1 Comparison of baseline data between two groups

Item	Young and middle-aged group(n=123)	Elderly group(n=167)	t/χ^2	P value
Age(years, $\bar{x}\pm s$)	36.15±4.16	64.17±3.69	60.528	<0.001
Marital status[n(%)]			0.669	0.413
Married	93(75.61)	133(79.64)		
Unmarried/divorced/widowed	30(24.39)	34(20.36)		
Fertility status[n(%)]			3.521	0.061
Fertile	110(89.43)	159(95.21)		
Unfertile	13(10.57)	8(4.79)		
Education level[n(%)]			39.369	<0.001
Primary school or below	25(20.32)	67(40.12)		
Junior high school	49(39.84)	84(50.30)		
Junior college or above	49(39.84)	16(9.58)		
Concurrent chronic diseases[n(%)]			62.417	<0.001
0-1 type	97(78.86)	55(32.94)		
2-3 types	22(17.89)	72(43.11)		
>3 types	4(3.25)	40(23.95)		
Monthly income[n(%)]			9.845	0.007
<3 000 yuan	23(18.70)	58(34.73)		
3 000-<5 000 yuan	63(51.22)	75(44.91)		
≥5 000 yuan	37(30.08)	34(20.36)		
Medical payment method[n(%)]			2.510	0.285
Medical insurance/new rural cooperative medical system	93(75.61)	122(73.06)		
Self-paying	20(16.26)	22(13.17)		
Others	10(8.13)	23(13.77)		
Surgical type[n(%)]			0.903	0.342
Standard radical surgery	91(73.98)	115(68.86)		
Radical breast-conserving surgery	32(26.02)	52(31.14)		
Postoperative endocrine therapy[n(%)]	81(65.85)	87(52.10)	5.501	0.019
Postoperative chemotherapy[n(%)]	109(88.62)	100(59.88)	29.060	<0.001
Postoperative radiotherapy[n(%)]	76(61.79)	50(29.94)	29.240	<0.001
Tumor site[n(%)]			2.553	0.279
Left	60(48.78)	85(50.90)		
Right	60(48.78)	72(43.11)		
Bilateral	3(2.44)	10(5.99)		
TNM staging[n(%)]			0.453	0.797
Ⅰ	31(25.20)	45(26.95)		
Ⅱ	66(53.66)	83(49.70)		
Ⅲ	26(21.14)	39(23.35)		
Histological grading[n(%)]			0.819	0.365
Ⅰ-Ⅱ	80(65.04)	117(70.06)		
Ⅲ	43(34.96)	50(29.94)		
Tumor size[n(%)]			1.165	0.559
Diameter≤2 cm	63(51.22)	75(44.91)		
2 cm<diameter ≤5 cm	57(46.34)	88(52.69)		
Diameter>5 cm	3(2.44)	4(2.40)		
Positive ER[n(%)]	55(44.72)	105(62.87)	9.444	0.002
Positive PR[n(%)]	81(65.85)	132(79.04)	6.317	0.012
HER2 overexpression[n(%)]	19(15.45)	20(11.98)	0.733	0.392
High Ki-67 expression[n(%)]	50(40.65)	62(37.13)	0.371	0.542

TNM: tumor node metastasis; ER: estrogen receptor; PR: progesterone receptor; HER2: human epidermal growth factor receptor-2; Ki-67: proliferating cell nuclear antigen 67.

表 2 两组患者归因方式比较

Table 2 Comparison of attributional style between two groups (points, $\bar{x}\pm s$)

Group	n	Total score of positive event	Total score of negative event	Total score of ASQ	Internal-external dimension	Stability dimension	Overall dimension
Young and middle-aged	123	72.58±6.85	83.55±10.25	4.10±0.63	4.35±1.07	4.26±0.86	3.91±0.68
Elderly	167	71.68±7.74	67.58±9.85	10.97±1.85	4.41±0.78	4.17±0.93	3.87±0.74
t		1.027	13.412	97.894	0.552	0.841	0.471
P value		0.305	<0.001	<0.001	0.581	0.401	0.638

ASQ: attributional style questionnaire.

表3 两组患者生活质量比较

Table 3 Comparison of quality of life between two groups (points, $\bar{x}\pm s$)

Group	n	Physiological status	Social/family status	Emotional status	Functional status	Additional attention	Total score
Young and middle-aged	123	20.16±3.58	15.15±4.05	15.38±3.98	13.33±3.39	23.58±3.18	87.60±16.94
Elderly	167	17.09±3.39	14.96±4.86	15.69±4.06	10.24±2.17	24.11±4.13	82.09±17.28
t		7.442	0.353	0.648	9.444	1.187	2.706
P value		<0.001	0.725	0.518	<0.001	0.236	0.007

表4 不同临床特征的老年乳腺癌患者生活质量比较

Table 4 Comparison of quality of life of elderly breast cancer patients with different clinical characteristics (n=167)

Factor	n	Quality of life (points, $\bar{x}\pm s$)	t/F	P value
Age			0.394	0.694
60-<80 years	102	83.51±16.58		
≥80 years	65	82.45±17.48		
Marital status			0.080	0.934
Married	133	83.15±17.86		
Unmarried/divorced/widowed	34	82.87±18.37		
Self-rated marital quality			4.205	0.017
Good	55	87.55±20.36		
General	72	83.11±19.54		
Poor	40	76.91±18.39		
Education level			0.013	0.987
Primary school or below	67	82.99±19.65		
Junior high school	84	83.08±21.12		
Junior college or above	16	83.58±20.66		
Concurrent chronic diseases			3.581	0.030
0-1 type	55	87.75±21.14		
2-3 types	72	82.69±19.86		
>3 types	40	77.42±20.08		
Place of residence			0.179	0.858
Urban area	78	83.36±17.98		
Rural area	89	82.86±18.05		
Monthly income			5.141	0.007
<3 000 yuan	58	78.43±15.98		
3 000-<5 000 yuan	75	84.21±17.39		
≥5 000 yuan	34	88.58±16.84		
Medical payment method			0.015	0.985
Medical insurance/new rural cooperative medical system	122	83.46±19.85		
Self-paying	22	82.85±19.33		
Others	23	83.01±18.27		
Endocrine therapy			2.714	0.007
Yes	87	87.24±21.15		
No	80	78.58±19.99		
Postoperative chemotherapy			3.438	<0.001
Yes	100	87.46±20.37		
No	67	76.58±19.54		
Postoperative radiotherapy			1.164	0.246
Yes	50	85.53±18.67		
No	117	82.05±19.32		
TNM staging			0.139	0.890
Ⅰ-Ⅱ	128	83.21±20.36		
Ⅲ	39	82.69±21.07		
Tumor size			0.087	0.917
Diameter≤2 cm	75	83.66±19.11		
2 cm<diameter≤5 cm	88	82.64±17.86		
Diameter>5 cm	4	82.25±18.19		
Emotional regulation ability			6.177	0.003
Good	62	88.84±20.36		
General	74	81.59±21.33		
Poor	31	75.17±19.82		

3 讨 论

有研究显示,心理因素可能通过内分泌及免疫系统参与乳腺癌致病机制[8],且个体的情绪、心理特点与乳腺癌患者术后生活质量及预后密切相关[9]。研究乳腺癌患者心理特征对于改善其术后生活质量具有重要意义。归因是指个体对事件、他人或自身行为的解释,不同个体的归因方式具有不同的倾向性,归因方式可反映个人的认知特点。将正向事件归因为自身、持续、普遍的,将负性事件归因为外在、短暂及局部的,这种归因方式有利于提高个体自身效能,促进患者积极应对创伤事件,而反之则会进一步增加患者心理及情绪负担,增加不良预后风险[10,11]。已有研究表明,归因心理调适能有效提高乳腺癌患者健康相关生活质量[12]。心理痛苦包括不良心理、社会及精神体验,干扰恶性肿瘤患者对疾病相关躯体症状、治疗及康复的信心及行为能力[13]。美国国立综合癌症网建议使用DT作为心理痛苦的筛查工具,在很多国家中,心理痛苦已被列为常规检查的第6大生命特征[14]。

本研究结果显示,老年乳腺癌患者术后归因方式中负性事件得分低于中青年组,ASQ量表总得分高于中青年组,提示老年乳腺癌患者对负性事件的归因倾向于外在的、暂时的及局部的。这种归因方式优于中青年组患者,更为健康。此外,老年乳腺癌患者DT平均得分及显著心理痛苦检出率更低。以上研究说明老年乳腺癌患者归因方式更健康,心理痛苦程度也普遍低于中青年患者。这可能与中青年患者被诊断时年龄较轻,所承担生活压力大,对患癌的接受程度低相关[15]。而老年组患者年龄大,生活阅历更丰富,更易以平和的心态接受患癌事实。Pearson相关性分析提示,老年组患者归因方式、心理痛苦、生活质量之间均呈弱相关,而中青年患者归因方式、心理痛苦、生活质量之间均呈中等强度相关。提示归因方式及心理痛苦程度对中青年患者生活质量的影响更大。

进一步分析发现,老年乳腺癌患者术后生活质量更差。这可能与青年组患者因生活压力,术后大

多会恢复工作与正常的社交活动,并重视术后康复,能主动进行提高术后生活质量的相关活动或行为相关。此外,本研究结果显示,与中青年组相比,老年组患者合并基础性疾病更多,月收入更低,术后辅助治疗依从性更低。本研究结果显示,老年乳腺癌患者自评婚姻质量越好、月收入越高、情绪调节能力越好,生活质量得分越高;合并慢性病种类越多,生活质量得分越低;术后接受内分泌治疗及化疗者的生活质量得分均分别高于未接受内分泌治疗者与未接受术后化疗者。针对以上发现,建议老年乳腺癌患者在机体条件允许的条件下,尽量接受术后辅助治疗,并提高自身情绪调节能力,积极控制基础性疾病、改善婚姻生活,进而提高术后生活质量。

综上所述,与中青年乳腺癌患者相比,老年乳腺癌患者归因方式更为健康,心理痛苦程度更低,但生活质量更差,这与老年乳腺癌患者合并慢性疾病多、月收入低、术后辅助治疗依从性差相关,此外,其自评婚姻质量、情绪调节能力也影响老年乳腺癌患者术后生活质量。

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