·临床研究·

老年子宫脱垂患者心理健康状况及其对生活质量的影响

薄丽妍*,张晓悦,李宇婷,王子源,薛佳
(首都医科大学附属北京世纪坛医院妇科,北京 100038)

【摘 要】 **目的** 调查老年子宫脱垂患者心理健康状况并分析其对生活质量的影响。**方法** 选择2018年5月至2023年5月首都医科大学附属北京世纪坛医院收治的280例老年子宫脱垂患者为研究对象。收集患者临床资料,并采用抑郁-焦虑-应激量表精简版(DASS-21)及世界卫生组织生活质量问卷(WHOQOL-BREF)评估患者心理健康状况和生活质量。采用SPSS 22.0统计软件进行数据分析。根据数据类型,分别采用t检验或单因素方差分析进行组间比较。采用Pearson相关性分析评价心理健康与生活质量各维度的相关性。采用多元线性回归模型评估在控制其他潜在影响因素后,心理健康状况对生活质量的影响。**结果** 280例患者DASS-21量表抑郁维度得分(10.79±3.33)分,焦虑维度得分(9.90±2.24)分,应激维度得分(13.79±4.06)分。有46.07%(129/280)、52.14%(146/280)、49.29%(138/280)患者存在抑郁、焦虑及应激。老年子宫脱垂患者WHOQOL-BREF评分生理健康、心理健康、社会关系、环境维度评分均低于国内常模,差异有统计学意义($P<0.05$)。Pearson相关性分析显示,抑郁、焦虑、应激维度评分与生理健康评分均呈负相关($r=-0.421,-0.396,-0.382$;$P<0.05$)。抑郁、焦虑、应激维度评分与心理健康评分均呈负相关($r=-0.378,-0.435,-0.416$;$P<0.05$)。抑郁、焦虑、应激维度评分与社会关系评分均呈负相关($r=-0.342,-0.365,-0.359$;$P<0.05$)。抑郁、焦虑、应激维度评分与境维度评分均呈负相关($r=-0.364,-0.387,-0.375$;$P<0.05$)。多元线性回归分析显示,子宫脱垂程度Ⅲ度、抑郁、焦虑及应激为影响生理健康、心理健康、社会关系、环境四个维度的相关因素($P<0.05$);合并症为影响生理健康、心理健康、社会关系三个维度的相关因素($P<0.05$)。**结论** 老年子宫脱垂患者的心理健康状况,尤其抑郁、焦虑和应激,显著影响其生活质量的各个维度。

【关键词】 老年人;子宫脱垂;心理健康;生活质量
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Mental health status in elderly patients with uterine prolapse and its influence on quality of life

Bo Liyan*, Zhang Xiaoyue, Li Yuting, Wang Ziyuan, Xue Jia
(Department of Gynecology, Beijing Shijitan Hospital of Capital Medical University, Beijing 100038, China)

【**Abstract**】 **Objective** To survey the mental health status in elderly patients with uterine prolapse and investigate its influence on quality of life in them. **Methods** A total of 280 elderly patients with uterine prolapse admitted in our hospital from May 2018 to May 2023 were enrolled and served as the study subjects. Their clinical data were collected. Depression anxiety stress scales-21 (DASS-21) and World Health Organization quality of life-BREF (WHOQOL-BREF) were employed to evaluate the mental health status and quality of life of the patients, respectively. SPSS statistics 22.0 was used for data analysis. Based on different data type, t test or one-way analysis of variance was applied for intergroup comparison. Pearson correlation analysis was conducted for the correlation between mental health status and various dimensions of quality of life. Multivariate linear regression model was established to determine the effect of mental health status on quality of life after controlling the other potential influencing factors. **Results** The scores of depression dimension, anxiety dimension and stress dimension of DASS-21 scale were (10.79±3.33), (9.90±2.24) and (13.79±4.06) points, respectively in the 280 patients, and there were 46.07% (129/280), 52.14% (146/280) and 49.29% (138/280) of patients with depression, anxiety and stress, separately. The scores of physiological health, mental health, social relation and environment dimensions of WHOQOL-BREF in the elderly patients were obviously lower than those of domestic norms ($P<0.05$). Pearson correlation analysis showed that the scores of depression, anxiety and stress were negatively correlated with the scores of physiological health ($r=-0.421$, -0.396, -0.382; $P<0.05$), of mental health ($r=-0.378$, -0.435, -0.416; $P<0.05$), of social relation ($r=-0.342$, -0.365, -0.359, $P<0.05$) and of environment ($r=-0.364$, -0.387, -0.375; $P<0.05$). Multivariate linear regression analysis showed that uterine prolapse stage Ⅲ, depression, anxiety and stress were relevant factors of physiological health, mental health, social relation and environment ($P<0.05$), and comorbidity was a relevant factor of physiological health, mental health and social relation ($P<0.05$). **Conclusion** The

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通信作者:薄丽妍,E-mail:boliyan3629@bjsjth.cn

mental health status of elderly patients with uterine prolapse, especially depression, anxiety and stress, significantly affects various dimensions of their quality of life.

【Key words】 aged; uterine prolapse; mental health; quality of life

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Corresponding author: Bo Liyan, E-mail: boliyan3629@bjsjth.cn

子宫脱垂是一种常见的妇科疾病,据统计,全球约有25%的妇女患有不同程度的子宫脱垂,其中多数为老年女性,随着全球人口老龄化加剧,其发病率呈增加趋势[1]。子宫脱垂严重影响生理功能,同时也会引发一系列心理问题,给患者造成生理心理的双重压力,进而影响其生活质量。研究发现,抑郁、焦虑、应激等心理问题对生活质量有显著影响,而生活质量又反过来影响其心理健康状况,形成恶性循环[2]。然而目前关于老年子宫脱垂患者心理健康状况及其对生活质量影响的研究较少,国内更是鲜有报道,本研究旨在调查老年子宫脱垂患者的心理健康状况,并探讨其对生活质量的影响,希望为制定有效的心理干预措施及改善患者生活质量提供参考。

1 对象与方法

1.1 研究对象

采用前瞻性研究的方法,选择2018年5月至2023年5月首都医科大学附属北京世纪坛医院接收的280例老年子宫脱垂患者为研究对象。纳入标准:年龄>60岁;符合子宫脱垂诊断标准[3];暂行保守治疗。排除标准:合并其他严重精神疾病、神经系统疾病或认知障碍;存在可能影响生活质量评估的其他严重内外科、妇科疾病;近期经历重创伤事件。本研究已得到患者知情同意及医院伦理委员会批准(伦理批号:2018045)。

1.2 方法

1.2.1 资料收集 (1)一般资料。研究小组人员自主设计一般资料调查问卷,收集患者年龄、婚姻状况、文化程度等基本人口学信息。(2)临床资料。子宫脱垂程度:参考Baden-Walker分级体系[4]进行子宫脱垂的分度。合并症:包括常见慢性病如高血压、糖尿病、心脏病、慢性呼吸系统疾病、消化系统疾病。

1.2.2 心理健康状态评估 采用抑郁-焦虑-应激量表精简版(depression anxiety stress scales-21, DASS-21)[5]评估患者的抑郁、焦虑、应激状态,抑郁维度评分>9分表示有抑郁,焦虑维度评分>7分表示有焦虑,应激维度评分>14分表示有应激。

1.2.3 生活质量评估 采用世界卫生组织生活质量问卷(World Health Organization quality of life-BREF, WHOQOL-BREF)[6]评估生活质量,量表包括物理健康、心理健康、社会关系、环境维度,单个项目评分1~5分。

1.3 统计学处理

采用SPSS 22.0统计软件进行数据分析。符合正态分布的计量资料以均数±标准差($\bar{x}\pm s$)表示,两组间比较采用t检验;多组间比较采用单因素方差分析。采用Pearson相关性分析评估心理健康与生活质量各维度的相关性。采用多元线性回归模型评估在控制其他潜在影响因素后,心理健康状况对生活质量的影响。$P<0.05$为差异有统计学意义。

2 结 果

2.1 老年子宫脱垂患者心理健康状况调查

280例患者DASS-21量表抑郁维度(10.79±3.33)分,焦虑维度(9.90±2.24)分,应激维度(13.79±4.06)分。有46.07%(129/280)、52.14%(146/280)、49.29%(138/280)患者存在抑郁、焦虑及应激(表1)。

表1 DASS-21评分分级情况

Table 1 Grading of DASS-21 [n(%)]

Item	None	Mild	Moderate	Severe
Depression	151(53.93)	72(25.71)	46(16.43)	11(3.93)
Anxiety	134(47.86)	67(23.93)	59(21.07)	20(7.14)
Stress	142(50.71)	64(22.86)	60(21.43)	14(5.00)

DASS-21: depression anxiety stress scales-21.

2.2 老年子宫脱垂患者生活质量调查

老年子宫脱垂患者WHOQOL-BREF各维度评分均低于国内常模,差异有统计学意义($P<0.05$;表2)。

表2 WHOQOL-BREF评分与国内常模比较

Table 2 Comparison of WHOQOL-BREF with domestic norms (points, $\bar{x}\pm s$)

Item	Uterine prolapse group(n=280)	Domestic norm group(n=2 042)	t	P value
Physical Health	25.38±3.42	28.15±3.98	11.072	<0.001
Psychological health	22.67±2.84	24.91±3.22	11.065	<0.001
Social relations	11.12±1.65	12.46±1.76	12.035	<0.001
Environment	30.49±4.12	32.87±4.33	8.675	<0.001

WHOQOL-BREF: World Health Organization quality of life-BREF.

2.3 心理健康状况和生活质量各维度相关性分析

Pearson相关性分析显示,DASS-21与WHOQOL-BREF各维度评分均呈负相关($P<0.05$;表3)。

2.4 生活质量相关因素的单因素分析

不同子宫脱垂程度及是否有抑郁、焦虑、应激状态患者 WHOQOL-BREF 生理健康、心理健康、社会关系、环境维度评分比较，差异均有统计学意义（$P<0.05$）；不同合并症情况患者生理健康、心理健康、社会关系维度评分比较，差异有统计学意义（$P<0.05$；表 4）。

2.5 生活质量相关因素的多元线性回归分析

多元线性回归分析显示，子宫脱垂程度Ⅲ度、抑郁、焦虑及应激为影响生理健康、心理健康、社会关系、环境四个维度的相关因素（$P<0.05$）；合并症为影响生理健康、心理健康、社会关系三个维度的相关因素（$P<0.05$；表 5）。

3 讨 论

越来越多的研究开始关注慢性疾病与心理健康的关联，但关于老年子宫脱垂患者心理健康状况及其对生活质量影响的研究仍较匮乏[7-9]。本研究以此为背景，探究老年子宫脱垂患者心理健康状况及

表 3 心理健康状况和生活质量各维度相关性分析

Table 3 Correlation analysis of mental health status with various dimensions of quality of life

Item	Physical health		Psychological health		Social relations		Environment	
	r	*P* value	*r*	*P* value	*r*	*P* value	*r*	*P* value
Depression	−0.421	<0.001	−0.378	<0.001	−0.342	0.001	−0.364	<0.001
Anxiety	−0.396	<0.001	−0.435	<0.001	−0.365	<0.001	−0.387	<0.001
Stress	−0.382	<0.001	−0.416	<0.001	−0.359	<0.001	−0.375	<0.001

表 4 生活质量相关因素的单因素分析

Table 4 Univariate analysis of factors related to quality of life (points, $\bar{x}\pm s$)

Factor	*n*	Physical health	Psychological health	Social relations	Environment
Age					
≤75 years	162	25.72±3.07	22.94±2.37	11.33±1.67	30.74±3.59
>75 years	118	25.03±3.52	22.43±2.67	10.92±1.81	30.24±3.79
Education level					
Junior high school and below	95	25.41±2.88	22.66±2.44	11.07±1.58	30.54±3.63
High school/vocational school	103	25.51±3.12	22.78±2.56	11.24±1.76	30.66±3.82
College and above	82	25.72±3.38	23.06±2.72	11.35±1.89	30.78±4.17
Marital status					
Married	204	25.56±3.02	22.82±2.46	11.27±1.72	30.63±3.68
Divorced/widowed/unmarried	76	25.18±3.37	22.56±2.72	11.04±1.88	30.38±4.06
Degree of uterine prolapse					
Ⅰ	103	26.35±3.09	23.52±2.48	12.05±1.74	31.52±3.72
Ⅱ	98	25.27±3.17*	22.63±2.61*	11.13±1.79*	30.45±3.87
Ⅲ	79	24.45±3.28*	21.83±2.75*#	10.59±1.86*#	29.78±4.04*
Comorbidity					
Present	145	24.89±3.18	22.19±2.54	10.78±1.76	30.16±3.84
Absent	135	25.87±3.31△	23.15±2.71△	11.45±1.88△	30.82±4.21
Depression					
Yes	129	24.62±3.06	21.87±2.41	10.42±1.71	29.84±3.69
No	151	26.01±3.33▲	23.38±2.74▲	11.67±1.88▲	31.05±4.16▲
Anxiety					
Yes	146	24.73±3.08	22.02±2.46	10.54±1.72	29.96±3.72
No	134	26.12±3.33☆	23.33±2.71☆	11.63±1.87☆	31.11±4.16☆
Stress					
Yes	138	24.68±3.07	21.93±2.44	10.48±1.74	29.88±3.71
No	142	26.17±3.34★	23.43±2.73★	11.70±1.89★	31.19±4.17★

Compared with degree Ⅰ, *$P<0.05$; compared with degree Ⅱ, #$P<0.05$; compared with comorbidity, △$P<0.05$; compared with depression, ▲$P<0.05$; compared with anxiety, ☆$P<0.05$; compared with stress, ★$P<0.05$.

表 5 生活质量相关因素的的多元线性回归分析

Table 5 Multivariate linear regression analysis of factors related to quality of life

Item	Physical health		Psychological health		Social relations		Environment	
	β	*P* value	*β*	*P* value	*β*	*P* value	*β*	*P* value
Degree of uterine prolapse Ⅲ	−0.494	0.004	−0.516	0.002	−0.468	0.005	−0.464	0.005
Comorbidity	−0.237	0.037	−0.255	0.030	−0.248	0.033	−0.178	0.082
Depression	−0.308	0.008	−0.332	0.005	−0.325	0.006	−0.281	0.012
Anxiety	−0.282	0.013	−0.304	0.009	−0.296	0.010	−0.259	0.018
Stress	−0.317	0.007	−0.344	0.004	−0.332	0.005	−0.299	0.009

其与生活质量之间的关系。本研究结果显示,约半数患者存在抑郁、焦虑和应激症状,与既往研究吻合[10,11]。早期研究表明,躯体障碍常与心理问题相伴存在,老年子宫脱垂患者常因身体不适和自理能力下降而感到沮丧,进而引发抑郁、焦虑等心理问题。本研究结果提示,除了必要的医疗干预外,还应关注老年子宫脱垂患者的心理健康状况并予以心理干预。此外,本研究中患者 WHOQOL-BREF 各维度得分均低于国内常模,提示子宫脱垂可能直接或间接影响患者的生活质量。本研究中,患者心理健康与生活质量各维度呈负相关,提示心理健康问题并非孤立存在,而是与生理疾病以及环境因素相互影响,形成复杂的疾病模式。原因可能为:(1)患者面临的不仅是疾病的生理影响,更有疾病所带来的恐惧和不确定性,这些都可能加重心理负担,进而影响生活质量[12];(2)心理状况可能会影响疾病管理,如焦虑抑郁可能影响治疗依从性,导致病情延误甚至加重,进一步降低其生活质量[13];(3)心理问题还可影响睡眠质量、人际关系和社会参与,进一步影响生活质量。

进一步的多元线性回归分析显示,子宫脱垂程度Ⅲ度、抑郁、焦虑、应激为 WHOQOL-BREF 四个维度的相关因素,合并症为生理健康、心理健康、社会关系三个维度的相关因素。子宫脱垂Ⅲ度伴随严重功能障碍,如排尿障碍、性生活障碍等,可加剧抑郁、焦虑或产生病耻感,进而影响其社会关系和支持网络,严重者需接受复杂的治疗和护理安排,这会对其生活环境产生负面影响。抑郁、焦虑及应激均可降低 WHOQOL-BREF 四维度得分,从生理角度,慢性应激反应可损伤身体机能,如引起免疫、内分泌紊乱,不仅会加重症状,还会降低整体健康状况[7];从心理角度,持续的心理障碍使其在应对疾病的过程中感到无力,进而影响其恢复进程和生活质量;从社会关系角度,抑郁使患者失去与他人交流的兴趣,应激和焦虑使其在社交场合感到不安,这些都可导致社交隔离,进而影响生活质量[14];从环境角度,慢性心理压力可能恶化家庭环境,甚至使其在与家人的互动中变得疏远和冷淡,进而导致家庭矛盾。此外,合并症可影响生理、心理和社会关系三个维度,因此在治疗过程中,需重视合并症的控制。

综上所述,老年子宫脱垂患者的心理健康状况普遍较差,约半数存在抑郁、焦虑和应激症状,且抑郁、焦虑和应激与生活质量的各维度均存在显著相关性,是影响生活质量各维度的相关因素,此外,子宫脱垂程度及合并症对生活质量也有显著影响。

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