·临床研究·

老年胃溃疡患者临床特征、负面情绪及生活质量研究

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【摘 要】 **目的** 探讨胃溃疡患者与健康志愿者的负面情绪及生活质量差异,并对比老年与中青年胃溃疡患者的临床特征,分析影响各年龄段胃溃疡患者生活质量的相关因素。**方法** 将2020年1月至2022年1月琼海市中医院综合内科收治的315例胃溃疡患者纳为观察组,同时将健康体检部接收的180名健康体检者纳为健康对照组。根据年龄,将观察组中33~59岁患者分为中青年组(n=163),≥60岁患者分为老年组(n=152)。采用简明健康问卷(SF-36)以及医院焦虑及抑郁量表(HADS)评估研究对象的生活质量及焦虑、抑郁情绪。分析老年及中青年慢性胃溃疡患者的临床特征。采用SPSS 22.0统计软件进行数据分析。采用多元线性回归模型分析影响老年及中青年胃溃疡患者生活质量的相关因素。**结果** 观察组患者SF-36中躯体功能、躯体疼痛、一般健康情况、社会功能、情绪职能、精神健康领域得分以及总得分均低于健康对照组,焦虑以及抑郁得分,焦虑、抑郁以及焦虑合并抑郁检出率均高于健康对照组,差异均有统计学意义(均P<0.05)。老年胃溃疡患者SF-36中躯体疼痛、情绪职能、精神健康领域得分以及总得分均高于中青年胃溃疡患者,焦虑以及抑郁得分,焦虑、抑郁以及焦虑合并抑郁检出率均低于中青年组,差异均有统计学意义(均P<0.05)。与中青年胃溃疡患者相比,老年胃溃疡患者合并基础性疾病者比例更高,出现腹痛症状者比例更低,呕血或黑便、贫血或乏力以及不典型症状者比例更高,幽门螺旋杆菌阳性以及并发消化道出血者比例更高,差异均有统计学意义(P<0.05)。多元线性回归分析提示,社会生活事件超负荷量(β=-0.135,P<0.001)及焦虑(β=-0.213,P<0.001)是影响中青年胃溃疡患者生活质量的相关因素;家庭月收入(β=0.175,P<0.001)及胃溃疡相关并发症(β=-0.278,P<0.001)是影响老年胃溃疡患者生活质量的相关因素。**结论** 胃溃疡患者生活质量明显低于健康人群,焦虑、抑郁检出率更高。与中青年患者相比,疾病对老年胃溃疡患者躯体疼痛、情绪职能及精神健康所造成的影响更小,老年胃溃疡患者焦虑、抑郁检出率更低,但不同年龄段胃溃疡患者整体生活质量差异不大,且不同年龄段胃溃疡患者生活质量的影响因素也不同。

【关键词】 老年人;胃溃疡;临床特征;负面情绪;生活质量
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Clinical characteristics, negative emotions and quality of life in elderly patients with gastric ulcer

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【**Abstract**】 **Objective** To explore the differences in negative emotions and quality of life between gastric ulcer patients and healthy volunteers, compare the clinical characteristics of elderly patients and young and middle-aged patients with gastric ulcer, and analyze the factors affecting the quality of life of gastric ulcer patients in different age groups. **Methods** A total of 315 patients with gastric ulcers admitted to the Department of General Medicine of Qionghai Traditional Chinese Medicine Hospital from January 2020 to January 2022 were included in the observation group, and 180 healthy examinees at the Health Examination Department were included in the healthy control group. According to age, the patients in the observation group were divided into the young and middle-aged group (aged 33-59 years; n=163) and the elderly group (aged ≥ 60 years; n=152). The short-form-36 health survey (SF-36) and hospital anxiety and depression scale (HADS) were used to evaluate the quality of life and emotions of anxiety and depression in the subjects. The clinical characteristics were analyzed in the young, middle-aged and elderly patients with chronic gastric ulcers. SPSS 22.0 was used for data analysis. A multiple linear regression model was employed to analyze the factors affecting the quality of life of the young, middle-aged and elderly patients with gastric ulcer. **Results** The scores for physical function, body pain, general health, social function, emotional

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funciton, mental health, and total score on SF-36 scale in the observation group were lower than those in the healthy control group; the scores for anxiety and depression, and the detection rates of anxiety, depression and anxiety coupled with depression were higher than those in the healthy control group; and the differences were statistically significant ($P<0.05$). The scores for body pain, emotional function, mental health, and total score on SF-36 scale in the elderly group were higher than those in the young and middle-aged group; the scores for anxiety and depression, and the detection rates of anxiety, depression and anxiety coupled with depression were lower than those in the young and middle-aged group; the differences were statistically significant ($P<0.05$). Compared with the young and middle-aged group, the proportion of patients with concurrent underlying disease in the elderly group was higher; the proportion of patients with abdominal pain was lower; the proportions of patients with hematemesis or melena, anemia/fatigue, atypical symptom *helicobacter pylori* infection and gastrointestinal bleeding were higher; the differences were statistically significant ($P<0.05$). Multivariate linear regression analysis indicated that the social life event over load ($\beta=-0.135$, $P<0.001$) and anxiety ($\beta=-0.213$, $P<0.001$) were factors affecting the quality of life in the young and middle-aged patients with gastric ulcer, and that the family monthly income ($\beta=0.175$, $P<0.001$) and gastric ulcer-related complication ($\beta=-0.278$, $P<0.001$) were factors affecting the quality of life in the elderly patients with gastric ulcer. **Conclusion** The quality of life in patients with gastric ulcer is significantly lower than that in healthy people, and the detection rates of anxiety and depression are higher. Compared with young and middle-aged patients, the disease has less impact on body pain, emotional function of elderly patients with gastric ulcer, and the detection rates of anxiety and depression are lower in elderly patients with gastric ulcer, but the overall quality of life of patients with gastric ulcer in different age groups does not differ significantly. The influencing factors of quality of life in patients with gastric ulcer in different age groups are also different.

【Key words】 aged; gastric ulcer; clinical characteristics; negative emotion; quality of life

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胃溃疡是临床常见病与多发病,其起病慢、病程长,具有反复发作的特点,对患者生活质量造成一定的不良影响[1]。有研究表示[2,3],消化系统溃疡是一种典型的心身疾病,心理因素参与疾病的发生及发展。而老年人群的生活压力、心理特征及躯体特征均有异于其他年龄段[4]。基于此,本研究调查老年胃溃疡患者临床特点、负面情绪及生活质量现状,并以此为参考,制定具有针对性的干预指导,以期改善老年胃溃疡患者生活质量。

1 对象与方法

1.1 研究对象

将 2020 年 1 月至 2022 年 1 月琼海市中医院综合内科收治的 315 例胃溃疡患者纳为观察组,将同期健康体检部接收的 180 名健康志愿者纳为健康对照组。观察组男性 189 例,女性 126 例,年龄 33~78(46.58±6.25)岁;健康对照组男性 109 名,女性 71 名,年龄 30~75(47.39±7.13)岁,观察组与健康对照组年龄及性别比较,差异无统计学意义($P>0.05$)。根据年龄,将观察组中 33~<60 岁患者归为中青年组($n=163$),≥60 岁患者归为老年组($n=152$)。

胃溃疡诊断参照《消化内科学》[5]中胃溃疡相关诊断标准:(1)^{14}C 尿素呼气试验阳性;(2)节律性上腹痛且呈周期性发作;(3)有非甾类抗炎药物服用史及疑似胃溃疡史;(4)经消化内镜或病理检查确诊。观察组纳入标准:符合胃溃疡相关诊断标准;认知清楚,具有独立思维能力,能配合完成调查研究。健康对照组纳入标准:健康体检合格,无胃肠道疾病;性别、年龄、文化程度等与观察组相似;认知清楚,具有独立思维能力,能配合完成相关调查。共同排除标准:合并恶性肿瘤;合并重要器官功能严重障碍;合并血液系统疾病;参与研究前 6 个月内经历重大负性事件。

1.2 方法

采用问卷调查的方式,对研究对象的生活质量、焦虑抑郁状况、社会支持以及社会生活事件负荷量进行调查。调查量表包括:(1)简明健康调查问卷(short-form-36 health survey, SF-36)用于评估患者生活质量,包括躯体功能、躯体角色、躯体疼痛、一般健康状况、精力、社会功能、情绪职能及精神健康等 8 个领域,总得分越高,提示生活质量越好。(2)医院焦虑及抑郁量表(hospital anxiety and depression scale, HADS)包含 14 个项目,分为焦虑及抑郁两个维度,仅抑郁维度得分≥7 分为单纯抑郁症状,仅焦虑维度得分≥7 分为单纯焦虑症状,两维度得分同时≥7 分为合并焦虑及抑郁。(3)社会支持评定量表[6]分为高、中、低三个等级。(4)杨德森编制的生活事件量表[7]用于评估患者社会生活事件负荷量,量表总得分≤20 分为正常负荷,>20 分为超负荷。

1.3 统计学处理

采用SPSS 22.0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,多组间比较使用单因素方差分析;计数资料以例数(百分率)表示,组间比较采用χ^2检验。采用多元线性回归模型分析影响老年及中青年胃溃疡患者生活质量的相关因素。$P<0.05$为差异有统计学意义。

2 结 果

2.1 各组患者生活质量比较

观察组患者SF-36中躯体功能、躯体疼痛、一般健康情况、社会功能、情绪职能、精神健康领域得分以及总得分均低于健康对照组,差异均有统计学意义(均$P<0.05$);观察组中的老年组患者躯体疼痛、情绪职能、精神健康领域得分以及总得分均高于中青年组,差异均有统计学意义(均$P<0.05$;表1)。

2.2 各组患者负面情绪比较

观察组患者焦虑平均得分和检出率、抑郁平均得分和检出率、焦虑合并抑郁检出率均高于对照组($P<0.05$);观察组中老年组患者焦虑平均得分和检出率、抑郁平均得分和检出率、焦虑合并抑郁检出率均低于中青年组,差异均有统计学意义(均$P<0.05$;表2)。

2.3 不同年龄段胃溃疡患者临床特征比较

与中青年胃溃疡患者相比,老年胃溃疡患者合并基础性疾病者比例更高,出现腹痛症状者比例更低,呕血或黑便、贫血或乏力以及不典型症状者比例更高,幽门螺旋杆菌阳性以及并发消化道出血者比例更高,差异均有统计学意义($P<0.05$;表3)。

表1 各组患者SF-36各领域得分比较

Table 1 Comparison of SF-36 scores in various items between groups (points, $\bar{x}\pm s$)

Item	All subjects				Gastric ulcer patients			
	Observation group ($n=315$)	Healthy control group ($n=180$)	t	P value	Young and middle-aged group ($n=163$)	Elderly group ($n=152$)	t	P value
Physical function	80.15±15.96	88.92±16.36	5.828	<0.001	80.68±16.17	79.58±19.85	0.541	0.589
Role physical	75.74±19.38	78.91±18.86	1.768	0.078	75.95±20.35	75.34±19.84	0.269	0.788
Body pain	73.58±20.11	82.74±16.31	5.209	<0.001	70.78±18.74	76.58±19.33	2.703	0.007
General health	54.36±16.37	62.51±17.88	5.151	<0.001	53.66±17.88	55.11±18.34	0.710	0.478
Vitality	67.76±16.84	69.43±17.73	1.041	0.298	67.55±19.27	67.98±18.72	0.201	0.841
Social function	72.58±22.17	81.67±19.38	4.589	<0.001	73.11±16.28	72.01±16.33	0.598	0.550
Emotional function	58.91±12.34	69.76±13.44	9.107	<0.001	54.58±13.57	63.55±14.08	5.757	<0.001
Mental health	61.33±15.37	69.41±13.89	5.823	<0.001	58.53±15.43	64.33±15.39	3.338	<0.001
Total score	544.41±95.58	603.35±113.58	6.155	<0.001	534.84±104.89	554.48±106.74	1.647	<0.101

SF-36: short-form-36 health survey.

表2 各组患者负面情绪比较

Table 2 Comparison of negative emotions between groups

Item	All subjects				Gastric ulcer patients			
	Observation group ($n=315$)	Healthy control group ($n=180$)	t/χ^2	P value	Young and middle-aged group ($n=163$)	Elderly group ($n=152$)	t/χ^2	P value
Anxiety								
Average score (points, $\bar{x}\pm s$)	6.35±1.84	3.25±0.43	22.250	<0.001	7.33±1.76	5.30±1.36	11.397	<0.001
Detection rate [n(%)]	103(32.70)	24(13.33)	22.520	<0.001	68(41.72)	35(23.03)	12.487	<0.001
Depression								
Average score (points, $\bar{x}\pm s$)	4.28±1.05	2.56±0.38	21.191	<0.001	4.96±1.09	3.55±0.83	12.848	<0.001
Detection rate [n(%)]	80(25.40)	13(7.22)	24.798	<0.001	56(34.36)	24(15.79)	14.310	<0.001
Anxiety coupled with depression [n(%)]	29(9.21)	3(1.67)	10.769	0.001	8(4.91)	1(0.66)	5.119	0.024

表 3 不同年龄段胃溃疡患者临床特征比较

Table 3 Comparison of clinical characteristics of patients with gastric ulcer between different age groups

Item	Young and middle-aged group(n=163)	Elderly group(n=152)	t/χ^2	P value
Gender[n(%)]			0.077	0.781
Male	94(57.67)	90(59.21)		
Female	69(42.33)	62(40.79)		
Age(years, $\bar{x}\pm s$)	41.15±7.45	64.58±8.43	26.177	<0.001
Ulcer site[n(%)]			0.486	0.975
Gastric fundus	8(4.91)	7(4.61)		
Gastric body	18(11.04)	16(10.53)		
Gastric angle	44(26.99)	43(28.29)		
Gastric antrum	78(47.85)	75(49.34)		
Pyloric canal	15(9.20)	11(7.24)		
Ulcer diameter under gastroscope[n(%)]			0.868	0.352
0.5-<2.5 cm	147(90.18)	132(86.84)		
≥2.5 cm	16(9.82)	20(13.16)		
Ulcer number[n(%)]			1.134	0.287
Single ulcer	57(34.97)	62(40.79)		
Multiple ulcer	106(65.03)	90(59.21)		
Concurrent underlying disease[n(%)]			25.223	<0.001
Yes	26(15.95)	63(41.45)		
No	137(84.05)	89(58.55)		
Clinical manifestations[n(%)]				
Abdominal pain	148(90.80)	82(53.95)	54.209	<0.001
Abdominal distension	54(33.13)	50(32.89)	0.002	0.965
Hematemesis or melena	15(9.20)	41(26.97)	16.994	<0.001
Acid-reflux and heart burn	67(41.10)	58(38.16)	0.285	0.593
Anemia or fatigue	37(22.70)	71(46.71)	20.127	<0.001
Atypical symptom	21(12.88)	47(30.92)	15.118	<0.001
Helicobacter pylori infection[n(%)]			6.109	0.013
Positive	119(73.01)	91(59.87)		
Negative	44(26.99)	61(40.13)		
Complication[n(%)]				
Gastrointestinal bleeding	8(4.91)	34(22.37)	20.751	<0.001
Gastric perforation	3(1.84)	5(3.29)	0.667	0.414
Pyloric obstruction	5(3.07)	6(3.95)	0.181	0.671

2.4 影响不同年龄段胃溃疡患者生活质量的相关因素分析

单因素分析结果显示,社会生活事件负荷量及焦虑是影响中青年胃溃疡患者生活质量的相关因素,家庭月收入及慢性胃溃疡相关并发症是影响老年胃溃疡患者生活质量的相关因素(P<0.05;表 4)。

2.5 影响中青年胃溃疡患者生活质量的多元线性回归分析

以中青年胃溃疡患者生活质量作为因变量,单因素分析中有统计学意义的指标作为自变量,行多元线性回归分析。结果提示,社会生活事件超负荷、焦虑是中青年胃溃疡患者生活质量的影响因素(P<0.05;表 5)。

2.6 影响老年胃溃疡患者生活质量的多元线性回归分析

以老年胃溃疡患者生活质量作为因变量,单因素分析中有统计学意义的指标作为自变量,行多元线性回归分析。结果提示,家庭月收入及胃溃疡相关并发症是老年胃溃疡患者生活质量的影响因素(P<0.05;表 6)。

3 讨 论

在现代“心理-社会-生理医学模式”的影响下,人们逐渐意识到生活质量对疾病后续发展及个体预后影响的重要性[8,9]。本研究发现,与同龄的健康对照组相比,胃溃疡患者 SF-36 总得分明显下降,提示胃溃疡患者生活质量整体明显低于健康人群。此外,与健康对照组相比,胃溃疡患者焦虑、抑郁以及焦虑合并抑郁检出率均较高,与 Bisgaard[10] 及 López-Sanromán 等[11] 研究结论相似,说明消化系统溃疡患者存在更为明显的负面情绪。

表4 影响不同年龄段胃溃疡患者生活质量的相关因素分析

Table 4 Analysis of related factors affecting quality of life of patients with gastric ulcer in different age groups

(points, $\bar{x}\pm s$)

Factor	Young and middle-aged group (n=163)	t/F	P value	Elderly group (n=152)	t/F	P value
Gender		0.561	0.576		0.119	0.906
Male	541.15±113.54			553.25±109.58		
Female	531.44±107.48			555.39±108.77		
Education level		0.213	0.808		0.040	0.961
Primary school and below	531.15±108.47			551.58±113.25		
Secondary school	532.43±109.58			553.14±109.58		
Junior college and above	543.55±110.43			557.57±110.74		
Marital status		0.079	0.937		0.200	0.841
Married	535.36±112.27			557.48±116.58		
Unmarried/divorced/widowed	533.57±109.58			552.74±113.74		
Medical payment method		0.009	0.991		0.020	0.981
Medical insurance	536.54±113.47			556.74±108.76		
New rural cooperative medical system	534.05±116.57			553.41±109.37		
Self-paying	533.94±121.17			552.69±110.76		
Family monthly income		0.004	0.996		3.493	0.033
<3 000 yuan	533.56±117.43			516.75±107.58		
3 000-6 000 yuan	534.45±116.27			530.67±108.43		
>6 000 yuan	535.58±108.97			571.59±109.73		
Type of labor		0.215	0.830		0.044	0.965
Manual labor	532.58±109.74			554.15±110.29		
Mental labor	536.37±110.35			554.96±113.25		
Treatment method		0.051	0.959		0.133	0.894
Acid inhibition+gastric mucosa protection+anti-inflammation	535.31±110.85			556.33±109.85		
Others	534.16±113.27			553.42±110.58		
Gastric ulcer-related complication		0.055	0.956		2.129	0.035
Yes	533.74±106.58			516.74±113.25		
No	535.47±108.74			559.88±114.37		
SSRS		0.030	0.970		0.200	0.819
Low	531.15±109.74			550.75±106.87		
Middle	533.58±113.15			552.58±109.43		
High	536.37±110.83			563.25±107.74		
Social life event		2.145	0.034		0.076	0.940
Normal load	560.59±109.87			553.58±113.21		
Over load	523.11±103.58			556.15±110.79		
Anxiety		2.121	0.035		0.148	0.883
Yes	521.95±104.58			552.15±111.33		
No	557.58±106.55			555.35±112.71		
Depression		0.514	0.608		0.152	0.880
Yes	529.25±113.07			553.15±109.28		
No	538.78±112.06			556.77±106.74		

SSRS: social support rating scale.

表5 影响中青年胃溃疡患者生活质量的多元线性回归分析

Table 5 Multivariate linear regression analysis of quality of life of young and middle-aged patients with gastric ulcer

Factor	B	β	t	P value	F	Adjusted R^2
Social life event over load	-0.842	-0.315	-4.135	<0.001	26.774	0.374
Anxiety	-0.346	-0.213	-2.116	0.008	-	-

-: no datum.

表6 影响老年胃溃疡患者生活质量的多元线性回归分析

Table 6 Multivariate linear regression analysis of quality of life of elderly patients with gastric ulcer

Factor	B	β	t	P value	F	Adjusted R^2
Family monthly income >6 000 yuan	0.436	0.175	3.695	<0.001	31.171	0.381
Gastric ulcer-related complication	-0.773	-0.278	-4.641	<0.001	-	-

-: no datum.

进一步分析发现,不同年龄胃溃疡患者生活质量各维度得分存在差异,其中老年胃溃疡患者躯体疼痛、情绪职能以及精神健康维度得分均明显高于中青年慢性胃溃疡患者,提示疾病对老年患者生活质量所造成的不良影响较中青年患者更小。统计患者临床特征发现,老年胃溃疡患者中有腹痛表现者占比明显低于中青年组,这可能与老年人神经末梢敏感性下降,对疼痛的感知能力下降,对各种慢性病的适应力更强相关[12,13],同时这也是造成老年胃溃疡患者躯体疼痛维度得分更高的原因之一。老年慢性胃溃疡患者焦虑、抑郁以及焦虑合并抑郁检出率更低,可能与老年慢性胃溃疡患者多处于退休状态,生活负担小,情绪较为放松等因素相关,也在一定程度上解释了老年胃溃疡患者情绪职能及精神健康维度得分更高[14,15]。但老年慢性胃溃疡患者 SF-36 整体得分与中青年胃溃疡患者相比无明显差异,这可能与老年胃溃疡患者合并基础性疾病情况更为严重相关。此外,老年胃溃疡患者呕血或黑便、贫血或乏力等症状发生率更高,消化道出血率也更高,提示老年胃溃疡患者的腹痛症状更隐匿,一经发现病情更为严重,与贾笑强等[16]研究结果相似。

除此之外,本研究还发现影响不同年龄段胃溃疡患者生活质量的相关因素也不同。其中,社会生活事件超负荷量、焦虑是影响中青年胃溃疡患者生活质量的相关因素,而老年胃溃疡患者生活质量主要受胃溃疡相关并发症以及家庭月收入的影响。提示对于不同年龄段胃溃疡患者的干预措施应存在差异。临床应关注低收入老年胃溃疡患者的生活质量,并注重老年胃溃疡并发症的预防,而建议中青年胃溃疡者注重负面情绪及生活压力的调节[17,18]。

综上,胃溃疡患者生活质量明显低于健康人群,焦虑及抑郁检出率更高。疾病对老年胃溃疡患者躯体疼痛、情绪职能及精神健康所造成的影响更小,老年胃溃疡患者焦虑、抑郁检出率更低。老年胃溃疡患者生活质量主要受家庭月收入及胃溃疡相关并发症影响,而中青年胃溃疡患者生活质量主要受社会生活事件及焦虑情绪影响。

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