· 临床研究 ·

对比三种昏迷量表对老年自发性脑出血患者预后的评估价值

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【摘 要】 目的 对比分析格拉斯哥昏迷量表(GCS)、格拉斯哥-瞳孔量表(GCS-P)和格拉斯哥-全面无反应量表(GCS-F)对老年自发性脑出血(sICH)患者预后的评估价值。**方法** 回顾性分析 2021 年 1 月至 2023 年 9 月华北理工大学附属医院神经外科监护室收治的 512 例老年 sICH 患者的临床资料。计算 GCS、GCS-P 和 GCS-F 评分。根据各量表总评分,将患者昏迷严重程度分为轻度、中度、重度和极重度。根据 sICH 发生后 30 d 生存情况,将患者分为存活组(235 例)和死亡组(277 例)。采用 SPSS 27.0 统计软件进行数据分析。采用受试者工作特征(ROC)曲线评估 GCS、GCS-F 和 GCS-P 评分对 sICH 患者预后的预测效能。**结果** 死亡组患者年龄、心率、高血压、脑卒中及小脑幕下出血发病率均高于存活组,GCS、GCS-F 和 GCS-P 评分均低于存活组,差异均有统计学意义($P<0.05$)。随着 GCS、GCS-F 和 GCS-P 评分的降低,患者 30 d 病死率逐渐升高($P<0.001$)。三种昏迷量表评分中,重度和极重度患者死亡率均显著高于轻度和中度者,差异均有统计学意义(均 $P<0.05$)。GCS-P 评分中,极重度患者死亡率显著高于重度者(78.11% 和 41.61%;$P<0.05$)。ROC 曲线分析显示,GCS、GCS-F 和 GCS-P 评分预测 sICH 患者死亡的曲线下面积(AUC)分别为 0.748 (95% *CI* 0.703~0.792)、0.751 (95% *CI* 0.707~0.796) 和 0.783 (95% *CI* 0.741~0.825)。Delong 检验显示,GCS-P 评分的 AUC 值显著高于 GCS 及 GCS-F 评分,差异有统计学意义($P<0.05$)。**结论** GCS-P 评分对老年 sICH 患者死亡的预测价值优于 GCS 及 GCS-F 评分,且对重症老年患者预后的判断更准确。

【关键词】 自发性脑出血;格拉斯哥-瞳孔量表;格拉斯哥-全面无反应量表;预后
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Comparison of three coma scales for assessment of prognosis of elderly patients with spontaneous intracerebral hemorrhage

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【Abstract】 Objective To compare and analyze the prognostic value of Glasgow coma scale (GCS), Glasgow coma scale-pupil (GCS-P), and Glasgow coma scale-FOUR (GCS-F) for elderly patients with spontaneous intracerebral hemorrhage (sICH). **Methods** A retrospective analysis was conducted on 512 elderly sICH patients admitted to the Neurosurgery Intensive Care Unit of Affiliated Hospital of North China University of Science and Technology from January 2021 to September 2023. GCS, GCS-P, and GCS-F were applied to evaluate their state of coma. According to the total score of each scale, the patients were divided into mild, moderate, severe and extremely severe groups. Based on the survival status of patients at 30 d after sICH occurrence, they were assigned into a survival group (235 cases) and a death group (277 cases). SPSS statistics 27.0 was used for data analysis. Receiver operating characteristic (ROC) curve analysis was employed to assess the prognostic efficacy of GCS, GCS-F, and GCS-P scores for sICH patients. **Results** The death group had significantly advanced age, higher heart rate, and larger proportions of hypertension, stroke and subarachnoid hemorrhage, and lower mean scores of GCS, GCS-F, and GCS-P than the survival group ($P<0.05$). As the decrease of these scores, the 30-day mortality rate was gradually increased in all patients ($P<0.001$). The mortality rates of the severe and extremely severe patients identified by the three coma scales were significantly higher than those of the mild and moderate patients (all $P<0.05$). Based on the GCS-P score, the extremely severe patients had notably higher mortality rate than the severe patients (78.11% *vs* 41.61%; $P<0.05$)。ROC curve analysis showed that the area under curve (AUC) of GCS, GCS-F and GCS-P scores for the prediction of death in sICH patients was 0.748 (95% *CI* 0.703-0.792), 0.751 (95% *CI* 0.707-0.796) and 0.783 (95% *CI* 0.741-0.825), respectively. The Delong test indicated that the AUC of the GCS-P score was remarkably higher than that of GCS and GCS-F scores ($P<0.05$). **Conclusion** The GCS-P score shows better

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predictive value for mortality in elderly sICH patients than the GCS and GCS-F scores, and provides a more accurate assessment of prognosis for critically ill elderly patients.

【Key words】 spontaneous intracerebral hemorrhage; Glasgow coma scale-pupil; Glasgow coma scale-full outline of unresponsiveness scale; prognosis

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自发性脑出血(spontaneous intracerebral hemorrhage,sICH)是脑卒中最严重的一种类型,具有致死率高、致残率高等特点,在老年患者中早期死亡率可达52%[1]。目前,sICH患者入院后,临床常采用格拉斯哥昏迷量表(Glasgow coma scale,GCS)评估预后情况[2]。但GCS未考虑瞳孔这一重要因素,且有研究表明该量表无法较好地判断重症患者死亡情况[3]。鉴于此,格拉斯哥-瞳孔量表(Glasgow coma scale-pupil,GCS-P)在GCS基础上增加了瞳孔维度评估,使得预后评估体系更为全面。格拉斯哥-全面无反应量表(Glasgow coma scale-full outline of unresponsiveness scale,GCS-F)在GCS评分基础上融入了全面无反应量表(full outline of unresponsiveness scale,FOUR)中针对患者脑干反应的相关评估,保留了便捷性的同时,可更为准确地判断sICH患者预后情况。然而,目前缺乏上述三种昏迷量表对老年sICH患者预后评估的相关研究。因此,本研究旨在比较GCS、GCS-P及GCS-F评分预测sICH患者30 d病死率的准确性,以期为临床提供一种准确、迅速且便捷的老年sICH患者预后评估方法。

1 对象与方法

1.1 研究对象

回顾性分析2021年1月至2023年9月华北理工大学附属医院神经外科监护室收治的512例老年sICH患者的临床资料。其中,男性350例,女性162例,所有sICH患者均采用相同的标准化治疗方案。纳入标准:(1)符合自发性脑出血诊断标准[4];(2)发病6 h内完成头颅CT检查;(3)年龄≥18岁。排除标准:(1)外伤所致出血;(2)慢性肾病和肝病史;(3)入院时有影响瞳孔检查的面部或眼部损伤(青光眼、白内障或视网膜脱离病史等);(4)既往义眼、动眼神经损伤等。本研究符合医学伦理学标准,并获得华北理工大学伦理委员会批准(审批号:2023088)。

1.2 方法

1.2.1 资料收集 收集患者临床资料,包括性别、年龄、生命体征(体温、呼吸、心率和血压)、实验室指标(白细胞计数、红细胞计数、血小板计数和血糖)、既往病史(高血压、糖尿病、冠心病和脑卒中)[5]以及相关评分(GCS、GCS-P和GCS-F评分)。血肿量通过CT检查测量,血肿量=ABC/2,其中A、B和C代表3个垂直轴上最大血肿水平的尺寸[6]。

1.2.2 量表评估方法 (1)GCS评分共包含三个部分,分别为睁眼反应(1~4分)、言语反应(1~5分)和运动反应(1~6分)。(2)GCS-P评分定义为GCS评分与瞳孔反应性评分的差值。瞳孔反应性评分标准:两侧瞳孔均对光无反应,得2分;一侧瞳孔对光无反应,得1分;两侧瞳孔均对光有反应,得0分。(3)GCS-F评分共包含三个部分,分别为睁眼反应(1~4分)、肢体运动(1~6分)、FOUR评分量表中脑干反应(1~5分)。

根据各量表总得分,将患者昏迷严重程度分为轻度(13~15分)、中度(9~12分)、重度(5~8分)、极重度(GCS评分3~4分、GCS-F评分3~4分、GCS-P评分1~4分)[7]。

1.2.3 研究终点 主要研究终点为脑出血发生后30 d患者死亡。根据患者生存情况分为存活组(235例)和死亡组(277例)。

1.3 统计学处理

采用SPSS 27.0统计软件进行数据分析。计量资料呈正态分布者以均数±标准差($\bar{x}\pm s$)表示,组间比较采用独立样本t检验;呈非正态分布者以中位数(四分位数间距)[$M(Q_1,Q_3)$]表示,组间比较采用非参数检验。计数资料以例数(百分率)表示,多组间比较采用χ^2检验,对于总体有统计学差异的变量,采用Bonferroni校正进行多组间两两比较。采用受试者工作特征(receiver operating characteristic,ROC)曲线评估GCS、GCS-F和GCS-P评分对sICH患者预后的预测效能。采用Delong检验分析ROC曲线下面积(area under curve,AUC)值的差异性。$P<0.05$为差异有统计学意义。

2 结 果

2.1 两组患者临床资料

死亡组患者年龄、心率、高血压、脑卒中及小脑幕下出血发病率均高于存活组，GCS、GCS-F 和 GCS-P 评分均低于存活组，差异均有统计学意义（$P<0.05$；表 1）。

2.2 三种昏迷量表评分与患者 30 d 病死率的关系

随着 GCS、GCS-F 和 GCS-P 评分的降低，患者 30 d 病死率逐渐升高（$P<0.001$）。3 种昏迷量表评分中，重度和极重度患者死亡率均显著高于轻度和中度者；GCS-P 评分中，极重度患者死亡率显著高于重度者，差异均有统计学意义（均 $P<0.05$；表 2）。

2.3 三种昏迷量表评分对患者预后的预测价值

ROC 曲线分析显示，GCS、GCS-F 和 GCS-P 评分对老年 sICH 患者死亡风险均有显著预测价值，最佳截断点分别为 6.5 分、6.5 分和 5.5 分，AUC 分别为 0.748、0.751 和 0.783。Delong 检验显示，GCS-P 评分对 sICH 患者生存情况的预测作用高于 GCS-F 和 GCS 评分，差异有统计学意义（$P<0.05$；表 3，图 1）。

表 1 两组患者临床资料比较

Table 1 Comparison of clinical data between two groups

Item	Overall ($n=512$)	Survival group ($n=235$)	Death group ($n=277$)	$\chi^2/t/z$	P value
Male/female (n)	350/162	165/70	185/92	0.690	0.406
Age (years, $\bar{x}\pm s$)	70.93±7.62	69.81±7.76	72.25±7.25	3.656	<0.001
Physical examination [$M(Q_1, Q_3)$]					
T (℃)	36.7 (36.4, 37.0)	36.7 (36.4, 37.0)	36.7 (36.4, 37.0)	−0.426	0.670
RR (times/min)	19 (16, 22)	18 (16, 21)	19 (16, 22)	−1.207	0.227
HR (times/min)	86 (72, 100)	82 (70, 98)	86 (74, 104)	−2.349	0.019
SBP (mmHg)	174.0 (150.0, 199.0)	172.0 (148.5, 197.5)	177.0 (150.0, 200.0)	−0.891	0.373
DBP (mmHg)	97.0 (83.0, 108.0)	96.0 (82.5, 107.0)	98.0 (84.0, 109.0)	−0.858	0.391
Medical history [n (%)]					
Hypertension	208 (40.63)	84 (16.41)	124 (44.78)	4.289	0.038
Diabetes mellitus	388 (75.78)	186 (79.15)	202 (72.92)	2.684	0.101
Coronary artery disease	173 (33.79)	75 (31.91)	98 (35.38)	0.682	0.409
Stroke	325 (63.48)	133 (56.60)	192 (69.31)	8.871	0.003
Laboratory examination [$\times10^9$/L, $M(Q_1, Q_3)$]					
WBC	11.80 (9.00, 15.00)	11.50 (9.00, 14.53)	12.10 (9.05, 15.53)	−1.787	0.074
RBC	4.46 (4.05, 4.93)	4.46 (4.11, 4.95)	4.46 (3.99, 4.92)	−0.502	0.616
PLT	225 (184, 275)	226 (184, 279)	224 (184, 275)	−0.526	0.599
Haemorrhage site [n (%)]				7.610	0.006
Supratentorial compartment	280 (54.69)	144 (61.28)	136 (49.10)		
Infratentorial compartment	232 (45.31)	91 (38.72)	141 (50.90)		
Scale score [points, $M(Q_1, Q_3)$]					
GCS	6 (4, 8)	8 (6, 11)	5 (3, 6)	−9.748	<0.001
GCS-F	5 (3, 8)	7 (5, 12)	5 (3, 5)	−11.651	<0.001
GCS-P	4.0 (2.0, 7.0)	6.0 (4.5, 11.0)	3.0 (1.0, 4.0)	−13.493	<0.001

T: temperature; RR: respiration rate; HR: heart rate; SBP: systolic blood pressure; DBP: diastolic blood pressure; WBC: white blood cell; RBC: red blood cell; PLT: platelet; GCS: Glasgow coma scale; GCS-P: Glasgow coma scale-pupil; GCS-F: Glasgow coma scale-full outline of unresponsiveness scale. 1 mmHg = 0.133 kPa.

表 2 三种昏迷量表评分与患者 30 d 病死率的关系

Table 2 Relationship between scores of three coma scales and 30-day mortality of patients

Group	GCS			GCS-F			GCS-P		
	Survival (n)	Death (n)	Mortality (%)	Survival (n)	Death (n)	Mortality (%)	Survival (n)	Death (n)	Mortality (%)
Mild	44	9	16.98	44	3	6.38	44	5	10.20
Moderate	59	15	20.27	47	5	9.62	53	8	13.12
Severe	83	155	65.13$^{*\#}$	92	152	62.30$^{*\#}$	80	57	41.61$^{*\#}$
Extremely severe	49	98	66.67$^{*\#}$	52	117	69.23$^{*\#}$	58	207	78.11$^{*\#\triangle}$
χ^2		84.514			106.716			149.436	
P value		<0.001			<0.001			<0.001	

GCS: Glasgow coma scale; GCS-P: Glasgow coma scale-pupil; GCS-F: Glasgow coma scale-full outline of unresponsiveness scale. Compared with mild group of the same scale, $^{*}P<0.05$; compared with moderate group of the same scale, $^{\#}P<0.05$; compared with severe group of the same scale, $^{\triangle}P<0.05$.

表3 三种昏迷量表评分对老年sICH患者预后的预测价值

Table 3 Predictive value of three coma scales scores for prognosis of elderly patients with sICH

Item	AUC	95%*CI*	Specificity (%)	Sensitivity (%)	Jordon index (%)	Cut-off value (points)	Positive likelihood ratio	Negative likelihood ratio	Accuracy (%)
GCS	0.748	0.703-0.792	78.7	70.2	48.9	6.5	3.296	0.379	74.8
GCS-F	0.751	0.707-0.796	85.9	65.1	50.7	6.5	4.617	0.406	76.17
GCS-P	0.783*#	0.741-0.825	84.5	68.5	53.0	5.5	4.419	0.373	77.15

sICH: spontaneous intracerebral hemorrhage; AUC: area under curve; GCS: Glasgow coma scale; GCS-P: Glasgow coma scale-pupil; GCS-F: Glasgow coma scale-full outline of unresponsiveness scale. Compared with GCS, *$P<0.05$; compared with GCS-F, #$P<0.05$.

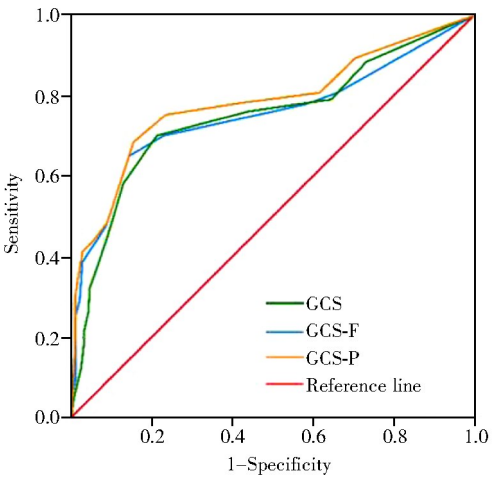


图1 三种昏迷量表评分预测老年sICH患者预后的ROC曲线

Figure 1 ROC curves of three coma scales scores for predicting prognosis of elderly patients with sICH

GCS: Glasgow coma scale; GCS-P: Glasgow coma scale-pupil; GCS-F: Glasgow coma scale-full outline of unresponsiveness scale; sICH: spontaneous intracerebral hemorrhage; ROC: receiver operating characteristic.

3 讨 论

GCS评分在评估sICH患者的病情和预后方面取得了一定效果[8,9]。van Valburg等[10]研究表明GCS评分可较好地预测重症脑出血患者30 d死亡情况。此外,Lin等[11]研究显示,入院时GCS评分可用于评估sICH患者远期预后情况。然而,GCS评分缺少了针对患者瞳孔反应的评估,且现有的"睁眼反应"条目在判断重症患者时会出现明显的"地板效应"[12]。

GCS-P评分是针对GCS评分的拓展与改良。自开发以来,在国外得到了广泛的验证及应用,并取得了较好的效果[13,14],但目前在我国应用较少。研究显示,与传统GCS评分相比,GCS-P评分通过纳入"瞳孔对光反射"相关评分,能更准确地评估患者住院期间的死亡风险[7]。Ambesi等[15]同样发现在创伤性脑损伤患者当中,GCS-P评分对患者预后死亡的预测效能显著高于GCS评分。GCS-F评分同样为GCS评分的改良版本,在删除GCS评分中"言语反应"部分的同时增加了FOUR评分中针对"瞳孔反应"的条目[16]。Ansari等[17]研究显示,GCS-F评分相比GCS评分可以更好地预测患者重症监护时长和短期预后情况。

本研究显示,随着GCS、GCS-F及GCS-P分值的降低,患者病死率逐渐升高,提示三种评分对sICH患者病死率均有一定的预测作用。然而,在针对重度和极重度患者死亡率进行分析时发现,GCS-P评分极重度患者死亡率(78.11%)明显高于重度者(41.61%),而GCS及GCS-F评分的组间比较则差异无统计学意义。提示GCS-P评分可以更好地预测重症患者死亡情况。分析其原因可能为老年重症sICH患者由于血肿量大,对脑组织产生的压迫效应更为明显,进而导致患者瞳孔对光反射通路障碍[18],使得瞳孔对光反射不灵敏,甚至无反应。GCS-P评分通过增加"瞳孔对光反射"这一条目,从而更好地预测重度和极重度患者死亡率。ROC分析结果显示,三种量表预测sICH患者病死率的诊断效能由高到低依次为GCS-P、GCS-F、GCS评分,其中GCS-P评分AUC值显著高于GCS-F及GCS评分。GCS-P评分在保留GCS评分准确、迅速评估优势的基础上,拓展了评分维度,提高了对重症sICH患者早期死亡率评估的准确性。

综上,GCS-P评分对老年sICH患者死亡的预测价值优于GCS及GCS-F评分,且对重症老年患者预后的判断更准确。这提示临床医师可应用GCS-P评分早期识别sICH预后不良患者,提前干预,以降低死亡率并改善预后。但本研究尚存在以下不足之处:(1)为单中心回顾性研究,结果可能存在一定偏倚,仍需进一步开展多中心、前瞻性研究对结果加以验证;(2)仅将患者30 d生存情况作为预后指标,应进一步研究各评分系统与患者功能恢复状况的相关性。

【参考文献】

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