

· 临床研究 ·

重症监护室过渡期老年肿瘤患者生活质量及其影响因素

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【摘要】 目的 分析重症监护室(ICU)转出的老年肿瘤患者过渡期生活质量及影响因素。**方法** 回顾性分析 2021 年 6 月至 2023 年 2 月新疆医科大学附属肿瘤医院 ICU 治疗的 240 例老年肿瘤患者临床资料,患者均处于 ICU 转出过渡期,将健康状况调查简表(SF-36)评分<50 分患者纳为观察组($n=70$),SF-36 得分 ≥ 50 分患者纳为对照组($n=170$)。采用体力状况(ZPS)评分评价患者的一般情况与健康状态,采用微型营养评估量表(MNA)评估患者的营养状况,采用抑郁自评量表(SDS)和焦虑自评量表(SAS)评价患者心理状况,采用视觉模拟评分(VAS)评价患者的疼痛程度。采用 SPSS 20.0 软件进行数据分析。根据数据类型,组间比较分别采用 t 检验、 U 检验、 χ^2 检验及方差分析。采用多因素 logistic 回归分析 ICU 转出过渡期老年肿瘤患者生活质量的影响因素。**结果** 观察组患者 SF-36 评分[(41.15 $\pm$ 5.74)和(68.88 $\pm$ 7.43)分]及医护服务满意度[(83.43 $\pm$ 8.87)和(94.65 $\pm$ 9.46)分]明显低于对照组,差异均有统计学意义($P<0.05$)。观察组年龄 76~85 岁、患慢性疾病>3 种、重度抑郁、重度焦虑、中度疼痛、行手术治疗、ICU 入住时间>5 d 比例及体力状况评分明显高于对照组,血小板水平及 MNA 评分明显低于对照组($P<0.05$)。多因素 logistic 回归分析提示,中度疼痛($OR=2.964$, 95% CI 2.004~7.964)、ICU 入住时间>5 d($OR=5.750$, 95% CI 2.442~7.975)为老年肿瘤患者 ICU 转出过渡期生活质量下降的危险因素,MNA 评分($OR=0.973$, 95% CI 0.955~0.991)为其保护因素($P<0.05$)。**结论** 老年肿瘤患者 ICU 转出过渡期存在生活质量降低情况,医护人员应密切关注患者病情变化及心理变化,根据患者生活质量状况实施处理措施,以此促进患者身体的恢复。

【关键词】 老年人;重症监护室;过渡期;肿瘤;生活质量;影响因素

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Quality of life in elderly tumor patients transitioning out of intensive care unit and its influencing factors

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【Abstract】 Objective To analyze the quality of life and its influencing factors in the elderly tumor patients transitioning out of the intensive care unit (ICU). **Methods** A retrospective analysis was conducted of the clinical data of 240 elderly tumor patients in ICU of Affiliated Tumor Hospital of Xinjiang Medical University between June 2021 and February 2023. All patients were in the transition period of ICU transfer. The patients with a score<50 on 36-item short-form health survey (SF-36) were included in the observation group ($n=70$), and those with a SF-36 score ≥ 50 in the control group ($n=170$). The physical status (ZPS) score was used to evaluate the patient's general condition and health status, the mini-nutritional assessment scale (MNA) to evaluate the patients' nutritional status, the self-rating depression scale (SDS) and self-rating anxiety scale (SAS) to evaluate the patients' psychological status, and visual analogue scale (VAS) to evaluate pain level. SPSS 20.0 was used for statistical analysis. Data comparison between two groups was performed using t -test or χ^2 test, depending on the data type. Multivariate logistic regression analysis was used to analyze the influencing factors on the quality of life of the elderly tumor patients transitioning out of ICU. **Results** The SF-36 scores and medical service satisfaction in the observation group were significantly lower than those in the control group [(41.15 $\pm$ 5.74) vs (68.88 $\pm$ 7.43) points; (83.43 $\pm$ 8.87) vs 9(4.65 $\pm$ 9.46) points] with statistically significant differences ($P<0.05$ for both). The proportions of patients aged 76–85 years, chronic diseases>3 types, severe depression, severe anxiety, moderate pain, surgical treatment and ICU stay>5 d, and ZPS scores in the observation group were significantly higher than those in the control group, but the levels of white blood cell and platelet count and MNA scores were significantly lower than those in control group ($P<0.05$ for all). Multivariate Logistic regression

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analysis indicated that moderate pain ($OR=2.964$, 95%CI 2.004–7.964) and ICU stay>5 d ($OR=5.750$, 95%CI 2.442–7.975) were the risk factors of the decline in the quality of life in the elderly tumor patients transitioning out of ICU, while MNA score ($OR=0.973$, 95%CI 0.955–0.991) was the protective factor ($P<0.05$). **Conclusion** The quality of life declines in the elderly tumor patients transitioning out of ICU. Medical staff should closely monitor the patients for changes in condition and their psychological state and implement the treatment measures based on their quality of life to promote their physical recovery.

【Key words】 aged; intensive care unit; transition period; tumor; quality of life; influencing factors

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重症监护室(intensive care unit, ICU)是医院特殊科室,负责危重症患者的抢救、治疗及护理工作^[1,2]。患者从 ICU 转入普通病房是由高级照护状态转为低级照护状态,这一改变将破坏护理的连续性,进而对患者产生不良影响,故患者从 ICU 转入普通病房的过渡期一直备受关注^[3,4]。生活质量是影响住院患者治疗依从性与家属配床难度的重要因素,而调查老年肿瘤患者从 ICU 转入普通病房的过渡期生活质量,有助于早期干预提高生活质量、帮助患者快速恢复^[5,6]。

1 对象与方法

1.1 研究对象

将 2021 年 6 月至 2023 年 2 月于新疆医科大学附属肿瘤医院 ICU 治疗的 240 例老年肿瘤患者纳为研究对象。纳入标准:(1)病理检查确诊为恶性肿瘤;(2)年龄 65~85 岁;(3)临床资料完整。排除标准:(1)深度昏迷;(2)合并神经系统或精神疾病;(3)合并重要器官严重功能障碍;(4)在 ICU 转入普通病房后因其他严重疾病死亡患者;(5)患者家属要求转院。根据患者健康状况调查简表(summary of health status surveys, SF-36)评分结果将其分为对照组(SF-36 评分 ≥ 50 分, $n=170$)与观察组(SF-36 评分 <50 分, $n=70$)。本研究操作均经新疆医科大学附属肿瘤医院伦理会批准同意(伦理批号:2020477)。

1.2 方法

收集两组患者性别、年龄、婚育状况、医保、家属关系、患慢性疾病病情等资料。密切关注患者病情变化,记录并比较两组患者手术治疗效果、分期情况、ICU 入住时间、血小板(platelets count, PLT)计数,体力状况(zubrod performance status, ZPS)、微型营养评估量表(micro-nutritional assessment scale, MNA)、抑郁自评量表(self-rating depression scale, SDS)、焦虑自评量表(self-rating anxiety scale, SAS)及视觉模拟评分法(visual analogue scale, VAS)评分。

采用 ZPS 评分评价肿瘤患者的一般情况与健康状态,范围为 0~5 分,0 分表示患者可正常活动;1 分表示症状轻,可从事轻体力劳动;2 分表示能耐

受肿瘤症状,生活可自理,时有卧床,但白天卧床时间不超过 50%;3 分为肿瘤症状严重,需卧床,白天卧床时间超过 50%;4 分卧床不起;5 分为死亡。

采用 MNA 评估老年住院患者的营养状况,包含 18 个项目,量表总得分 30 分,量表总得分 >24 分为营养状况良好,总得分 17~24 分为存在营养不良风险,总得分 <17 分为明确营养不良。

采用抑郁自评量表(self-rating depression scale, SDS)和焦虑自评量表(self-rating anxiety scale, SAS)评价两组患者心理状况,量表均有 20 个项目,各项目均采用 4 级评分(1~4 分),各项目得分相加得到总粗分,总粗分 $\times 1.25$ 得到标准分。其中 SDS 量表标准分 53~62 分为轻度抑郁,63~72 分为中度抑郁, ≥ 73 分为重度抑郁;SAS 量表标准分 50~59 分为轻度焦虑,60~69 分为中度焦虑, ≥ 70 分为重度焦虑,评分越高表明患者心理状态越差。

采用视觉模拟评分法(visual analogue scale, VAS)评价两组患者疼痛程度,评分为 0~10 分,0 分表示无痛, ≤ 3 分为轻度疼痛,4~6 分为中度疼痛, ≥ 7 分为强烈疼痛,评分越高表明患者疼痛程度越高。

1.3 统计学处理

采用 SPSS 20.0 统计软件进行数据分析。计量资料用均数 $\pm$ 标准差($\bar{x}\pm s$)表示,采用 t 检验;计数资料用例数(百分率)表示,采用 χ^2 检验。采用多因素 logistic 回归分析 ICU 转出过渡期老年肿瘤患者生活质量的影响因素。 $P<0.05$ 为差异有统计学意义。

2 结果

2.1 两组患者生活质量评分比较

观察组 SF-36 评分低于对照组,差异有统计学意义[(41.15 $\pm$ 5.74)和(68.88 $\pm$ 7.43)分, $P<0.001$];观察组对医护服务的满意度得分低于对照组,差异有统计学意义[(83.43 $\pm$ 8.87)和(94.65 $\pm$ 9.46)分, $P<0.001$]。

2.2 两组患者一般资料比较

观察组患者年龄 76~85 岁、患慢性疾病 >3 种比例明显高于对照组,差异均有统计学意义($P<0.05$);其余指标比较,差异无统计学意义(表 1)。

表 1 两组患者一般资料比较

Table 1 Comparison of general information between two groups [n (%)]

Item	Control group (n = 170)	Observation group (n = 70)	χ^2	P value
Gender			3.144	0.076
Male	102 (60.00)	40 (57.14)		
Female	78 (40.00)	30 (42.86)		
Age			9.116	0.003
65–75 years	122 (71.76)	36 (51.43)		
75–≤85 years	48 (28.24)	34 (48.57)		
Marital status			0.060	0.807
Divorced/widowed/unmarried	38 (22.35)	12 (17.14)		
Married	132 (77.65)	38 (82.86)		
Suffering from chronic diseases			8.984	0.003
≤3 types	134 (78.82)	42 (60.00)		
>3 types	36 (21.18)	28 (40.00)		
Medical insurance			0.387	0.824
Basic medical insurance system for urban and rural residents	42 (24.71)	20 (28.57)		
Medical insurance	46 (27.06)	18 (25.71)		
Self-paying	82 (48.24)	32 (45.71)		
Kinship			2.977	0.226
Spouse	64 (37.65)	28 (40.00)		
Children	76 (44.71)	24 (34.29)		
Father and mother	30 (17.65)	18 (25.71)		

2.3 两组患者心理状况及临床资料比较

观察组重度抑郁、重度焦虑、中度疼痛、行手术治疗、ICU 入住时间>5 d 比例及 ZPS 评分明显高于对照组,PLT 水平及 MNA 评分明显低于对照组,差异均有统计学意义 ($P<0.05$; 表 2)。

表 2 两组患者心理状况及临床资料比较

Table 2 Comparison of psychological status and clinical data between two groups

Index	Control group (n = 170)	Observation group (n = 70)	t/χ^2	P value
SDS [n (%)]			14.142	0.001
Light	110 (64.71)	28 (40.00)		
Moderate	44 (25.88)	26 (37.14)		
Severe	16 (9.41)	16 (22.86)		
SAS [n (%)]			13.398	0.001
Light	116 (68.24)	32 (45.71)		
Moderate	42 (24.71)	24 (34.29)		
Severe	12 (7.06)	14 (20.00)		
VAS [n (%)]			10.352	0.001
Light	136 (80.00)	42 (60.00)		
Moderate	34 (20.00)	28 (40.00)		
Surgical treatment [n (%)]			8.756	0.003
Yes	76 (44.71)	46 (65.71)		
No	94 (55.29)	24 (34.29)		
ICU check-in time [n (%)]			13.616	0.001
1–2 d	54 (31.76)	24 (34.29)		
3–5 d	86 (50.59)	20 (28.57)		
>5 d	30 (17.65)	26 (37.14)		
PLT ($\times 10^9/L$, $\bar{x}\pm s$)	248.52±26.45	225.84±30.16	5.791	<0.001
ZPS (points, $\bar{x}\pm s$)	0.96±0.12	1.11±0.26	6.116	<0.001
MNA (points, $\bar{x}\pm s$)	25.37±3.58	21.34±4.11	7.585	<0.001

SDS: self-rating depression scale; SAS: self-rating anxiety scale; VAS: visual analogue scale; ICU: intensive care unit; PLT: platelets count; ZPS: zubrod performance status; MNA: micro nutritional assessment scale.

2.4 多因素 logistic 回归分析

多因素 logistic 回归分析显示,中度疼痛、ICU 入住时间>5 d 为老年肿瘤患者 ICU 转出过渡期生活质量下降的独立危险因素,MNA 评分为独立保护因素 ($P<0.05$; 表 3)。

表 3 多因素 logistic 回归分析

Table 3 Multivariate logistic regression analysis

Index	β	SE	Wald χ^2	P value	OR	95%CI
SDS	0.745	0.468	2.534	0.112	2.106	0.842–5.271
SAS	1.338	0.688	3.782	0.052	3.811	0.990–14.680
Moderate pain	3.663	1.514	5.419	0.016	2.964	2.004–7.964
Surgical treatment	2.741	1.534	3.193	0.075	15.502	0.767–313.450
ICU check-in time>5 d	4.090	1.222	8.195	0.001	5.750	2.442–7.975
PLT	–1.385	0.713	3.773	0.053	0.250	0.062–1.013
ZPS	2.035	1.254	2.634	0.105	7.652	0.655–89.375
MNA	–0.027	0.009	2.921	0.003	0.973	0.955–0.991

SDS: self-rating depression scale; SAS: self-rating anxiety scale; ICU: intensive care unit; PLT: platelet count; ZPS: zubrod performance status; MNA: micro-nutritional assessment scale.

3 讨论

随着近年医疗技术的飞速发展,ICU 患者存活率逐年升高,成功转出 ICU 的病例也逐渐增加,但从 ICU 转入普通病房的过渡期阶段,患者的护理连续性被破坏,该阶段易发生各种不良事件,影响患者预后^[7,8]。有学者认为^[9],从 ICU 转移到普通病房是一个压力事件,可能会给患者及其家属带来压力,可诱导计划外的 ICU 再入院、住院时间延长和不良

事件等,影响患者康复时间。故关注患者从 ICU 转入普通病房的过渡期生活质量在临床中具有重要的意义^[10]。本研究以处于 ICU 转出过渡期的老年肿瘤患者作为研究对象,经对比发现,生活质量 SF-36 量表得分<50 分患者年龄超过 75 岁以及合并 3 种以上慢性病比例高于 SF-36 量表得分 ≥ 50 分的患者。这可能与年龄越大合并慢性病种类越多的老年肿瘤患者对 ICU 转入普通病房过渡期的适应性越差有关。

本研究经多因素 logistic 回归分析证实,仅有疼痛、ICU 入住时间以及 MNA 评分为影响老年肿瘤患者 ICU 转出过渡期生活质量的独立因素。分析其具体原因如下。(1)疼痛:转出 ICU 后,因病情所致的疼痛将增加患者不良情绪,且作为一种应激源,疼痛还会增加肾上腺素分泌,抑制胰岛素分泌,迫使身体处于压力状态,影响患者睡眠及日常活动,降低患者生活质量。故建议临床积极评估老年肿瘤患者 ICU 转入普通病房的过渡期机体疼痛状况,应用相关措施改善其疼痛现状,以提高生活质量^[11,12]。(2)ICU 入住时间:ICU 入住时间越长,提示患者病情越严重,对 ICU 照护工作的依赖越强,而该类患者转出 ICU 后,照护等级降低,易产生不适应现象,进而影响生活质量。故建议临床从多维度出发,提高 ICU 入住时间超过 5 d 者的自主康复意识,教授其自护技巧,提高患者自护能力,进而降低其对外界护理的依赖性,适应 ICU 转出后环境,提高生活质量。(3)营养状况:患者身体营养状况也与 ICU 转出过渡期生活质量密切相关,营养不良可影响患者食欲、睡眠、组织器官功能及精力,进而降低患者生活质量^[13-15]。故建议临床加强对 ICU 转出至普通病房过渡期患者的营养支持,预防因吞咽障碍或口服摄入不足所导致的营养不良及生活质量下降。

此外,Herling 等^[16]研究认为,ICU 转出过渡阶段,应帮助患者及其家属做好转移和逐渐退出密集护理观察和监测的心理准备,指导患者及家属进行出院计划,并在更大程度上让家属参与,可帮助患者快速康复。

综上,老年肿瘤患者 ICU 转出过渡期存在生活质量降低情况,医护人员应密切关注患者病情变化及心理变化,根据患者生活质量状况实施处理措施,以此促进患者的身体恢复。

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