

· 临床研究 ·

## 氟哌噻吨美利曲辛片对慢性阻塞性肺疾病合并焦虑抑郁症状患者的临床影响

郭欣<sup>1\*</sup>, 李玉超<sup>1</sup>, 刘震宇<sup>2</sup>

(解放军96605部队医院:<sup>1</sup>呼吸内科,<sup>2</sup>神经内科,通化 134000)

**【摘要】目的** 研究黛力新(氟哌噻吨美利曲辛片)对慢性阻塞性肺疾病(COPD)合并抑郁焦虑症状患者的临床影响。

**方法** 选取2018年1月至2019年1月在解放军96605部队医院呼吸内科住院治疗的COPD合并焦虑和(或)抑郁患者共128例为研究对象。分为2组:黛力新组和对照组,每组64例。对照组患者给予COPD规范化治疗;黛力新组在对照组基础上每天清晨口服黛力新。治疗4周后,对比2组患者治疗前后汉密尔顿焦虑量表(HAMA)、汉密尔顿抑郁量表(HAMD)、临床症状和改良版英国医学研究会呼吸困难量表(mMRC)评分,以及1s用力呼气容积(FEV1)、用力肺活量(FVC)、FEV1占预计值百分比(FEV1% pred)和FEV1/FVC等肺功能检查指标。采用SPSS 19.0软件进行数据处理。依据数据类型,组间比较分别采用t检验或X<sup>2</sup>检验。**结果** 128例患者焦虑合并抑郁47例,单独焦虑57例,单独抑郁24例。治疗后黛力新组患者的HAMA[(6.1±1.3) vs (10.7±1.9)]、HAMD[(7.6±1.7) vs (9.7±2.0)]、症状[(3.2±1.3) vs (6.0±1.7)]和mMRC[(1.1±0.7) vs (1.9±0.4)]评分均显著低于对照组,而FEV1/FVC[(78.3±3.9)% vs (67.9±4.4)%]显著高于对照组,差异均具有统计学意义( $P<0.05$ )。**结论** 黛力新能有效缓解COPD患者焦虑抑郁症状和改善患者的生活质量。

**【关键词】** 慢性阻塞性肺疾病;焦虑;抑郁

**【中图分类号】** R971; R56

**【文献标志码】** A

**【DOI】** 10.11915/j.issn.1671-5403.2019.07.111

## Clinical effect of flupentixol/melitracen tablets on chronic obstructive pulmonary disease patients with symptoms of anxiety and depression

GUO Xin<sup>1\*</sup>, LI Yu-Chao<sup>1</sup>, LIU Zhen-Yu<sup>2</sup>

(<sup>1</sup>Department of Respiratory Medicine, <sup>2</sup>Department of Neurology, Troop 96605 Hospital, Tonghua 134000, China)

**【Abstract】 Objective** To determine the clinical efficacy of flupentixol/melitracen tablets (deanxit tablets) on chronic obstructive pulmonary disease (COPD) patients accompanied with depression and anxiety symptoms. **Methods** A total of 128 COPD patients with symptoms of anxiety and/or depression in our department from January 2018 to January 2019 were recruited in this study. They were divided into the deanxit group and control group. The patients of the control group only received conventional COPD treatment, while those of the treatment group were given oral administration of deanxit in every morning besides conventional treatment for COPD. After 4 weeks, Hamilton anxiety scale (HAMA), Hamilton depression scale (HAMD), clinical symptoms and modified British medical research council scale (mMRC) were used to survey their mental and physical conditions before and after treatment. Pulmonary function parameters, such as forced expiratory volume in one second (FEV1), forced vital capacity (FVC), FEV1 as a percentage of predicted value (FEV1% pred), and ratio of FEV1 to FVC (FEV1/FVC) were also measured. The results were compared before and after treatment, and between the 2 groups. SPSS statistics 19.0 was used to perform the statistical analysis. Student's *t* test or Chi-square test was employed for comparison between the groups in different data types. **Results** Among 128 patients, 47 patients had anxiety and depression, 57 patients had anxiety alone and 24 patients had depression alone. Compared with the control group, the deanxit group had significantly lower HAMA score [(6.1±1.3) vs (10.7±1.9)], HAMD score [(7.6±1.7) vs (9.7±2.0)], clinical symptoms score [(3.2±1.3) vs (6.0±1.7)] and mMRC score [(1.1±0.7) vs (1.9±0.4)], but obviously higher FEV1/FVC [(78.3±3.9)% vs (67.9±4.4)%] (all  $P<0.05$ ). **Conclusion** Deanxit effectively relieves anxiety and depression symptoms and improves the quality of life in the COPD patients.

**【Key words】** chronic obstructive pulmonary disease; anxiety; depression

**Corresponding author:** GUO Xin, E-mail: 18504455799@163.com

慢性阻塞性肺疾病(chronic obstructive pulmonary disease,COPD)是呼吸系统的慢性疾病,可使肺功能及劳动耐力逐年下降,严重者生活不能自理<sup>[1]</sup>。COPD除可造成器质性损害外,还会严重影响患者的生活质量及预后,甚至导致焦虑、抑郁、恐惧等多种心理障碍。临床研究表明,COPD患者焦虑、抑郁和恐慌等发生率明显高于正常人群,合并焦虑抑郁障碍的COPD患者治疗依从性下降,且会表现出与实际肺功能不相称的严重呼吸困难,当此类患者合并活动耐量减少时,其肺部及全身的免疫力均会下降,容易并发感染,从而导致病情加重<sup>[2,3]</sup>。因此,COPD患者合并焦虑、抑郁的情况越来越受到重视。本研究采用黛力新(氟哌噻吨美利曲辛片)对COPD合并抑郁焦虑的患者进行了抗焦虑抑郁治疗,为改善COPD患者的生活质量提供临床依据。

## 1 对象与方法

### 1.1 研究对象

选取2018年1月至2019年1月在解放军96605部队医院呼吸内科住院治疗的COPD合并焦虑和(或)抑郁患者共128例为研究对象。纳入标准:(1)符合《中华医学会呼吸病分会慢性阻塞性肺疾病诊治指南(2013年修订版)》的COPD诊断标准<sup>[4]</sup>;(2)符合《中国精神障碍分类与诊断标准第3版》的焦虑抑郁诊断标准<sup>[5]</sup>;(3)资料完整。排除标准:(1)支气管哮喘、支气管扩张;(2)心功能不全;(3)肺癌。按照随机数表法分为2组:黛力新组和对照组,每组64例。本研究经我院伦理委员会批准,所有患者或家属均签署知情同意书。

### 1.2 方法

对照组患者给予吸氧、抗炎、平喘、解痉、祛痰、吸入激素等COPD规范化治疗;黛力新组在对照组基础上每天清晨口服黛力新1片,1次/d。治疗4周后,对比2组患者治疗前后汉密尔顿焦虑量表(Hamilton anxiety scale,HAMA)、汉密尔顿抑郁量表(Hamilton depression scale,HAMD)、临床症状和改良版英国医学研究会呼吸困难量表(modified British medical research council scale,mMRC)评分,以及1 s用力呼气容积(forced expiratory volume in one second,FEV1)、用力肺活量(forced vital capacity,FVC)、FEV1占预计值百分比(FEV1% pred)和FEV1/FVC等肺功能检查指标。使用美国Vmax 6200型肺功能仪测量肺功能。HAMA和HAMD评分均由经验丰富的心理科医师指导和操作<sup>[6]</sup>。

### 1.3 统计学处理

采用SPSS 19.0软件进行数据处理。计量资料以均数±标准差( $\bar{x}\pm s$ )表示,组间比较采用t检验。计数资料以例数(百分率)表示,组间比较采用 $\chi^2$ 检验。 $P<0.05$ 为差异具有统计学意义。

## 2 结果

### 2.1 基线资料

128例患者焦虑合并抑郁47例,单独焦虑57例,单独抑郁24例。对照组男性35例,女性29例,年龄( $58.6\pm7.4$ )岁,COPD病程( $21.0\pm10.4$ )年;黛力新组男性33例,女性31例,年龄( $61.5\pm6.0$ )岁,COPD病程( $19.5\pm11.7$ )年。2组患者性别、年龄、病程比较,差异均无统计学意义( $P>0.05$ )。

### 2.2 2组患者治疗前后HAMA和HAMD评分比较

组内比较:与治疗前相比,治疗后2组患者HAMA和HAMD评分均有不同程度的降低,其中黛力新组患者治疗后的HAMA和HAMD评分显著降低( $P<0.05$ )。组间比较:治疗后黛力新组患者的HAMA和HAMD评分均显著低于对照组,差异具有统计学意义( $P<0.05$ ;表1)。

表1 2组患者治疗前后HAMA和HAMD评分比较

Table 1 Comparison of HAMA and HAMD scores before and after treatment between two groups ( $n=64$ , scores,  $\bar{x}\pm s$ )

Group	HAMA		HAMD	
	Before	After	Before	After
	treatment	treatment	treatment	treatment
Deanxit	$12.9\pm1.8$	$6.1\pm1.3^{*\#}$	$13.9\pm2.1$	$7.6\pm1.7^{*\#}$
Control	$12.1\pm1.7$	$10.7\pm1.9$	$14.5\pm2.7$	$9.7\pm2.0$

HAMA: Hamilton anxiety scale; HAMD: Hamilton depression scale.

Compared with before treatment, \* $P<0.05$ ; compared with control group, # $P<0.05$ .

### 2.3 2组患者治疗前后症状评分及肺功能比较

组内比较:与治疗前相比,治疗后2组患者症状和mMRC评分均有不同程度的降低,FEV1/FVC有不同程度的升高,其中黛力新组患者治疗后的症状和mMRC评分显著降低( $P<0.05$ ),而FEV1/FVC显著升高( $P<0.05$ )。组间比较:治疗后黛力新组患者的症状和mMRC评分均显著低于对照组,而FEV1/FVC显著高于对照组,差异均具有统计学意义( $P<0.05$ ;表2)。

**表2 2组患者治疗前后症状评分及肺功能比较**

Table 2 Comparison of symptom score and pulmonary function between two groups before and after treatment

(n=64,  $\bar{x} \pm s$ )

Item	Deanxit group		Control group	
	Before	After	Before	After
	treatment	treatment	treatment	treatment
Clinical symptoms score	6.7±1.6	3.2±1.3 <sup>*#</sup>	6.8±1.4	6.0±1.7
mMRC (scores)	2.3±0.4	1.1±0.7 <sup>*#</sup>	2.3±0.7	1.9±0.4
FEV1%pred(%)	55.1±6.6	69.2±5.3	54.1±8.3	67.9±7.0
FEV1/FVC(%)	55.7±4.6	78.3±3.9 <sup>*#</sup>	56.0±3.7	67.9±4.4

mMRC: modified British medical research council scale; FEV1: forced expiratory volume in one second; FVC: forced expiratory volume. Compared with before treatment, <sup>\*</sup>P<0.05; compared with control group, <sup>#</sup>P<0.05.

### 3 讨论

随着社会老龄化程度增加,COPD已列为全球死亡原因的第4位,成为全球公共卫生的重大问题<sup>[7]</sup>。既往研究表明,COPD患者存在着不同程度的心理障碍,且严重影响了患者的生活质量及预后<sup>[8,9]</sup>。研究表明,COPD患者的焦虑抑郁障碍发病率较普通人群增高,焦虑障碍的发生率高达13%~51%,抑郁症发生率高达20%~60%,且焦虑、抑郁与COPD的严重程度呈正相关<sup>[10]</sup>。COPD患者长期受到咳嗽、咳痰和气促等症的困扰,加之呼吸困难造成的窒息感,精神高度紧张,且长期就医、经济负担加重,往往会逐渐产生自卑、不愿意交流、悲观厌世等情绪,继发焦虑、忧郁、无助、恐惧、易激惹等多种心理障碍,而心理疾病又会加重躯体症状。因此,改善COPD患者的心理状态也是COPD整体治疗的重要组成部分。

黛力新的主要成分为氟哌噻吨和美利曲辛,可提高突触间隙多巴胺、去甲肾上腺素及5-羟色胺等神经递质含量,调整中枢神经系统功能,改善抑郁和焦虑症状。此外,该药还可拮抗组胺受体,具有镇痛、抗惊厥的作用。本研究结果表明,治疗后黛力新组患者的HAMA和HAMD评分均显著低于对照组,差异具有统计学意义(P<0.05)。此结果与国内文献报道结果相近<sup>[11]</sup>。

本研究结果表明,治疗后黛力新组患者的症状和mMRC评分均显著低于对照组,而FEV1/FVC显著高于对照组,差异均具有统计学意义(P<0.05)。其原因可能是焦虑抑郁症状得到缓解后,激发了患者对生活的兴趣和战胜疾病的信心,进一步稳定了患者病情<sup>[12]</sup>。

总之,早期应用黛力新能有效缓解COPD合并焦虑抑郁患者焦虑抑郁症状和呼吸困难症状。提示临床工作中应及时对COPD患者进行心理评估,尽早作出焦虑抑郁诊断,进而改善患者的生活质量。

### 【参考文献】

- [1] 朱迎霞,李海峰. 抗抑郁治疗对慢性阻塞性肺疾病患者生活质量及预后的影响[J]. 临床肺科杂志, 2013, 18(3): 472-474. DOI: 10.3969/j.issn.1009-6663.2013.03.041.
- [2] Zhu YX, Li HF. Curative effect of anti-depression on the quality of life and prognosis of patients with chronic obstructive pulmonary disease[J]. J Clin Pulm Med, 2013, 18(3): 472-474. DOI: 10.3969/j.issn.1009-6663.2013.03.041.
- [3] 杨雪,刘森,汤如,等. 老年男性体检人群焦虑和抑郁调查分析[J]. 中华老年多器官疾病杂志, 2017, 16(1): 5-9. DOI: 10.11915/j.issn.1671-5403.2017.01.002.
- [4] Yang X, Liu M, Tang R, et al. Survey on anxiety and depression symptoms among elderly males[J]. Chin J Mult Organ Dis Elderly, 2017, 16(1): 5-9. DOI: 10.11915/j.issn.1671-5403.2017.01.002.
- [5] 王亚丽,吴峰,胡锋,等. 慢性阻塞性肺疾病急性加重期合并抑郁症状的发生率及危险因素分析[J]. 中华老年多器官疾病杂志, 2017, 16(1): 51-55. DOI: 10.11915/j.issn.1671-5403.2017.01.012.
- [6] Wang YL, Wu F, Hu F, et al. Incidence of depressive symptoms and risk factors analysis in patients with acute exacerbation of chronic obstructive pulmonary disease[J]. Chin J Mult Organ Dis Elderly, 2017, 16(1): 51-55. DOI: 10.11915/j.issn.1671-5403.2017.01.012.
- [7] 中华医学会呼吸病学分会慢性阻塞性肺疾病学组. 慢性阻塞性肺疾病诊治指南(2013年修订版)[J]. 中华结核和呼吸杂志, 2013, 36(4): 255-264. DOI: 10.3760/cma.j.issn.1001-0939.2013.04.007.
- [8] Chronic Obstructive Pulmonary Disease Group, Chinese Thoracic Society. Guidelines for the diagnosis and treatment of chronic obstructive pulmonary disease (revised edition 2013)[J]. Chin J Tuberc Respir Dis, 2013, 36(4): 255-264. DOI: 10.3760/cma.j.issn.1001-0939.2013.04.007.
- [9] 中华医学学会精神科分会. 中国精神障碍分类与诊断标准[M]. 济南: 山东科学技术出版社, 2001: 5.
- [10] Psychiatric Branch of Chinese Medical Association. Chinese Classification and Diagnostic Criteria for Mental Disorders[M]. Jinan: Shandong Science and Technology Press, 2001: 5.
- [11] 石树青,杨国华,高峰,等. 慢性阻塞性肺疾病并发焦虑抑郁的研究进展[J]. 现代中西医结合杂志, 2016, 25(23): 2619-2622. DOI: 10.3969/j.issn.1008-8849.2016.23.0401.
- [12] Shi SQ, Yang GH, Gao F, et al. Research progress of chronic obstructive pulmonary disease complicated with anxiety and depression[J]. Mod J Integr Trad Chin West Med, 2016, 25(23): 2619-2622. DOI: 10.3969/j.issn.1008-8849.2016.23.0401.
- [13] 金龙,吕雅丽,邵亚婷,等. 焦虑和抑郁与老年慢性充血性心力衰竭的相关性研究[J]. 中华老年多器官疾病杂志, 2016, 15(11): 845-848. DOI: 10.11915/j.issn.1671-5403.2016.11.202.
- [14] Jin L, Lyu YL, Shao YT, et al. Correlation of anxiety and depression with chronic congestive heart failure in the elderly[J]. Chin J Mult Organ Dis Elderly, 2016, 15(11): 845-848. DOI: 10.11915/j.issn.1671-5403.2016.11.202.

- 11915/j. issn. 1671-5403. 2016. 11. 202.
- [8] 王敏, 张慧琴, 赵金燕, 等. 59例慢性阻塞性肺疾病患者肺功能和生活质量相关性研究[J]. 中国医学工程, 2013, 21(1): 50-51. DOI: 10.1161/CIRCIMAGING. 113. 000297.
- Wang M, Zhang HQ, Zhao JY, et al. Correlation between pulmonary function and quality of life in 59 patients with chronic obstructive pulmonary disease[J]. China Med Eng, 2013, 21(1): 50-51. DOI: 10.1161/CIRCIMAGING. 113. 000297.
- [9] Schane RE, Walter LC, Dino A, et al. Prevalence and risk factors for depressive symptoms in persons with chronic obstructive pulmonary disease[J]. J Gen Intern Med, 2008, 23(11): 1757-1762. DOI: 10.1007/s11606-008-0749-z.
- [10] 李日发. 抗焦虑抑郁辅助治疗在慢性阻塞性肺疾病患者中的临床疗效观察[J]. 临床医学研究与实践, 2017, 17(2): 40-41. DOI: 10.19347/j.cnki. 2096-1413. 201706019.
- Li RF. Clinical observation of adjuvant therapy for anti-anxiety and depression in patients with chronic obstructive pulmonary disease[J]. Clin Res Pract, 2017, 17(2): 40-41. DOI: 10.19347/j.cnki.
- [11] 牛晓霞, 胡晓芸. 氟哌噻吨美利曲辛片治疗慢性阻塞性肺疾病加重期焦虑抑郁症的效果观察[J]. 中国当代医药, 2016, 23(8): 28-30.
- Niu XX, Hu XY. Effect observation of flupentixol and melitracen tablet treating exacerbation of chronic obstructive pulmonary disease aggravating with anxiety and depression[J]. China Mord Med, 2016, 23(8): 28-30.
- [12] 张国伟, 吴绍娴, 许荻, 等. 黛力新治疗慢性阻塞性肺疾病加重期焦虑抑郁症[J]. 航空航天医药, 2010, 21(7): 1092-1093. DOI: 10.3969/j. issn. 1005-9334. 2010. 07. 005.
- Zhang GW, Wu SX, Xu D, et al. Application of deanxit on the treatment of anxiety and depression from chronic obstructive pulmonary disease with aggravation[J]. Aerosp Med, 2010, 21(7): 1092-1093. DOI: 10.3969/j. issn. 1005-9334. 2010. 07. 005.

(编辑: 吕青远)

## · 消息 ·

### 致“一带一路”沿线国家和地区医学机构

《中华老年多器官疾病杂志》是由中国工程院院士、老年心脏病学专家王士雯教授于2002年创办的全世界惟一本以老年心脏病和老年心脏病合并其他器官疾病为主要内容的杂志,月刊,由中国人民解放军总医院老年心血管病研究所主办。杂志已被“中国科技论文统计源期刊”(中国科技核心期刊)收录。本杂志的摘要、图表和参考文献,均为中、英文双语对照,方便国外读者顺利阅读。为促进中国与“一带一路”沿线国家和地区的医学及文化交流,本刊将免费刊登其来稿,并赠送当期杂志。欢迎“一带一路”沿线国家和地区的老年心脏病和老年病学医生、学者踊跃投稿。

### To medical academic institutions of all countries along the Belt and Road

*The Chinese Journal of Multiple Organ Diseases in the Elderly (Zhonghua Laonian Duoqiguan Jibing Zazhi)* is founded in 2002 by Shiwen Wang, Member of Chinese Academy of Engineering, a renowned geriatric cardiologist in China. The journal is published monthly by the Institute of Geriatric Cardiology (IGC), Chinese PLA General Hospital in Beijing, China. The journal, the only one in the world currently, focuses on both basic research and clinical practice to the diagnosis and treatment of cardiovascular disease in the aged people, especially those with concomitant disease of other major organ-systems, like the lungs, kidneys, liver, central nervous system, gastrointestinal tract or endocrinology, etc. The journal has been listed in the most authoritative Chinese database, the Chinese Scientific and Technical Papers and Citations Database (Chinese Core Sci-Tech Periodical). For convenience of foreign readers, the main parts of the paper, including abstract, tables, figures and references, are expressed in Chinese-English bilingually. To facilitate the cultural and academic communication between China and countries or regions along the Belt and Road, the journal welcomes the manuscripts from these areas. If reviewed qualified, the manuscript would be published without charging, and the authors would receive a complimentary copy of the current issue.

Address: Editorial Office, *Chinese Journal of Multiple Organ Diseases in the Elderly*, 28 Fuxing Road, Haidian District, Beijing 100853, China

Tel/Fax: 86-10-66936756

E-mail: zhlndgq@ mode301. cn

http://www. mode301. cn