

帕金森病抑郁的相关因素分析

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摘要 目的 :探讨抑郁在帕金森病中(Parkinson's disease, PD)的发生率及其影响因素。方法 :对确诊的 PD 患者 采用汉密尔顿抑郁量表(Hamilt depression scale ,HAMD)、简易精神状态检查量表(Mini-Mental State Examination ,MMSE)及 Webster 功能评分量表进行评定,分析抑郁的发生情况和相关影响因素。结果 :PD 伴发抑郁者 32 例 ,抑郁的发生率为 49.2 % ,病程、文化程度、Webster 评分、MMSE 评分与帕金森抑郁的发生均有统计学意义($P<0.05$) ,年龄、性别、婚姻状况、经济情况与帕金森抑郁的发生均无统计学意义($P>0.05$)。回归分析发现病程和病情严重程度是 PD 患者抑郁的危险因素。结论 :PD 患者有较高的抑郁发生率 ,抑郁的发生可能是社会心理、神经生物学多种因素作用的结果。

关键词 帕金森病 ;抑郁情绪 ;相关因素

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A Study of Related Factors of Depression in Parkinson Disease

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ABSTRACT Objective: To investigate the prevalence of depression in patients with Parkinson's disease and its correlated factors.

Methods: For the diagnosed PD patients, evaluated with the Hamilton Depression Rating Scale (HAMD), the mini-mental state examination (MMSE) and the Webster rating scale, analysis of the incidence of depression and related factors. **Results:** 32 PD patients were associated with depression, and the frequency of depression was 49.2%. There were significant differences in duration of disease, educational level, webster score and MMSE score ($P<0.05$). There were no statistical relationships between age, gender, marital status and economic situation ($P>0.05$). Logistic regression analysis demonstrated that the most important predictive factors for depression were duration of disease and severity of disease. **Conclusion:** The prevalence of depression was high in PD patients, and may be occur for social psychology, neurobiology result of many factors.

Key words: Parkinson's disease; Depression; Related factors

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前言

帕金森病(PD)是一种常见于中老年慢性进展的神经退行性疾病,临床主要表现为静止性震颤、肌强直、运动迟缓、姿势反射障碍。PD 常伴发许多非运动症状,其中抑郁是帕金森病人最常见的非运动症状之一^[1,2],其发生率国外报道最高达 90 %^[3],抑郁可加重患者的认知功能损害和运动障碍,加速疾病恶化,直接影响患者的生存质量^[4,5]。Karlsen^[6]等对 PD 患者的健康相关生存质量进行评估,发现最相关的因素依次是抑郁、睡眠障碍以及低独立性,因此有必要对 PD 伴发的抑郁进行研究。本研究对 2010.12~2011.12 在徐州医学院附属医院神经内科住院的 65 例 PD 患者临床资料进行分析,旨在探讨 PD 伴发抑

郁的发生情况及相关影响因素,现将结果报道如下。

1 材料与方法

1.1 一般资料

以 2010 年 12 月至 2011 年 12 月徐州医学院附属医院神经内科住院的 PD 患者为研究对象,根据是否伴发抑郁分为伴发抑郁(Parkinson's disease with depression, PDD)组和无抑郁(Parkinson's disease no depression, PDND)组。所有患者的诊断均符合 1984 年 10 月全国锥体外系疾病研讨会关于帕金森病和帕金森综合征分类(草案)提出的临床诊断标准^[7],并排除血管性、感染性、药源性等继发性和症状性帕金森综合征及家族遗传性帕金森综合征,且无痴呆、严重言语障碍及人格异常等精神障碍患者。

1.2 方法

1.2.1 一般情况调查 应用自制一般情况调查表对所有患者进行一般情况调查,包括年龄、性别、文化程度、病程、婚姻状况、经济状况等。

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1.2.2 抑郁程度评价 应用 HAMD(17 项版本)^[9]评定患者的抑郁程度。评分 8~17 分为轻度抑郁,18~24 分为中度抑郁,>24 分为重度抑郁。

1.2.3 病情评价 改良 Webster^[9]症状评分评定患者病情严重程度(共包括 10 项,每项 3 分)。

1.2.4 患者认知功能的评价 应用 MMSE^[10]评价患者的认知功能,满分 30 分。

1.3 统计学分析

应用 SPSS 16.0 统计软件进行统计处理。计量资料以均数±标准差($\bar{x} \pm s$)表示,正态性检验和方差齐性检验后,符合正态性分布且方差齐的变量用 t 检验,计数资料比较采用 χ^2 检验。筛选 PDD 的影响因素采用 Logistic 回归分析,以 $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 抑郁是帕金森病常见的伴发症状

共纳入病例 65 例,其中男 37 例(56.9%),女 28 例(43.1%),年龄 38-81 岁,平均(59.1 ± 13.2)岁,病程 1 个月-12 年,平均(3.4 ± 2.8)年。PDND 组有 33 例,PDD 组有 32 例(49.2%),其中轻度抑郁 27 例(41.5%),中度抑郁 4 例(6.1%),重度抑郁 1 例(1.5%)。

2.2 抑郁与病程、文化程度、病情、认知功能等因素相关

对 PDD 组和 PDND 组两组患者的发病年龄、性别、病程、文化程度、婚姻状况、经济情况、临床功能障碍、认知障碍程度等,分别进行 χ^2 检验和 t 检验,结果显示两组在文化程度、病程、认知障碍、PD 病情严重程度方面有明显的差别,见表 1 和表 2。

表 1 帕金森抑郁相关因素的 χ^2 检验结果

Table 1 Results of χ^2 test for related factors of depression in PD

Factors	PDD group	PDND group	χ^2	Sig.
Sex			2.595	>0.05
Male	15(46.9%)	22(66.7%)		
Female	17(53.1%)	11(33.3%)		
Age			0.418	>0.05
<50 years old	9(28.1%)	7(21.2%)		
≥ 50 years old	23(71.9%)	26(78.8%)		
Marital status			0.29	>0.05
Without spouse	6(18.8%)	8(24.2%)		
With spouse	26(81.2%)	25(75.8%)		
Educational level			4.203	<0.05
Elementary school and below	12(37.5%)	5(15.2%)		
High school and above	20(62.5%)	28(84.8%)		
Economic situation			0.013	>0.05
Good	15(46.9%)	15(45.4%)		
General	17(53.1%)	18(54.5%)		

表 2 帕金森抑郁相关因素的 t 检验结果

Table 2 Results of t test for related factors of depression in PD

Factors	PDD group($\bar{x} \pm s$)	PDND group($\bar{x} \pm s$)	t	Sig.
Duration of disease(year)	3.0± 3.1	4.3± 2.3	-2.036	<0.05
MMSE score	22.0± 4.3	25.1± 3.5	-3.264	<0.01
Webster score	11.0± 3.9	8.3± 4.3	2.678	<0.01

2.3 病程和 PD 严重程度是抑郁的危险因素

将上述单因素分析有意义的 4 个因素即 病程、文化程度、MMSE 评分以及 Webster 评分,以及性别、年龄、经济状况等 7 个因素为自变量,以有无抑郁为因变量进行多因素非条件 Logistic 回归分析,结果显示病程和 PD 严重程度是抑郁的危险因素,见表 3。

3 讨论

帕金森病可引起各种形式的精神障碍,根据 Aarsland^[11]等人随访的研究报告,约 61%的 PD 患者至少出现一种精神障碍症状,临床类型以抑郁状态、幻觉、意识障碍及智能障碍为常见。其中抑郁是帕金森病最常见的伴发症状之一,严重影响 PD

表 3 帕金森抑郁相关因素的 Logistic 回归分析结果
Table 3 Results of Logistic regression analysis of related factors of depression in PD

Factors	B	S.E.	Wald	Sig.	Exp(B)	95.0%(CI)for EXP(B)
Duration of disease	-1.109	0.394	7.932	0.005	0.330	(0.152,0.714)
Webster	-0.270	0.113	3.744	0.017	0.763	(0.612,0.952)
Constant	1.191	3.619	0.108	0.742		

患者的生活质量和疾病的预后。尽管对 PD 伴发抑郁已有较多研究,但在发生率、相关因素等方面尚存在争议,其发病率从 2.7%~90%不等^[3]。本研究对 65 例原发 PD 患者进行检查,其中 32 例(49.2%)出现抑郁症状,这与目前较为公认的帕金森病患者抑郁的发病率在 40%-50%^[12]左右是一致的。

帕金森病伴发抑郁的机制尚未完全明确,多认为是多种因素共同作用的结果。Leentjens 等^[12]通过对 100 多例帕金森氏病合并抑郁患者的临床资料进行分析后认为帕金森病合并抑郁症只是运动障碍所导致的一种精神心理性异常,但是 Nilsson FM 等^[13]对 211245 例生活受损程度相似的 PD、骨关节炎、糖尿病患者的抑郁发生率进行比较,发现 PD 患者抑郁的发生率明显高于其他两组患者,这表明 PD 伴发抑郁不能完全用反应性因素来解释,帕金森病患者抑郁的发生有其特殊的生物学基础,可能与去甲肾上腺素、多巴胺、5-羟色胺的功能下降有关^[14]。本文从年龄、性别、婚姻状况、经济情况、病程、文化程度、Webster 评分、MMSE 评分等多个因素对 PDD 组和 PDND 组患者进行比较,在单因素分析中,病程长、文化程度低、病情严重、认知功能受损的患者更容易产生抑郁障碍,这与文献报道的研究结果是相一致的^[15,16,17]。病程越长,病情越严重,抑郁的发生率越高,提示随着病情的进展,影响了去甲肾上腺素能和 5-HT 能神经元及其通路,单胺类神经递质含量下降^[15]。文化程度越高的患者对帕金森本身疾病认识程度及对 PD 症状的不断进展的心理承受能力好,更不容易产生抑郁情绪^[18]。而认知功能与抑郁的关系比较复杂,一些报道表明抑郁是 PD 患者认知功能受损的独立危险因素^[19],另一些报道表明抑郁的发生与认知功能无关^[20],这种差别产生的可能因为对患者选择的差异及对认知障碍评价标准的不同。进一步的多因素 Logistic 回归分析显示病程、疾病严重程度是帕金森病患者抑郁发生的相关独立危险因素,这也说明了帕金森病患者抑郁的发生有其生物学基础,可能与 PD 有共同的发病机制,即随着 PD 病情的进展,影响了多巴胺能、去甲肾上腺素能、5-HT 能等单胺类神经元及其通路,造成单胺类神经递质含量下降,同时下降的单胺类神经递质也参与抑郁的发病。

综上所述,帕金森病抑郁是社会心理与生物学因素共同作用的结果,在临床工作中应高度重视帕金森病抑郁,及早诊断,通过有效地控制运动症状减轻帕金森病抑郁的进展,给予适当的心理疏导,必要时进行抗抑郁治疗,从多方面进行综合干预,以提高患者的生活质量,改善疾病预后。

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化的关系。但随着研究的不断深入,对于 FGF 家族的调控机制和功能的认识将不再局限于胚胎的发育。目前,FGF 信号通路的相关研究不仅揭示了其与牙齿发育的密切关系,某些研究也已经初步揭示 FGF 信号通路的异常表达与肿瘤的发生密切相关,深入研究该信号通路可能为肿瘤等相关疾病的临床治疗提供新的理论依据,同时对牙齿、毛发的再生性治疗也具有重要意义。

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