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宫颈癌放疗患者生活质量的影响因素及与应对方式的关系研究*

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摘要 目的:探讨宫颈癌放疗患者生活质量的影响因素及与应对方式的关系。**方法:**选取2018年7月~2019年11月期间我院收治的宫颈癌放疗患者139例,收集患者临床资料,采用癌症治疗功能评价系统中的宫颈癌量表(FACT-Cx)对宫颈癌患者的生活质量进行评分,采用Jalowiec的应对量表(JCS)记录并评估所有患者的应对方式,并采用Pearson相关性分析生活质量与应对方式的关系。采用单因素及多因素Logistic回归分析宫颈癌放疗患者生活质量的影响因素。**结果:**宫颈癌放疗患者的FACT-Cx总分与面对、乐观、姑息、依靠自我应对方式评分呈正相关($P<0.05$),与情感宣泄、宿命应对方式评分呈负相关($P<0.05$),与逃避、支持应对方式评分无相关性($P>0.05$)。不同文化程度、年龄、化疗、肿瘤病理类型情况患者之间FACT-Cx总分比较无统计学差异($P>0.05$);不同家庭月收入、肿瘤分期、下肢水肿情况、婚姻状况患者之间FACT-Cx总分比较差异有统计学意义($P<0.05$)。多因素Logistic回归分析显示,家庭月收入、肿瘤分期、下肢水肿情况、婚姻状况均是宫颈癌放疗患者生活质量的影响因素($P<0.05$)。**结论:**宫颈癌放疗患者生活质量与应对方式存在密切联系,且家庭月收入、肿瘤分期、下肢水肿情况、婚姻状况均是其生活质量的影响因素,临床工作者应结合以上因素对患者放疗方案给予针对性调整。

关键词:宫颈癌;放疗;生活质量;影响因素;应对方式

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Influencing Factors of Quality of Life in Patients with Cervical Cancer Undergoing Radiotherapy and Its Relationship with Coping Style*

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ABSTRACT Objective: To investigate the influencing factors of quality of life in patients with cervical cancer undergoing radiotherapy and the relationship with coping style. **Methods:** 139 cases of patients with cervical cancer undergoing radiotherapy in our hospital from July 2018 to November 2019 were selected, and their clinical data were collected. The quality of life of patients with cervical cancer was scored by the cervical cancer scale (FACT-Cx) in the cancer treatment function evaluation system. The coping style of all patients were recorded and assessed by the Jalowiec Coping Scale (JCS). Pearson correlation analysis was used to analyze the relationship between quality of life and coping style. Univariate and multivariate Logistic regression were used to analyze the influencing factors of quality of life in patients with cervical cancer undergoing radiotherapy. **Results:** The total score of FACT-Cx was positively correlated with coping styles such as face, optimism, appeasement and self-reliance in patients with cervical cancer undergoing radiotherapy ($P<0.05$), negatively correlated with coping styles such as emotional catharsis score and fatalism score ($P<0.05$), but not with coping styles such as avoidance score and support score ($P>0.05$). There were no significant differences in total score of FACT-Cx among patients with different education level, age, chemotherapy and tumor pathological type ($P>0.05$). There were significant differences in total score of FACT-Cx among patients with different family monthly income, tumor stage, lower extremity edema and marital status ($P<0.05$). Multivariate logistic regression analysis showed that family monthly income, tumor stage, lower extremity edema and marital status were the influencing factors of quality of life in patients with cervical cancer undergoing radiotherapy ($P<0.05$). **Conclusion:** The quality of life of patients with cervical cancer undergoing radiotherapy is closely related to their coping style, and monthly family income, tumor stage, lower extremity edema and marital status are all influencing factors of the quality of life, so clinical workers should combine the above factors to make targeted adjustments to the radiotherapy scheme of patients.

Key words: Cervical cancer; Radiotherapy; Quality of life; Influencing factors; Coping style

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前言

宫颈癌是生育期妇女癌症死亡最常见的原因,患者死亡率在女性生殖系统恶性肿瘤中居第一位,在全球妇女恶性肿瘤中居第二位^[1]。放射治疗是宫颈癌的主要治疗方法之一,既往研究表明 I~IV 期宫颈癌患者放疗后 5 年生存率均较理想^[2],但放疗期间有可能引起食欲下降、腹泻、尿频尿痛、疲乏、阴道灼伤感等不良反应,加上宫颈癌治疗时程长,医疗费用高,患者心理压力较大,影响患者的生活质量^[3-5]。应对是生活事件与应激反应的一个中间过程,可对癌症患者的心理反应过程产生不同程度的影响^[6]。随着医学模式的改变以及人们对健康认识的不断提高,生存率已经不再是癌症治疗的唯一目的,生活质量也逐渐被临床医师及患者所重视^[7,8]。因此,本研究通过探讨宫颈癌放疗患者生活质量的影响因素,并分析其与应对方式的关系,有助于临床针对性实施干预,本研究就此展开分析。

1 资料与方法

1.1 一般资料

选取 2018 年 7 月~2019 年 11 月期间我院收治的宫颈癌放疗患者 139 例,年龄 32~72 岁,平均(46.35±4.79)岁,纳入标准:(1)病理组织学确诊为宫颈癌;(2)在本院接受宫颈癌放疗治疗者;(3)知情同意本研究,且签署同意书;(4)无认知功能障碍,可完成问卷调查。排除标准:(1)合并冠心病、脑卒中等对生活质量存在严重影响的疾病;(2)合并其他恶性肿瘤;(3)未曾在本院接受宫颈癌放疗治疗者;(4)预期生存时间<1 个月。

1.2 方法

1.2.1 临床资料收集 自行设计调查问卷收集患者临床资料,包括年龄、文化程度(小学及其以下、初高中、大专及其以上)、家庭月收入(<3000 元、3000~6000 元、>6000 元)、肿瘤病理类型(鳞癌、腺癌、其他)、肿瘤分期(I 期、II 期、III 期)、婚姻状况(单身、已婚)、下肢水肿(有/无)、化疗(有/无)。

1.2.2 生活质量 生活质量采用癌症治疗功能评价系统中的宫颈癌量表(FACT-Cx)^[9]评价,FACT-Cx 包含 5 个维度 42 个条目,每个条目评分范围 1~4 分,其中功能状况(7 条目)、生理状况(7 条目)、社会/家庭状况(7 条目)、情感状况(6 条目)以及 15 个专门针对宫颈癌的条目。总分 168 分,分数越高则生活质量越好。

1.2.3 应对方式 采用 Jalowiec 的应对量表(JCS)^[10]记录并评估所有患者的应对方式,JCS 包括面对(10 条目)、乐观(9 条目)、逃避(13 条目)、情感宣泄(5 条目)、宿命(4 条目)、支持(5 条目)、姑息(7 条目)及依靠自我(7 条目)这 8 个应对方式,共 60 个条目,每个条目计分 0~3 分,计分方法:应对策略分之和/相应的应对策略数。分数越高,提示此种应对方式采用的较多。

1.3 统计学分析

采用 SPSS 25.00 软件进行数据分析。生活质量评分、JCS 评分等计量资料以($\bar{x} \pm s$)表示,多组数据比较采用单因素方差分析+LSD-t 检验,两组数据比较采用独立样本 t 检验。采用单因素及多因素 Logistic 回归分析宫颈癌放疗患者生活质量的影响因素。宫颈癌放疗患者的生活质量及应对方式的相关性用 Pearson 相关分析。检验水准 $\alpha=0.05$ 。

2 结果

2.1 宫颈癌放疗患者生活质量各条目评分及总分

宫颈癌放疗患者 FACT-Cx 各条目评分及总分详见表 1。

表 1 宫颈癌放疗患者 FACT-Cx 各条目评分及总分($\bar{x} \pm s$, 分)

Table 1 FACT-Cx score in each item and total score of patients with cervical cancer undergoing radiotherapy ($\bar{x} \pm s$, scores)

Items	Scores
Social / family status	17.24± 4.19
Physiological status	16.25± 4.23
Functional status	12.87± 3.48
Emotional state	17.54± 3.57
15 items specifically for cervical cancer	38.72± 4.11
Total score	102.62± 19.58

2.2 宫颈癌放疗患者采取的应对方式评分

宫颈癌放疗患者 JCS 评分最高的为乐观(1.85±0.26)分,其次为宿命(1.78±0.21)分,评分最低的为情感宣泄(1.09±0.13)分,详见表 2。

表 2 宫颈癌放疗患者 JCS 评分($\bar{x} \pm s$, 分)

Table 2 JCS score of patients with cervical cancer undergoing radiotherapy($\bar{x} \pm s$, score)

Coping styles	Score
Face	1.19± 0.19
Optimism	1.85± 0.26
Avoidance	1.31± 0.18
Emotional catharsis	1.09± 0.13
Fatalism	1.78± 0.21
Support	1.41± 0.23
Appeasement	1.11± 0.19
Self-reliance	1.14± 0.21

2.3 宫颈癌放疗患者的生活质量与应对方式之间的关系

宫颈癌放疗患者的 FACT-Cx 总分与面对、乐观、姑息、依靠自我应对方式评分呈正相关($P<0.05$),与情感宣泄、宿命应对方式评分呈负相关($P<0.05$),与逃避、支持应对方式评分无相关性($P>0.05$),详见表 3。

2.4 宫颈癌放疗患者生活质量影响因素的单因素分析

不同文化程度、年龄、化疗、肿瘤病理类型情况患者之间 FACT-Cx 总分比较无统计学差异($P>0.05$);不同家庭月收入、肿瘤分期、下肢水肿情况、婚姻状况患者之间 FACT-Cx 总分比较差异有统计学意义($P<0.05$),详见表 4。

2.5 宫颈癌放疗患者生活质量影响因素的多因素 Logistic 回归分析

以 FACT-Cx 总分为因变量(连续性变量,原值输入),以家庭月收入(赋值:家庭月收入<3000 元=1、3000~6000 元=2、>

6000元=0)、肿瘤分期(赋值:肿瘤分期 III 期=1、II 期=2、I 期=0)、下肢水肿情况(赋值:有下肢水肿=1、无下肢水肿=0)、婚姻状况(赋值:单身=1、已婚=0)为自变量(赋值:纳入多因素 Logistic 回归分析模型,结果显示,肿瘤分期、家庭月收入、下肢水肿情况、婚姻状况均是宫颈癌放疗患者生活质量的影响因素($P<0.05$),详见表 5。

表 3 宫颈癌放疗患者的生活质量与应对方式之间的关系

Table 3 Relationship between quality of life and coping style in patients with cervical cancer undergoing radiotherapy

Coping style score	Total score of FACT-Cx	
	r	P
Face coping style score	0.389	0.007
Optimism coping style score	0.397	0.006
Avoidance coping style score	-0.143	0.129
Emotional catharsis coping style score	-0.467	0.000
Fatalism coping style score	-0.482	0.000
Support coping style score	0.069	0.371
Appeasement coping style score	0.493	0.000
Self-reliance coping style score	0.481	0.000

表 4 宫颈癌放疗患者生活质量影响因素的单因素分析

Table 4 Univariate analysis of influencing factors of quality of life in patients with cervical cancer undergoing radiotherapy

Factors	n	Total score of FACT-Cx	F/t	P
Age(years)				
>40	78	102.21± 16.23	1.694	0.857
≤ 40	61	103.14± 14.27		
Education level				
Primary school and below	48	102.41± 10.72	2.469	0.734
Junior high school	56	102.37± 12.81		
Junior college or above	35	103.31± 11.42		
Family monthly income(yuan)				
<3000	37	93.12± 10.58	12.628	0.000
3000~6000	62	102.47± 12.44		
>6000	40	111.64± 13.43		
Pathological types of tumor				
Squamous cell carcinoma	68	103.82± 15.39	1.347	0.952
Adenocarcinoma	42	101.69± 11.23		
Other	29	101.15± 12.31		
Tumor stage				
I stage	39	113.49± 12.36	9.741	0.000
II stage	63	100.71± 14.42		
III stage	37	94.41± 13.37		
Chemotherapy				
Yes	79	102.94± 12.69	1.987	0.886
No	60	102.20± 13.17		
Lower extremity edema				
Yes	56	114.59± 14.37	14.597	0.000
No	83	94.54± 15.28		
Marital status				
Single	73	96.82± 11.39	12.591	0.000
Married	66	109.04± 12.72		

表 5 宫颈癌放疗患者生活质量影响因素的多因素 Logistic 回归分析

Table 5 Multivariate logistic regression analysis on influencing factors of quality of life in patients with cervical cancer undergoing radiotherapy

Variable	Regression coefficient	Standard error	Wald χ^2	P	OR	95% CI
Monthly family income	1.193	0.236	7.934	0.000	1.512	1.046~3.263
Tumor stage	1.917	0.132	5.184	0.017	1.574	1.038~2.826
Lower extremity edema	2.901	0.184	6.038	0.012	0.563	0.372~0.856
Marital status	1.926	0.163	7.074	0.006	1.512	1.053~4.371

3 讨论

放疗是利用放射线治疗恶性肿瘤的一种局部治疗方案,放疗是治疗宫颈癌的常见手段,随着放射治疗技术的发展,患者的生存率明显提高^[11-13]。但放射治疗在杀灭肿瘤细胞的同时,还可损伤病灶周围正常组织,导致患者出现不同程度的放射治疗不良反应,降低患者生活质量^[14,15]。生活质量是不同文化、不同价值体系中的个体对他们的生存目标、标准以及期望的体验及评估,也是评价宫颈癌患者预后的直观体现^[16,17]。

本次研究结果中,宫颈癌放疗患者生活质量总分为(102.62±19.58)分,高于杨赛等人^[18]研究中的宫颈癌放疗患者的(64.3±18.2)分,但与 FACT-Cx 的总分 168 分相比,尚属于中等生活质量水平。由于肿瘤本身带来的临床症状以及相应的治疗均可影响患者的躯体、精神、心理,加之女性特有的多思、敏感特性也会加深其对疾病的担忧程度,导致其生活质量不高^[19,20]。因此,临床工作者及患者家属应高度重视宫颈癌患者的生活质量改善,尊重关爱患者并给予更多的人文关怀。本研究还发现,FACT-Cx 总分与面对、乐观、姑息、依靠自我应对方式呈正相关,而与情感宣泄、宿命应对方式呈负相关。究其原因,多数患者就诊时的临床症状为阴道出血,症状明显且心情低落,在经过短期有效的治疗后症状可明显改善,患者身心舒适的状态下感受到了治愈的希望,故乐观、面对应对方式较为常见^[20]。其次由于知识、经济等方面的影响,部分患者采用“听天由命”“因无能为力而不得不接受事实”等宿命应对策略,患者处于此种情绪低落的状态,很容易对治疗失去信心^[21]。患者应用最少的应对方式是情感宣泄,情感宣泄非但不能缓解患者的压力,反而可能会因为多次宣泄后病情仍未改善加深患者的绝望感。而姑息、依靠自我应对方式可减轻患者的压力,维持患者内心的心理平衡,利于生活质量改善^[22]。

另外,本研究对宫颈癌放疗患者生活质量影响因素的分析结果显示:家庭月收入、肿瘤分期、下肢水肿情况、婚姻状况均是宫颈癌放疗患者生活质量的影响因素。家庭月收入提示经济负担是宫颈癌放疗患者生活质量的一个重要影响因素,这与石思梅等人^[23]的研究结果一致。患有宫颈癌预示着收入的减少和医疗费用的增加,可能还会导致家庭关系的不和谐,使得患者总体生活质量下降^[24]。婚姻状况对宫颈癌放疗患者生活质量的影响表现为保护作用,可能的原因是单身患者接受到家属支持力度低于已婚患者,已婚患者可接受另一半长期的鼓舞与支持,获得治愈疾病信心,故而其生活质量相对更好^[25-27]。肿瘤分期作为宫颈癌放疗患者生活质量影响因素的原因在于疾病恶化程

度高,患者遭受疾病的折磨感越强烈,逐渐丧失社会活动能力,必定会对患者的心理造成较大的影响,降低其生活质量^[28]。下肢水肿情况作为放疗后的常见并发症之一,因水肿导致患者行动不良,患者个体的主观感受、客观状态将会不断发生变化,从而影响患者整体生活质量^[29,30]。因此,在患者治疗期间,可对上述影响因素进行适当干预,多和患者沟通交流,树立其对抗疾病的信心。

综上所述,宫颈癌放疗患者生活质量与应对方式存在密切联系,且家庭月收入、肿瘤分期、下肢水肿情况、婚姻状况均是其生活质量的影响因素,临床工作者应结合以上因素对患者放疗方案给予针对性调整。

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