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社区综合干预对老年阿尔茨海默症患者的康复效果

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摘要 目的:探讨社区综合干预对老年阿尔茨海默症患者的康复效果。**方法:**选择本社区管理的 50 例阿尔茨海默症患者,随机分为对照组和研究组,每组 25 例。对照组患者采用常规模式进行康复训练,研究组患者在此基础上加以综合干预。观察并比较两组患者干预前后的精神症状评分(PANSS)、生活质量评分(QQL-100)、康复效果评分(MRSS)、智力评分(MMSE)以及记忆力评分(IMCT)等。**结果:**两组患者接受干预前的各项指标无显著性差异($P>0.05$)。与干预前比较,两组患者干预后的 PANSS、QQL-100、MRSS、MMSE 及 IMCT 均获得不同程度改善,且研究组患者显著优于对照组,差异具有统计学意义($P<0.05$)。**结论:**社区综合干预可改善老年阿尔茨海默症患者的生存质量,促进康复效果,值得推广。

关键词:社区综合干预;阿尔茨海默症;康复效果

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Effect of Comprehensive Intervention on the Rehabilitation of Patients with Alzheimer's Disease

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ABSTRACT Objective: To explore the affect of comprehensive intervention on the rehabilitation of patients with AD. **Methods:** 50 cases with AD who had included community management were selected and randomly divided into the study group and the control group with 25 cases in each group. The patients in the control groups were treated with the conventional intervention methods, while the patients in the study group received the comprehensive intervention method. Then the PANS, QQL-100, MRSS, MMSE and IMCT of patients in the two groups were observed and compared before and after the interventions. **Results:** There was no statistically significant difference about the PANSS, QQL-100, MRSS, MMSE and IMCT of patients in the two groups before the intervention ($P<0.05$). After the interventions, the PANSS, QQL-100, MRSS, MMSE and IMCT of patients in the two groups improved significantly than before, and the study group was better than that of the control group with statistically significant differences ($P<0.05$). **Conclusion:** Comprehensive community intervention can contribute to the improvement of symptoms, quality of life, adaptability and intelligence of patients with AD.

Key words: Comprehensive intervention; Alzheimer's disease; Rehabilitation effects

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前言

阿尔茨海默症(Alzheimer's disease, AD)是一种慢性疾病,以进行性的中枢神经系统变性为主要特征,临床表现为认知功能障碍、精神病性症状,甚至出现执行功能障碍,严重影响患者的生存质量、社交功能及心理功能^[1-4]。目前,针对老年性痴呆的治疗还没有能够彻底治愈的方案。因此,预防和延缓痴呆症状的发生、发展是临床工作的重点。相关研究表明,对老年性痴呆患者给予相应的社区综合干预具有良好的康复效果^[5,6]。为了进

一步改善老年阿尔茨海默症患者的生存质量,我们进行了如下研究:

1 资料与方法

1.1 一般资料

选择 2013 年 5 月-2014 年 5 月本社区医疗服务中心管理的 50 例阿尔茨海默症患者,随机分为对照组和研究组,每组 25 例。对照组包括男 22 例,女 8 例;年龄 66-82 岁,平均(73.56±7.41)岁;CDR 评分:轻度 16 例、中度 8 例、重度 6 例。研究组包括男 17 例,女 13 例;年龄 62-81 岁,平均(75.24±5.51)岁;CDR 评分:轻度 15 例、中度 8 例、重度 7 例。两组性别、年龄等一般资料无显著性差异($P>0.05$),具有可比性。

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1.2 研究方法

对照组患者给予基础药物治疗,由社区医生定期家访,根据病情发放药物。研究组患者在对照组基础上给予社区综合干预,具体措施为:①健康教育:对患者及家属进行疾病相关知识的宣教,强调家庭环境对患者的康复具有重要作用,鼓励患者树立信心,告知患者及家属注意事项以免不良事件的发生^[7]。②心理干预:医护人员要尊重患者的人格,采用安慰、鼓励、倾听等方法,根据患者的精神状态选择一些辅助措施进行调节,如:音乐、运动等^[8]。③饮食指导:根据患者的身体状况,选择对缓解病情有利的食物,一般选择易消化、低糖、低脂、高蛋白、高维生素的食物^[9]。④人性化沟通:微笑是和谐沟通的基础,有助于让患者感觉到自己被重视,从而积极配合治疗;眼神可以传递医护人员内心对患者深受疾病折磨的同情感,使患者产生信任感,消除紧张、焦虑等不良情绪;善意的身体接触能够使患者感受到关爱,如:患者高热时可用手触摸其额头。在与患者身体接触时应考虑对象的年龄、性别、文化背景等因素,注意观察对方的反应并及时做出调整^[10,11]。⑤自理能力锻炼:鼓励轻度痴呆患者清理个人卫生,参加社会活动,培养生活乐趣,以减缓神经功能衰退^[12]。

1.3 评价指标

观察两组患者干预前后的精神症状评分(PANSS)、生活质量评分(QQL-100)、康复效果评分(MRSS)、智力评分(MMSE)以及记忆力评分(IMCT)的变化情况。

1.4 统计学方法

应用统计软件 SPSS17.0 进行分析处理,计量资料用均数 $\pm$ 标准差($\bar{x} \pm s$)表示,用 t 检验或 χ^2 检验,以 $P < 0.05$ 则表

示有统计学意义。

2 结果

2.1 两组患者干预前后的精神症状评分变化

干预前,两组患者的精神症状评分无显著差异($P > 0.05$)。干预后,研究组患者的精神症状评分为(47.38 ± 12.44),对照组患者为(65.59 ± 13.78),两组患者的精神症状评分均低于干预前,且研究组患者低于对照组,差异显著有统计学意义($P < 0.05$)。见表 1。

表 1 比较两组患者干预前后的 PANSS 评分

Table 1 Comparison of PANSS of patients in the two groups before and after the interventions

Group	Case	PANSS	
		Before intervention	After intervention
Study group	25	81.29 $\pm$ 20.36	47.38 $\pm$ 12.44
Control group	25	81.48 $\pm$ 20.65	65.59 $\pm$ 13.78
t		32.15	25.62
P		0.238	0.012

2.2 两组患者干预前后的生存质量评分变化

干预前,两组患者生存质量评分无显著差异($P > 0.05$)。干预后,两组患者的社交功能、生活能力及心理功能等生存质量指标均优于干预前,差异具有统计学意义($P < 0.05$)。研究组患者生存质量各项指标评分均显著优于对照组,差异具有统计学意义($P < 0.05$)。见表 2。

表 2 比较两组患者干预前后的 QQL-100 评分

Table 2 Comparison of QQL-100 of patients in the two groups before and after the interventions

Items	Study group(n=25)		Control group(n=25)	
	Before intervention	After intervention	Before intervention	After intervention
Sociality	7.86 $\pm$ 2.95	16.37 $\pm$ 4.82	7.75 $\pm$ 2.59	13.22 $\pm$ 3.26
Viability	45.35 $\pm$ 13.24	56.73 $\pm$ 15.68	46.11 $\pm$ 14.05	51.25 $\pm$ 14.12
Mental function	26.99 $\pm$ 6.58	42.26 $\pm$ 8.95	27.03 $\pm$ 9.11	36.15 $\pm$ 8.89

2.3 两组患者干预前后的康复效果评分变化

干预前,两组患者的康复效果评分无显著性差异($P > 0.05$)。干预后,研究组患者的康复效果评分为(41.36 ± 10.22),对照组为(33.88 ± 9.23),均优于干预前,且研究组优于对照组,差异具有统计学意义($P < 0.05$)。见表 3。

表 3 两组患者干预前后的 MRSS 评分比较

Table 3 Comparison of MRSS of patients in the two groups before and after the interventions

Group	n	MRSS	
		Before intervention	After intervention
Study group	55	21.38 $\pm$ 6.57	41.36 $\pm$ 10.22
Control group	45	21.55 $\pm$ 6.78	33.88 $\pm$ 9.23
t		10.32	20.63
P		0.338	0.036

2.4 两组患者干预前后的智力评分变化

干预前,两组患者的智力评分无显著性差异($P > 0.05$)。干预后,研究组患者的智力评分为(10.45 ± 1.06),对照组为(8.76 ± 1.02),均优于干预前,且研究组优于对照组,差异具有统计学意义($P < 0.05$)。见表 4。

表 4 两组患者干预前后的 MMSE 评分比较

Table 4 Comparison of MMSE of patients in the two groups before and after the interventions

Group	n	MMSE	
		Before intervention	After intervention
Study group	25	6.18 $\pm$ 0.97	10.45 $\pm$ 1.06
Control group	25	6.32 $\pm$ 1.05	8.76 $\pm$ 1.02
t		3.86	4.87
P		0.451	0.011

2.5 两组患者干预前后的记忆力评分变化

干预前,两组患者的记忆力评分无显著性差异($P>0.05$)。干预后,研究组患者的记忆力评分为(9.18 ± 0.96),对照组为(7.66 ± 0.86),均优于干预前,且研究组优于对照组,差异具有统计学意义($P<0.05$)。见表5。

表5 两组患者干预前后的IMCT评分比较

Table 5 Comparison of IMCT of patients in the two groups before and after the interventions

Group	n	IMCT	
		Before intervention	After intervention
Study group	25	5.94± 0.76	9.18± 0.96
Control group	25	5.85± 0.73	7.66± 0.86
t		3.86	4.87
P		0.451	0.011

3 讨论

随着社会老龄化的不断发展,老年性痴呆发病率越来越高,在没有治愈该疾病的确切方法的背景下,根据痴呆病的特点,加强院外社区综合干预是现实且有效的方法。社区卫生服务中心是医疗卫生服务体系中植根于群众中间,最广泛的基础层级,可以对辖区内的患者病情进行长期监测和控制^[3]。大量研究表明,对阿尔茨海默症患者采取社区综合干预可以取得良好的效果,并且减轻医疗费用与看护压力^[14,15]。

国内外研究表明,AD患者一般心理状态较差,清晰低落是常见的临床表现^[16]。因此,所以给予积极地心理支持干预是必须的缓解,改善心理状态对调动患者积极性至关重要。此外,合理的安排自理能力训练有利于增强患者的机体功能,改善智力,提高生存质量^[17]。低糖、低脂、高蛋白、高维生素饮食对防止动脉粥样硬化有积极的影响,是防止因脑动脉缺血诱发AD的有力措施^[18-20]。

本研究结果证实,接受社区综合干预患者的PANSS总分、症状评分均较单纯药物治疗的患者改善明显($P<0.05$)。结果说明,社区综合干预可以有效改善AD患者的精神症状。我们还发现,研究组患者的社交功能、生活能力及心理功能等生存质量指标均优于干预前和对照组($P<0.05$)。结果说明,积极地健康指导、心理支持等措施有利于改善患者生活质量。本研究中,研究组患者的智力和记忆力恢复情况均优于干预前和对照组($P<0.05$)。结果说明,社区综合干预能够提高患者的康复效果。

综上所述,社区综合干预对改善AD患者症状、生活质量,提高智力、注意力水平,延缓AD进展具有积极意义,值得临床推广。

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