doi: 10.13241/j.cnki.pmb.2018.18.036

穴位敷贴法联合盐酸羟考酮缓释片对中重度癌性疼痛患者负性情绪及生活质量的影响*

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摘要 目的：探讨穴位敷贴法联合盐酸羟考酮缓释片对中重度癌性疼痛患者负性情绪及生活质量的影响。**方法：**选取2015年6月-2017年10月期间海南省人民医院收治的恶性肿瘤患者90例为研究对象。根据随机数字表法将患者分为对照组(n=45)与研究组(n=45)，对照组患者给予盐酸羟考酮缓释片治疗，研究组患者在此基础上联合使用穴位敷贴法治疗。观察两组患者治疗后疼痛缓解情况及不良反应发生情况，比较两组患者治疗前后抑郁自评量表(SDS)评分、焦虑自评量表(SAS)评分以及生活质量情况。**结果：**研究组患者疼痛缓解率为66.67%(30/45)，高于对照组的48.89%(22/45)(P<0.05)。两组患者治疗后SDS评分、SAS评分均较治疗前降低，且研究组低于对照组(P<0.05)。两组患者治疗后睡眠、饮食、日常生活以及情绪等评分均较治疗前降低，且研究组低于对照组(P<0.05)。研究组患者恶心、头晕、排尿困难、便秘等发生率均低于对照组，差异有统计学意义(P<0.05)，而研究组皮肤刺激发生率与对照组相比差异无统计学意义(P>0.05)。**结论：**穴位敷贴法联合盐酸羟考酮缓释片治疗可减轻中重度癌性疼痛患者疼痛程度，改善其负性情绪及生活质量，且不良反应较少。

关键词：穴位敷贴法；盐酸羟考酮缓释片；癌性疼痛；疗效；负性情绪；生活质量

中图分类号：R730.5 **文献标识码：**A **文章编号：**1673-6273(2018)18-3558-05

Effect of Acupoint Application Combined with Oxycodone Hydrochloride Prolonged-Release Tablets on Negative Emotions and Quality of Life in Patients with Moderate and Severe Cancer Pain*

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ABSTRACT Objective: To investigate the effect of acupoint application combined with Oxycodone Hydrochloride Prolonged-release Tablets on negative emotions and quality of life in patients with moderate and severe cancer pain. **Methods:** A total of 90 patients with malignant tumor, who were treated in Hainan Provincial People's Hospital from June 2015 to December 2017, were selected and were randomly divided into control group (n=45) and study group (n=45). The control group was treated with Oxycodone Hydrochloride Prolonged-release Tablets, on the basis of which, the study group was given acupoint application. The pain relief and adverse reaction of two groups after treatment were observed. The scores of self rating Depression Scale (SDS), self rating Anxiety Scale (SAS) and quality of life before and after treatment were compared between the two groups. **Results:** The pain relief rate [66.67%(30/45)] of the patients in the study group was significantly higher than that[48.89%(22/45)] of the control group (P<0.05). After treatment, the scores of SDS and SAS of the two groups were lower than those before treatment, and the study group was lower than that of the control group (P<0.05). After treatment, the scores of the sleep, diet, daily life and mood of the two groups were lower than those before treatment, and the study group was lower than that of the control group (P<0.05). The incidence of nausea, dizziness, dysuria and constipation of the study group was lower than that of the control group, and the difference was statistically significant (P<0.05), and there was no significant difference in the incidence of skin irritation between the study group and the control group (P>0.05). **Conclusion:** Acupoint application combined with Oxycodone Hydrochloride Prolonged-release Tablets therapy can reduce severe cancer pain of the patients with moderate and severe cancer pain and improve their negative emotion and quality of life, with less adverse reactions.

Key words: Acupoint application; Oxycodone Hydrochloride Prolonged-release Tablets; Cancer pain; Effect; Negative emotions; Quality of life

Chinese Library Classification(CLC): R730.5 Document code: A

Article ID: 1673-6273(2018)18-3558-05

* 基金项目：海南省自然科学基金项目(8132106)

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(收稿日期：2018-03-12 接受日期：2018-04-07)

前言

近年来我国工业化进程加快,环境持续恶化,再加上人们饮食结构的改变,导致恶性肿瘤的发病率逐年递增[1]。随着新的肿瘤药物不断研发,癌症患者的生存期不断延长,生活质量亦有所提高,然而,癌性疼痛仍是癌症患者尤其是癌症晚期患者不可避免的常见症状之一[2-4]。随着生物 - 心理 - 医学的医学模式的建立,如何缓解癌性疼痛已成为治疗中晚期癌症患者的研究热点之一。目前,常用于缓解中晚期癌症患者的药物有吗啡控释片、吗啡缓释片等[5,6],但有相关研究报道,单纯的使用镇痛药物,疗效一般,长期服用易使患者产生耐受性,且不良反应较多,严重影响预后[7,8]。穴位敷贴法是一种在相关穴位上贴敷药物的外治方法,通过药物和穴位的共同作用从而达到治疗疾病的目的[9,10]。本次研究通过探讨穴位敷贴法联合盐酸羟考酮缓释片对中重度癌性疼痛患者负性情绪及生活质量的影响,旨在为临床治疗癌症中晚期患者提供数据支持,现作如下报道。

1 资料与方法

1.1 一般资料

选取 2015 年 6 月 -2017 年 10 月期间海南省人民医院收治的恶性肿瘤患者 90 例为研究对象。纳入标准:(1)所有患者均符合国际抗癌联盟(Union for International Cancer Control,UICC)制定的肿瘤相关诊断标准[11],且经病理或细胞学确诊;(2)所有患者均可明确的表示自己的疼痛程度,根据疼痛分级数字评分[12](Numerical rating scale,NRS)标准确定为中重度癌性疼痛患者,患者 NRS 评分为 4-10 分;(3)卡式评分[13](Karnofsky performance status,KPS)≥ 60 分,且预计生存期≥ 1 个月;(4)患者未服用过抗抑郁、抗焦虑等药物;(5)患者及其家属签署知情同意书。排除标准:(1)伴严重心、肝、肾等脏器功能障碍者;(2)患有精神疾病或有滥用药物史者;(3)止痛治疗过程中行放化疗治疗者;(4)对本次研究使用药物存在禁忌症者;(5)妊娠及哺乳期妇女;(6)其它可能对本研究结果造成影响的疼痛性疾病者。根据随机数字表法将患者分为对照组(n=45)与研究组(n=45),其中对照组男 24 例,女 21 例,年龄 25-68 岁,平均(41.72± 4.33)岁;原发肿瘤类别:肺癌 11 例,直肠癌 9 例,胃癌 10 例,乳腺癌 5 例,宫颈癌 6 例,胰腺癌 4 例;中度疼痛 20 例,重度疼痛 25 例。研究组男 22 例,女 23 例,年龄 23-69 岁,平均(42.47± 5.21)岁;原发肿瘤类别:肺癌 9 例,直肠癌 8 例,胃癌 12 例,乳腺癌 5 例,宫颈癌 5 例,胰腺癌 6 例;中度疼痛 22 例,重度疼痛 23 例。两组患者一般资料比较无差异(P>0.05),具有可比性。本研究经医院伦理委员会批准同意。

1.2 治疗方法

所有患者治疗前均进行 NRS 评分判定,对照组患者采用盐酸羟考酮缓释片(奥施康定,北京萌蒂制药有限公司,国药准字:J20110016,规格:10 mg)治疗,给药方式如下:NRS 评分 4-6 分者,初始剂量 5 mg,NRS 评分 7-10 分者,初始剂量 10 mg,1 次 /12 h。口服药物 1h 重新进行 NRS 评估,NRS 评分 4-6 分者,按原剂量 5 mg 服用,NRS 评分 7-10 分者,在初始剂量基础上增加 50%-100%,服用 1 h 后再次进行 NRS 评估,然后根据患者具体病情调整到理想用药剂量。盐酸羟考酮缓释片须整片吞服,不得掰开、咀嚼或研碎服用。14 d 为一个治疗疗程,共治疗 5 个疗程。在对照组基础上,研究组联合使用穴位敷贴,敷贴药物具体如下:乳香、赤芍、蒲黄、没药、丁香、冰片、五灵脂、白芍、元胡、小茴香等,按照一定比例研碎,使用米醋调成糊状。具体敷贴操作如下:患者体位取仰卧位,以阿是穴为主,根据患者病情选择合适的穴位,如肺癌选择肺俞、膻中穴,直肠癌选择大肠俞、小肠俞、天枢、关元穴,胃癌选择足三里、梁丘、内关、中脘穴,乳腺癌选择膻中、内关、肩井、期门穴,宫颈癌选择归来、曲骨、命门穴,胰腺癌选择章门、公孙穴、阴陵泉。所选穴位使用拇指指腹轻轻按压,当患者该处穴位感受到明显的酸胀感时,清洁皮肤,将调好的药物敷贴在穴位上,然后用指腹轻轻按压,每次持续 2-3 min,力度由轻到重,以患者感到酸胀感为宜。敷贴每次持续时间 6 h,每 24 h 更换一次,共 2 个疗程。敷贴过程中注意观察皮肤状况,当出现以下过敏情况如发红、皮疹时即停止敷贴。

1.3 观察指标

(1)临床疗效 根据世界卫生组织制定的疗效判定标准如下[14]:疼痛完全消失判定为完全缓解,疼痛较治疗前稍减轻,睡眠未受干扰,可维持正常生活判定为部分缓解,疼痛较治疗前减轻,但痛感依旧明显,睡眠易受干扰判定为轻度缓解,疼痛未减轻或加重判定为无效,疼痛缓解率 = 完全缓解率 + 部分缓解率。(2)负性情绪 采用 Zung 制定的抑郁自评量表(Self rating depression scale,SDS)以及焦虑自评量表(Self rating anxiety scale,SAS)评价两组患者治疗前后心理状况[15]。其中 SDS 评分标准如下:SDS 共 20 个项目,总分 <50 分为无抑郁,50-59 分为轻度抑郁,60-69 分为中度抑郁,>70 分为重度抑郁。SAS 评分标准如下:患者根据近 1 周内的自身情况进行答题,按焦虑严重程度由轻到重对应为 1 分、2 分、3 分、4 分,每题得分相加为总分,标准分(取整)= 总分 *1.25,标准分越高则表明焦虑状况越严重。(3)生活质量 评价依据来源于肿瘤患者生活质量评分草案,评价内容包含 4 个方面(睡眠、日常生活、饮食、情绪),疼痛对上述 4 个方面的影响由轻到重计为 0-10 分,评分越高,则生活质量越低。(4)不良反应 观察两组患者治疗后不良反应发生情况。

1.4 统计学方法

研究数据录入 SPSS25.0 软件处理,计量资料用($\bar{x}$± s)表示,采用 t 检验,计数资料以率(%)表示,采用 x^2 检验,α=0.05 为检验标准。

2 结果

2.1 两组患者临床疗效比较

研究组患者疼痛缓解率为 66.67%(30/45),高于对照组的 48.89%(22/45),差异有统计学意义(P<0.05),详见表 1。

2.2 两组患者治疗前后负性情绪比较

两组患者治疗前 SDS 评分、SAS 评分比较无统计学差异(P>0.05);与治疗前相比,两组患者治疗后 SDS 评分、SAS 评分均降低,且研究组低于对照组(P<0.05);详见表 2。

2.3 两组患者治疗前后生活质量比较

两组患者治疗前睡眠、饮食、日常生活以及情绪等评分比较无统计学差异(P>0.05),两组患者治疗后上述评分均较治疗前降低,且研究组低于对照组(P<0.05),详见表 3。

表 1 两组患者临床疗效比较[n(%)]

Table 1 Comparison of clinical efficacy between two groups[n(%)]

Groups	n	Complete remission	Partial remission	Mild remission	Invalid	Pain relief rate
Control group	45	10(22.22)	12(26.67)	11(24.44)	12(26.67)	22(48.89)
Study group	45	13(28.89)	17(37.78)	12(26.67)	3(6.66)	30(66.67)
x^2	-					2.964
P	-					0.047

表 2 两组患者治疗前后负性情绪比较($\bar{x}\pm s$,分)

Table 2 Comparison of negative emotions before and after treatment between two groups($\bar{x}\pm s$, scores)

Groups	n	SDS		SAS	
		Before treatment	After treatment	Before treatment	After treatment
Control group	45	54.04± 4.52	44.79± 5.74*	56.86± 5.52	46.12± 4.17*
Study group	45	55.47± 3.75	40.81± 4.63*	57.35± 4.63	41.41± 4.21*
t	-	1.437	3.620	0.456	5.332
P	-	0.154	0.000	0.649	0.000

Note: compared with before treatment, *P<0.05.

表 3 两组患者治疗前后生活质量比较($\bar{x}\pm s$,分)

Table 3 Comparison of quality of life before and after treatment between two groups($\bar{x}\pm s$, scores)

Groups	n	Sleep		Diet		Daily life		Emotion	
		Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment
Control group	45	7.69± 1.46	4.47± 1.24*	6.58± 1.36	3.87± 1.24*	6.39± 1.31	3.93± 1.17*	9.23± 2.17	4.62± 2.22*
Study group	45	8.04± 1.57	1.79± 1.05*	6.69± 1.48	2.19± 1.18*	6.41± 1.36	2.30± 0.85*	8.84± 2.03	2.73± 1.84*
t		1.095	11.064	0.367	6.584	0.071	7.561	0.880	4.397
P		0.276	0.000	0.714	0.000	0.944	0.000	0.381	0.000

Note: compared with before treatment, *P<0.05.

2.4 两组患者治疗后不良反应比较

研究组患者恶心、头晕、排尿困难、便秘等不良反应发生率均低于对照组，差异有统计学意义(P<0.05)，而研究组皮肤刺激发生率与对照组相比差异无统计学意义(P>0.05)，详见表 4。

表 4 两组患者治疗后不良反应比较[n(%)]

Table 4 Comparison of adverse reactions after treatment between two groups[n(%)]

Groups	n	Nausea	Dizziness	Dysuria	Constipation	Skin irritation
Control group	45	9(20.00)	8(17.78)	10(22.22)	9(20.00)	6(13.33)
Study group	45	3(6.67)	2(4.44)	4(8.89)	3(6.67)	4(8.89)
x^2	-	3.462	4.050	3.045	3.462	0.450
P	-	0.036	0.028	0.041	0.036	0.085

3 讨论

癌性疼痛是由于癌症或者癌症治疗过程中所出现的一系列主观疼痛，对患者的心理状况、生活质量造成了严重的影响[16,17]。目前为止，癌痛三阶梯治疗方法仍然是治疗癌性疼痛的基本原则，吗啡是镇痛的金标准药物，而盐酸羟考酮缓释片是一种有效的替代物。盐酸羟考酮缓释片作用于中枢神经系统与平滑肌，可发挥阿片类激动剂的效用[18,19]。然而癌症患者长期使用镇痛药物，预后较差，且易增加不良反应。近年来，中西医结合治疗已逐渐被临床广泛应用，穴位敷贴是主要是通过经络穴位以及生物波的效应来对人体穴位发挥功效，同时通过经络传导作用以达到镇痛的效果。穴位敷贴应用广泛，在治疗患者体表病症以及内脏病症中的功效均已得到临床证实[20]。

本研究结果显示，研究组患者疼痛缓解率为 66.67%，高于对照组的 48.89%(P<0.05)。提示盐酸羟考酮缓释片联合穴位敷贴法治疗中重度癌性疼痛患者，效果优于单用药 ，可能是由于

穴位敷贴药物极少通过肝脏以及消化道，多数经皮肤直接吸收，药物成分未受到肝脏以及各种消化酶、消化液的分解破坏，药物的有效成分得到了最大限度的保护，从而达到满意的治疗效果[21-23]。本研究还显示，相较于治疗前，两组患者治疗后 SDS、SAS 评分均降低，且研究组低于对照组（P<0.05）。这与李成彪的研究结果基本一致[24]，提示穴位敷贴法联合盐酸羟考酮缓释片治疗中晚期癌症患者，对患者的焦虑、抑郁等负性情绪有显著的改善作用。由于患者的负性情绪受多方面影响，来自机体的持续疼痛以及心理承受的巨大压力，以上刺激因素均能使患者产生抑郁、焦虑等负性情绪，研究组患者经联合治疗后，焦虑、抑郁情绪有所改善，这可能与药物治疗效果显著有关，减轻了患者的疼痛，从而身心得到了一定的满足[25-27]。此外，两组患者治疗后睡眠、饮食、日常生活以及情绪均较治疗前降低，且研究组低于对照组（P<0.05）。表明上述联合治疗方式可显著改善中晚期癌症患者的生活质量，分析其原因，这可能是盐酸羟考酮缓释片与穴位敷贴法联合使用发挥协同作用有关。穴位敷贴药物包含乳香、没药、赤芍、丁香、冰片、蒲黄、五灵脂、白芍、元胡、小茴香等，其中乳香、丁香、冰片、白芍可通阳化瘀，赤芍可养血调经，小茴香理气止痛，蒲黄、五灵脂、没药、元胡可通利血脉，祛瘀止痛，上述药物联合使用，可发挥调和气血、增强免疫力等多种作用，且盐酸羟考酮缓释片亦可发挥强效的镇痛作用[28,29]。在不良反应考察方面，研究组患者恶心、头晕、排尿困难、便秘等发生率均低于对照组（P<0.05），而研究组皮肤刺激发生率与对照组相比差异无统计学意义（P>0.05）。说明穴位敷贴对癌症患者产生的不良副作用较少，且药物经皮肤吸收，亦不增加皮肤刺激发生率，安全有效。可能是因为穴位敷贴药物本身的药理作用，在预防恶心、头晕、排尿困难、便秘等不良反应中具有显著效果，从而减少用药后不良反应发生率[30]。

综上所述，穴位敷贴法联合盐酸羟考酮缓释片治疗中重度癌性疼痛患者，疗效显著，可改善患者焦虑、抑郁等负性情绪，提高患者生活质量，安全性较高，值得临床推广应用。

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