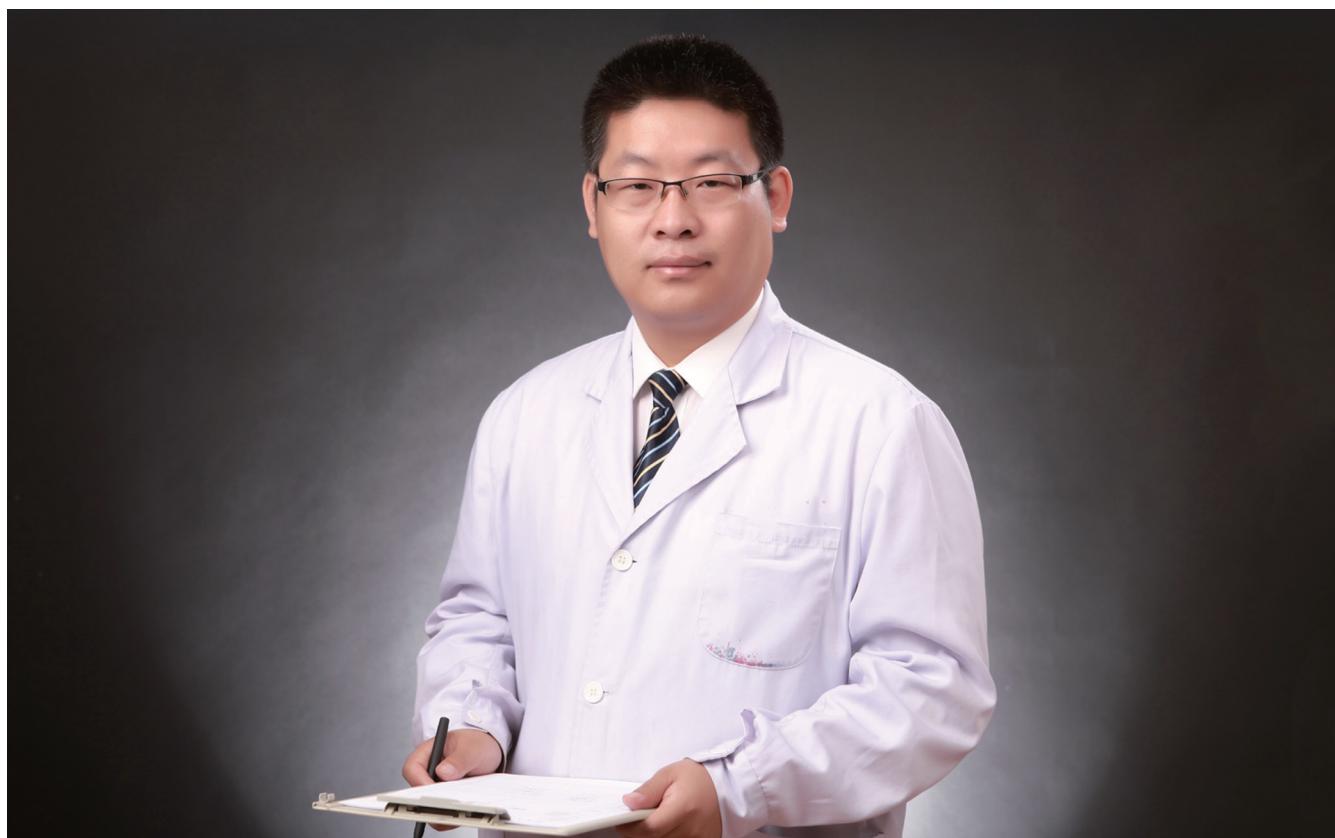


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主编

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马亚娟,主任
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Baishideng Publishing Group Inc
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北京百世登生物科技有限公司
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Editorial Board Member of *World Chinese Journal of Digestology*, Cui Qing-Bo, Chief Physician, Department of Pediatric Surgery, The Second Affiliated Hospital of Harbin Medical University, No 246 Xuefu Road, Nangang District, Harbin 150086, Heilongjiang Province, China

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World Chinese Journal of Digestology

Baishideng Publishing Group Inc
7901 Stoneridge Drive, Suite 501, Pleasanton, CA 94588, USA
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老年慢性功能性便秘患者睡眠质量与睡眠信念及态度的相关性分析120例

盛雪芬

盛雪芬, 浙江省金华市第二医院 浙江省金华市 321000

盛雪芬, 主管护师, 主要从事老年精神疾病的临床护理工作.

作者贡献分布: 本文由盛雪芬独立完成.

通讯作者: 盛雪芬, 主管护师, 321000, 浙江省金华市宾虹西路方岩街158号, 浙江省金华市第二医院. shengxuefenjh@126.com

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attracted much attention from medical researchers. This study investigated the correlation between sleep quality and sleep cognition in elderly FC patients, with an aim to provide an objective basis for clinical use of targeted and precise cognitive behavioral intervention measures.

AIM

To explore the correlation of sleep quality with sleep belief and attitude in elderly patients with chronic FC.

METHODS

One hundred and twenty chronic FC elderly patients treated from July 2017 to July 2019 at the Second Hospital of Jinhua City, Zhejiang Province were selected as study subjects. The Pittsburgh sleep quality index (PSQI) scale and the dysfunctional beliefs and attitudes about sleep scale-16 (DBAS-16) were used to assess the sleep quality and sleep belief and attitude, respectively. Pearson correlation analysis was performed to assess the correlation of sleep quality with sleep belief and attitude.

RESULTS

Compared with normal people, the sleep latency, sleep time, sleep efficiency, sleep disorder, daytime function, and total PSQI score of elderly FC patients all increased significantly ($P < 0.05$), while the scores of sleep quality and use of hypnotic drugs were all significantly lower ($P < 0.05$). The total DBAS-16 score of elderly FC patients was 48.12 ± 8.69 , and the scores of the consequences of insomnia, sleep anxiety, sleep expectation, and drugs were 12.96 ± 4.98 , 18.95 ± 5.12 , 4.49 ± 2.36 , and 10.36 ± 3.12 , respectively. The consequences of insomnia were negatively correlated with sleep disorders and daytime function ($r = -0.131$ and -0.135 , respectively). Sleep anxiety was negatively correlated with sleep quality, sleep latency, sleep time, sleep efficiency, hypnotic drugs, daytime function, and total PSQI score ($r = -0.359$, -0.228 ,

Correlation of sleep quality with sleep belief and attitude in 120 elderly patients with chronic functional constipation

Xue-Fen Sheng

Xue-Fen Sheng, Second Hospital of Jinhua City, Jinhua 321000, Zhejiang Province, China

Corresponding author: Xue-Fen Sheng, supervisor nurse, Second Hospital of Jinhua City, No. 158, Fangyan Street, West Binhong Road, Jinhua 321000, Zhejiang Province, China. shengxuefenjh@126.com

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Abstract

BACKGROUND

The change of living standard has changed the life style of the elderly. Chronic functional constipation (FC) seriously affects the health of the elderly and their sleep quality. The proposal of the brain-gut axis theory has

-0.312, -0.224, -0.152, -0.221, and -0.376, respectively). Sleep expectation was negatively correlated with sleep efficiency and daytime function ($r = -0.103$ and -0.153 , respectively). There was a negative correlation between drugs and sleep quality, sleep latency, sleep time, hypnotic drugs, and PSQI total score ($r = -0.167, -0.142, -0.119, -0.434$, and -0.211 , respectively). The total DBAS-16 score was negatively correlated with the seven dimensions of sleep disorders and the total score of PSQI.

CONCLUSION

The sleep quality of elderly patients with chronic FC is correlated with their sleep belief and attitude. Medical workers should enhance the awareness of sleep belief and attitude among elderly FC patients to improve sleep cognition and quality.

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Key Words: Elderly; Chronic functional constipation; Hospitalization; Sleep quality; Sleep belief; Attitude

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摘要

背景

生活水平的变化改变了老年人的生活方式, 慢性功能性便秘(functional constipation, FC)严重影响老年人的生活健康和睡眠质量。脑肠轴学说的兴起备受广大医护人员的热点关注。因此, 本研究对老年FC患者睡眠质量与其睡眠认知的相关性进行研究, 以为临床采取针对性精准化的认知行为干预措施提供客观依据。

目的

探讨老年慢性FC患者睡眠质量与睡眠信念及态度的相关性。

方法

选择2017-07/2019-07在浙江省金华市第二医院住院的老年慢性FC患者120例为研究对象, 采用匹兹堡睡眠质量指数(pittsburgh sleep quality index, PSQI)量表, 睡眠信念与态度量表(dysfunctional beliefs and attitudes about sleep scale-16, DBAS-16)进行调查, 采用SPSS 23.0软件分析数据, 睡眠信念及态度与睡眠质量采用Pearson相关性分析。

结果

与常模比较, 老年FC患者入睡时间、睡眠时间、睡

眠效率、睡眠障碍、日间功能及PSQI总分等均升高, 差异比较与统计学意义($P < 0.05$), 而睡眠质量及催眠药物的使用评分均低于常模, 差异比较与统计学意义($P < 0.05$)。老年FC患者DBAS-16总分为48.12分 \pm 8.69分, 其中失眠所致后果评分为12.96分 \pm 4.98分, 对睡眠的担忧评分为18.95分 \pm 5.12分, 对睡眠的期望评分为4.49分 \pm 2.36分, 对药物的评分为10.36分 \pm 3.12分。失眠所致后果与睡眠障碍、日间功能呈负相关($r = -0.131, -0.135$); 对睡眠的担忧与睡眠质量、入睡时间、睡眠时间、睡眠效率、催眠药物、日间功能、PSQI总分呈负相关($r = -0.359, -0.228, -0.312, -0.224, -0.152, -0.221, -0.376$); 对睡眠的期望与睡眠效率、日间功能呈负相关($r = -0.103, -0.153$); 药物与睡眠质量、入睡时间、睡眠时间、催眠药物、PSQI总分呈负相关($r = -0.167, -0.142, -0.119, -0.434, -0.211$); DBAS-16总分与睡眠障碍的7个维度及PSQI总分均呈负相关。

结论

老年慢性FC患者的睡眠质量与睡眠信念及态度具有相关性, 医护人员应增强老年FC患者对睡眠信念及态度的意识, 提高睡眠认知, 改善睡眠质量。

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关键词: 老年; 慢性功能性便秘患者; 住院; 睡眠质量; 睡眠信念; 态度

核心提要: 老年慢性FC严重影响患者生活质量, 睡眠对人体健康有着重要作用。因此, 探讨老年慢性FC患者睡眠质量与睡眠信念及态度的关系已成为临床医护人员研究的热点之一。

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0 引言

近年来, 生活水平的提高和生活节奏的加快改变了老年人的生活方式, 随着人口老龄化的增加, 慢性功能性便秘(functional constipation, FC)的发病率逐年上升, 严重影响老年人的生活健康^[1,2]。睡眠是人类必不可少的生理活动反应, 对人体健康有着重要作用, 目前主要通过提高患者认知能力以改善睡眠质量。新近研究表明^[3,4], 脑肠轴学说的兴起备受广大医护人员的热点关注, 众多学者对脑和胃肠之间的关系研究越来越多, 也取得了一定的进展。但是, 目前很少有学者探索睡眠认知对老年FC患者睡眠质量的影响。因此, 本研究对老年FC患者睡眠

质量与其睡眠认知的相关性进行研究,以为临床采取针对性精准化的认知行为干预措施提供客观依据. 现报道如下.

1 材料和方法

1.1 材料 选择2017-07/2019-07在浙江省金华市第二医院住院的老年慢性FC患者120例为研究对象. 其中男性64例, 女性56例; 年龄61-79岁, 平均68.3岁±9.4岁; 病程1-14年, 平均7.2年±3.8年. 诊断均符合罗马IV老年FC诊断标准. 纳入标准: (1)具有一定的语言沟通能力和理解能力者; (2)便秘病程≥1年; (3)均知情同意者; (4)通过医院伦理委员会批准同意者. 排除标准: (1)有肠道器质性疾病者; (2)非老年患者; (3)住院患者但夜间不在医院者; (4)有精神疾病史者; (5)有严重心肝肾疾病者; (6)近1mo内因其他疾病持续住院者, 或作息时间不规律者; (7)依从性差者; (8)文盲者.

1.2 方法 在入院后第3天对患者进行睡眠质量和睡眠信念与态度量表(dysfunctional beliefs and attitudes about sleep scale-16, DBAS-16)评分测定(因为患者自入院始至第3 d失眠发生率高^[5]). 课题负责人发放量表, 认真细心向患者讲解注意事项和如何填写, 量表当场填写, 当场收回. (1)睡眠质量的测量: 采用匹兹堡睡眠质量指数(pittsburgh sleep quality index, PSQI)量表^[6]. 该量表由睡眠质量、睡眠潜伏期、睡眠持续时间、睡眠效率、睡眠紊乱、服用药物情况和白天功能状态7个维度组成, 每个维度按0-3分等级计分, 总分21分, PSQI>7分表示睡眠质量下降, PSQI≤7分表示睡眠质量正常, 得分越高睡眠质量越差; (2)DBAS-16^[7]: 该量表包括失眠所致后果、关于睡眠的担忧、对于睡眠的期望以及药物4个因子, 总分越低表示睡眠信念和态度的不合理程度越严重. Cronbach α 系数为0.786, 总重测信度为0.928.

统计学处理 采用SPSS 23.0软件分析数据. 计数资料以(%)表示, 采用 χ^2 检验; 计量资料以mean±SD表示; 睡眠信念及态度与睡眠质量采用Pearson相关性分析. $P<0.05$ 为差异有统计学意义.

2 结果

2.1 有效问卷调查结果分析 发放调查问卷120份, 当场回收问卷120份, 问卷有效回收率为100%.

2.2 老年FC患者住院睡眠质量情况分析 与常模比较^[8], 老年FC患者入睡时间、睡眠时间、睡眠效率、睡眠障碍、日间功能及PSQI总分等均升高, 差异比较与统计学意义($P<0.05$), 而睡眠质量及催眠药物的使用评分均低于常模, 差异比较与统计学意义($P<0.05$)(表1).

2.3 老年FC患者睡眠信念与态度得分情况 老年FC患

者DBAS-16总分为48.12分±8.69分, 其中失眠所致后果评分为12.96分±4.98分, 对睡眠的担忧评分为18.95分±5.12分, 对睡眠的期望评分为4.49分±2.36分, 对药物的评分为10.36分±3.12分.

2.4 老年FC患者睡眠质量与睡眠信念和态度的相关性分析 失眠所致后果与睡眠障碍、日间功能呈负相关($r = -0.131, -0.135$); 对睡眠的担忧与睡眠质量、入睡时间、睡眠时间、睡眠效率、催眠药物、日间功能、PSQI总分呈负相关($r = -0.359, -0.228, -0.312, -0.224, -0.152, -0.221, -0.376$); 对睡眠的期望与睡眠效率、日间功能呈负相关($r = -0.103, -0.153$); 药物与睡眠质量、入睡时间、睡眠时间、催眠药物、PSQI总分呈负相关($r = -0.167, -0.142, -0.119, -0.434, -0.211$); DBAS-16总分与睡眠障碍的7个维度及PSQI总分均呈负相关(表2).

3 讨论

脑-肠之间存在着一个复杂的神经-内分泌网络, 即脑肠轴, 其是连接胃肠道和中枢神经系统的双向调节轴^[9]. 众多学者对脑肠轴研究最多的消化系统疾病是功能性消化不良, 肠易激综合症等^[10], 但对便秘通过脑肠轴研究报道较少. 因此, 本研究根据脑肠轴学说理论对慢性FC患者的睡眠质量进行研究, 结果表明, 老年FC患者均在一定程度的睡眠障碍, 与常模比较, 老年FC患者入睡时间、睡眠时间、睡眠效率、睡眠障碍、日间功能及PSQI总分等均升高($P<0.05$), 而睡眠质量及催眠药物的使用评分均低于常模($P<0.05$). 由此说明, 老年FC患者睡眠质量问题形势严峻, 不容乐观. 所以, 在日常工作中, 医护人员要提高对老年FC患者睡眠质量的关注度, 提高患者对睡眠问题的正确认知, 及时针对存在的睡眠问题采取合理的干预措施.

本研究结果表明, 老年FC患者DBAS-16总分为48.12分±8.69分. 采用DBAS-16量表评估老年FC患者对睡眠的认知能力, 主要从对睡眠的期望, 对失眠所致后果的认知, 对睡眠的担忧以及对于睡眠药物的看法等方面进行, 尤其是后2个方面. 对睡眠的担忧与睡眠质量、入睡时间、睡眠时间、睡眠效率、催眠药物、日间功能、PSQI总分呈负相关; 对药物的看法与睡眠质量、入睡时间、睡眠时间、催眠药物、PSQI总分呈负相关. 国外有学者研究表明^[11,12], 对睡眠的担忧和睡眠质量呈现双向的影响作用, 负向认知会增加老年FC患者的负面情绪, 加重睡眠障碍. 对睡眠的担忧既是引起失眠的诱因, 也是加重短暂性失眠的主要因素, 长时间的担忧将导致患者顽固性失眠^[13]. 因此转移患者对夜间睡眠担忧的注意力可能是改善睡眠质量的一种有效方法. 对于睡眠药物的看法, 老年FC患者为了白天保持清醒并

表 1 老年功能性便秘患者住院睡眠质量情况分析(mean ± SD)

项目	睡眠质量	入睡时间	睡眠时间	睡眠效率	睡眠障碍	催眠药物	日间功能	总分
患者	1.09 ± 0.67	1.24 ± 0.78	1.21 ± 0.65	1.25 ± 0.84	1.49 ± 0.54	0.21 ± 0.08	1.55 ± 0.48	7.98 ± 2.03
常模	1.27 ± 0.65	1.07 ± 0.58	0.85 ± 0.37	0.73 ± 0.26	1.02 ± 0.43	0.32 ± 0.12	1.12 ± 0.43	6.27 ± 1.96
t值	-2.675	2.754	6.476	8.265	14.353	-3.276	7.281	7.029
P值	0.005	0.006	<0.01	<0.01	<0.01	0.064	<0.01	<0.01

表 2 老年功能性便秘患者睡眠质量与睡眠信念和态度的相关性分析

项目	失眠所致后果	对睡眠的担忧	对睡眠的期望	药物	DBAS-16总分
睡眠质量	-0.045	-0.359 ^b	0.064	-0.167 ^b	-0.215 ^b
入睡时间	-0.032	-0.228 ^b	0.088	-0.142 ^b	-0.142 ^b
睡眠时间	-0.043	-0.312 ^b	0.062	-0.119 ^a	-0.169 ^b
睡眠效率	-0.036	-0.224 ^b	-0.103 ^a	-0.092	-0.118 ^a
睡眠障碍	-0.131 ^a	-0.096	-0.027	0.006	-0.116 ^a
催眠药物	-0.001	-0.152 ^b	0.054	-0.432 ^b	-0.178 ^b
日间功能	-0.135 ^b	-0.221 ^b	-0.153 ^b	-0.013	-0.213 ^b
PSQI总分	-0.087	-0.376 ^b	0.046	-0.211 ^b	-0.258 ^b

^aP<0.05, ^bP<0.01. DBAS-16: 睡眠信念与态度量表; PSQI: 匹兹堡睡眠质量指数.

状态良好, 相信服用安眠药后能带来的益处, 是一种主管错误. 国外学者研究表明^[14], 长期滥用和突然停用安眠药会加重失眠, 严重者可能会产生药物依赖性, 甚至导致抑郁症等, 严重影响患者生活质量. 睡眠信念与态度对患者睡眠质量影响较大($P<0.05$). 国外有学者研究表明^[15], 提高患者对睡眠的认知干预能有效提高睡眠效率, 延长睡眠时间, 改善睡眠质量, 可见睡眠认知与睡眠质量密切相关. 所以对老年FC患者采取睡眠知识的强化意识能有效促进健康睡眠, 改善睡眠质量. 除此, 医护人员要正确评估患者的睡眠情况, 包括用药史, 对药物的错误看法等, 帮助患者建立正确的对睡眠药物的认知, 从而改善睡眠质量.

综上所述, 健康睡眠对老年FC患者尤为重要, 老年FC患者的睡眠质量与睡眠信念及态度具有相关性, 对睡眠担忧和对睡眠药物的看法是影响患者睡眠质量的重要认知. 医护人员应增强老年FC患者对睡眠信念及态度的意识, 提高睡眠认知, 改善睡眠质量.

文章亮点

实验背景

慢性功能性便秘(functional constipation, FC)严重影响老年人的生活健康, 睡眠对人体健康有着重要作用. 脑肠轴学说的兴起备受广大医护人员的热点关注, 目前很少有学者探索睡眠认知对老年FC患者睡眠质量的影响.

因此, 对老年FC患者睡眠质量与其睡眠认知的相关性进行探讨分析具有重要意义.

实验动机

探讨老年慢性FC患者睡眠质量与睡眠信念及态度的相关性, 以为临床治疗提供参考价值.

实验目标

探讨老年慢性FC患者睡眠质量与睡眠信念及态度的相关性.

实验方法

对老年FC患者采用匹兹堡睡眠质量指数(pittsburgh sleep quality index, PSQI)量表, 睡眠信念与态度量表(dysfunctional beliefs and attitudes about sleep scale-16, DBAS-16)进行调查.

实验结果

老年FC患者入睡时间, 睡眠时间, 睡眠效率, 睡眠障碍, 日间功能及PSQI总分等均升高($P<0.05$), 而睡眠质量及催眠药物的使用评分均降低($P<0.05$). 老年FC患者DBAS-16总分为48.12分±8.69分. 失眠所致后果与睡眠障碍, 日间功能呈负相关; 对睡眠的担忧与睡眠质量, 入睡时间, 睡眠时间, 睡眠效率, 催眠药物, 日间功能, PSQI总分呈负相关; 对睡眠的期望与睡眠效率, 日间功能呈

负相关; 药物与睡眠质量, 入睡时间, 睡眠时间, 催眠药物, PSQI总分呈负相关; DBAS-16总分与睡眠障碍的7个维度及PSQI总分均呈负相关.

实验结论

老年慢性FC患者的睡眠质量与睡眠信念及态度具有相关性, 医护人员应增强老年FC患者对睡眠信念及态度的意识, 提高睡眠认知, 改善睡眠质量.

展望前景

医护人员应增强老年FC患者对睡眠信念及态度的意识, 提高睡眠认知, 改善睡眠质量.

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