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基于脑-肠轴学说探讨老年功能性消化不良患者睡眠障碍对焦虑抑郁和下消化道症状影响

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Evaluation of effects of sleep disorders on anxiety, depression, and lower gastrointestinal symptoms in elderly patients with functional dyspepsia based on brain-intestinal axis theory

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Abstract

BACKGROUND

Functional dyspepsia (FD) is a common disease in elder-

ly patients, which is prone to relapse and seriously affects the physical and mental health of patients. Brain-intestinal interaction disorder is the main cause of FD, and most of FD patients are accompanied by different degrees of sleep disorders, anxiety, depression, and other negative psychology. At present, there are few studies on sleep disorders, anxiety, depression, and lower gastrointestinal symptoms in elderly FD patients.

AIM

To investigate the effects of sleep disorders on anxiety, depression, and lower gastrointestinal symptoms in elderly patients with FD based on the brain-intestinal axis theory.

METHODS

A total of 236 elderly patients with FD diagnosed based on the Roman IV criteria at our hospital from February 2017 to September 2019 were included in this study. Different scales were used to evaluate digestive tract symptom severity, sleep quality, and anxiety and depression.

RESULTS

Among 214 elderly FD patients, 103 (48.13%) had sleep disorders and 182 (85.05%) had anxiety and depression. In elderly FD patients with sleep disorders, the incidences of lower abdominal pain, abdominal discomfort, sheep dung-like or hard feces, difficulty in defecation, feeling of incomplete defecation, and urgent need for defecation were 35.92%, 33.98%, 21.36%, 32.04%, 43.69%, and 27.18%, respectively, all of which were significantly higher those of elderly FD patients with no sleep disorder ($P < 0.05$). The self-rating anxiety scale score of elderly FD patients with sleep disorders was 65.34 ± 7.29 and the self-rating depression scale score was 66.17 ± 8.26 , both of which were significantly higher than those of elderly FD

patients without sleep disorders ($P < 0.05$).

CONCLUSION

Sleep disorders, anxiety, and depression are often present in elderly FD patients, and sleep disorders are closely related to lower gastrointestinal symptoms in elderly FD patients.

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Key Words: Elderly; Functional dyspepsia; Sleep disorders; Anxiety; Depression; Lower gastrointestinal symptoms

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摘要

背景

功能性消化不良(functional dyspepsia, FD)是老年患者常见疾病之一,病情容易反复,严重影响患者身心健康。肠-脑互动异常是FD发病主要病因,大多伴有不同程度的睡眠障碍和焦虑、抑郁等负面心理。目前,对于老年FD患者与睡眠障碍和焦虑抑郁、下消化道症状的研究报道较少。

目的

基于脑-肠轴学说探讨观察老年FD患者睡眠障碍对焦虑抑郁和下消化道症状影响分析。

方法

选择2017-02/2019-09在我院就诊的236例老年FD患者为研究对象,课题负责人发放量表,对符合罗马IV标准的老年FD患者进行调查,评估其下消化道症状严重程度,睡眠质量和焦虑和抑郁评分变化情况。

结果

214例老年FD患者中存在睡眠障碍者103例(48.13%),存在焦虑、抑郁者182例(85.05%)。有睡眠障碍老年FD患者的下腹痛发生率为35.92%,下腹不适(非疼痛)发生率为33.98%、羊粪样或硬便发生率为21.36%、用劲排便发生率为32.04%、排便不尽感发生率为43.69%和便急感的发生率为27.18%,均高于无睡眠障碍老年FD患者,差异比较均有统计学意义($P < 0.05$)。有睡眠障碍的老年FD睡眠障碍患者焦虑自评量表评分为65.34分 \pm 7.29分,抑郁自评量表评分为66.17分 \pm 8.26分,均高于无睡眠障碍的老年FD患者($P < 0.05$)。

结论

老年FD患者常同时存在睡眠障碍与焦虑、抑郁,睡

眠障碍与老年FD患者的下消化道症状关系密切。

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关键词: 老年; 功能性消化不良; 睡眠障碍; 焦虑; 抑郁; 下消化道症状

核心提要: 功能性消化不良(functional dyspepsia, FD)发病率较高,病情容易反复,严重影响患者身心健康在临床上除了有上腹胀、早饱感等症状外,大多伴有不同程度的睡眠障碍和焦虑、抑郁等负面心理。本研究对老年FD患者的睡眠情况和焦虑抑郁、下消化道症状关系进行调查分析。

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0 引言

功能性消化不良(functional dyspepsia, FD)是老年患者常见疾病之一,由生物、精神心理及社会等因素共同作用引起,发病率较高,病情容易反复,严重影响患者身心健康。有研究表明^[1,2],肠-脑互动异常是FD发病主要病因,在临床上除了有上腹胀、早饱感等症状外,大多伴有不同程度的睡眠障碍和焦虑、抑郁等负面心理。目前,对于老年FD患者与睡眠障碍和焦虑抑郁、下消化道症状的研究报道较少。本研究对在我院就诊的老年FD患者的睡眠情况和焦虑抑郁、下消化道症状关系进行调查。现报告如下。

1 材料和方法

1.1 材料 选择2017-02/2019-09在浙江省金华市第二医院就诊的236例老年FD患者为研究对象,住院170例,门诊66例。其中男性152例,女性84例;年龄61-76岁,平均67.8岁 \pm 8.4岁;病程1-8年,平均4.7年 \pm 2.3年。纳入标准:(1)诊断均符合罗马IV功能性消化不良标准;(2)性别不限;(3)年龄 >60 岁,意识清晰,能正常交流者;(4)无报警症状,如进行性吞咽困难,呕血等;(5)均经过患者知情同意;(6)均经过医院伦理委员会批准同意者。排除标准:(1)消化系统有器质性病变者,如消化性溃疡、胃恶性肿瘤、炎症性病变者;(2)有精神系统或神经系统疾病者;(3)有严重心肝肾疾病、甲亢和慢性病长期卧床者;(4)有意识障碍,或语言沟通障碍及严重强迫症者;(5)文盲者或对调查问卷不能完全理解者;(6)腹部有手术

史者, 如阑尾炎或妇科手术者; (7)近1 mo内服用过治疗FD、睡眠障碍、焦虑抑郁药物者; (8)有吸烟饮酒史者。

1.2 方法 课题负责人采用下消化道症状严重程度分级量表、睡眠质量评估量表及焦虑、抑郁量表作为研究工具, 并发放量表, 所有调查员均接受过培训, 能辅导患者认真填写量表, 以提高调查准确性。在调查量表前认真细心向患者讲解研究目的, 注意事项等, 要求患者24 h内完成, 并回收量表。(1)下消化道症状严重程度分级: 选取下腹痛, 下腹不适(非疼痛), 羊粪样或硬便, 用劲排便, 稀(软)便或水样便, 排便不尽感, 便急感, 每周排便<3次, 每周排便≥3次这9种常见下消化道症状进行分析^[3]; (2)睡眠质量评估: 采用匹兹堡睡眠质量指数(pittsburgh sleep quality index, PSQI)量表^[4], 该量表由睡眠质量, 入睡时间, 睡眠时间, 睡眠效率, 睡眠障碍, 催眠药物, 日间功能障碍等7个因子组成, 每个因子由轻到重按0至3级分别计0-3分, 总分为21分。PSQI量表分数≥8分表示存在睡眠紊乱, 分值越高睡眠质量越差; (3)焦虑、抑郁量表 采用焦虑自评量表(self-rating anxiety scale, SAS)和抑郁自评量表(self-rating depression scale, SDS)^[5]评定, 共20个条目, 每个条目按程度由轻到重分1-4级评分。所有条目的各项分数累加为总分, 然后求平均值即为最终得分。最终得分≥50分为伴发抑郁或焦虑, 分数越高抑郁或焦虑症状越严重。SDS与SAS重测信度系数>0.8。

统计学处理 采用SPSS 23.0软件分析数据。计量资料以 $\text{mean} \pm \text{SD}$ 表示, 采用 t 检验; 计数资料以百分比(%)表示, 采用 χ^2 检验。 $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 有效问卷调查结果分析 本研究共发放问卷236份, 回收有效问卷214份, 问卷有效回收率90.68%。

2.2 老年FD患者睡眠障碍、焦虑和抑郁情况 214例老年FD患者中存在睡眠障碍者103例(48.13%), 存在焦虑、抑郁者182例(85.05%)(表1)。

2.3 有和无睡眠障碍老年FD患者下消化道症状比较 有睡眠障碍老年FD患者的下腹痛发生率为35.92%, 下腹不适(非疼痛)发生率为33.98%、羊粪样或硬便发生率为21.36%、用劲排便发生率为32.04%、排便不尽感发生率为43.69%和便急感的发生率为27.18%, 均高于无睡眠障碍老年FD患者, 差异比较均有统计学意义($P < 0.05$)(表2)。

2.4 有和无睡眠障碍老年FD患者焦虑、抑郁评分比较 有睡眠障碍的老年FD睡眠障碍患者SAS评分为65.34分 \pm 7.29分, SDS评分为66.17分 \pm 8.26分, 均高于无睡眠障碍的老年FD患者($P < 0.05$)(表3)。

3 讨论

近年来, 随着生活节奏的加快和饮食结构的变化, 老年FD患者发病率呈上升趋势, 严重影响患者身心健康和生活质量。FD除疾病自身临床表现外, 多伴有不同程度的睡眠质量下降, 但其机制尚未阐明。有研究表明^[6,7], FD患者胃肠运动功能异常, 使中枢神经系统处于兴奋状态, 继而引起睡眠障碍。FD症状复杂多样, 影像学或生化指标无异常表现, 而且多伴随焦虑、抑郁等负面情绪。国外有学者研究表明^[8,9], 睡眠障碍可能是FD发病机制之一。还有学者研究表明^[10-12], FD患者的睡眠障碍和临床症状存在相关性。但目前针对老年FD患者睡眠障碍和焦虑、抑郁负面情绪报道较少。

基于脑-肠轴学说理论, 本研究结果表明, 有睡眠障碍老年FD患者的下腹痛、下腹不适(非疼痛)、羊粪样或硬便、用劲排便、排便不尽感和便急感的发生率均高于无睡眠障碍老年FD患者($P < 0.05$)。由此可见, 睡眠障碍的FD患者下消化道症状表现明显, 并可推测, 睡眠障碍可能是胃肠动力异常的主要因素^[13,14], 即睡眠障碍抑制了胃肠蠕动功能, 但具体机制尚未阐明。本研究中, 214例老年FD患者中存在睡眠障碍者为48.13%, 存在焦虑、抑郁者为85.05%。这可能一方面与FD不适症状影响患者睡眠质量, 另一方面伴随的焦虑、抑郁也影响患者睡眠质量的下降^[15]。本研究表明有睡眠障碍的老年FD睡眠障碍患者SAS评分、SDS评分均高于无睡眠障碍的老年FD患者($P < 0.05$)。可见, 睡眠障碍、精神心理异常和FD症状之间相互影响。

本研究结果表明, 睡眠障碍与老年FD患者下消化道症状以及焦虑、抑郁间存在密切关系, 但有一定不足之处: (1)单中心研究; (2)纳入对象为老年患者; (3)样本量相对少。今后研究内容将会进行多中心研究, 将纳入对象范围扩大, 不仅仅限于老年患者, 增加样本量以减少统计偏倚。综上所述, 睡眠障碍与焦虑、抑郁在老年FD患者中常同时存在, 睡眠障碍与老年FD患者的下消化道症状关系密切, 及时识别并处理睡眠障碍和焦虑、抑郁是对FD治疗的新思考。

文章亮点

实验背景

功能性消化不良(functional dyspepsia, FD)是老年患者常见疾病之一, 病情容易反复, 严重影响患者身心健康。肠-脑互动异常是FD发病主要病因, 大多伴有不同程度的睡眠障碍和焦虑、抑郁等负面心理。

实验动机

基于脑-肠轴学说探讨观察老年FD患者睡眠障碍对焦

表 1 老年功能性消化不良患者睡眠障碍、焦虑和抑郁情况

老年功能性消化不良患者	例数	百分比(%)
睡眠障碍、焦虑、抑郁	79	36.92
睡眠障碍、焦虑	13	6.07
睡眠障碍、抑郁	11	5.14
焦虑、抑郁	79	36.92
无睡眠障碍、焦虑、抑郁	32	14.95

表 2 有和无睡眠障碍老年功能性消化不良患者下消化道症状的比较, n (%)

组别	n	下腹痛	下腹不适 (非疼痛)	羊粪样或硬便	用劲排便	稀(软)便或 水样便	排便不尽感	便急感	每周排便 <3次	每周排便 ≥3次
有睡眠障碍的 FD患者	103	37 (35.92)	35 (33.98)	22 (21.36)	33 (32.04)	32 (31.07)	45 (43.69)	28 (27.18)	13 (12.62)	10 (9.71)
无睡眠障碍的 FD患者	111	24 (21.62)	31 (27.93)	12 (10.81)	21 (18.92)	29 (26.13)	30 (27.03)	23 (20.72)	12 (10.81)	11 (9.90)
χ^2 值		12.368	3.672	7.382	5.937	2.038	6.893	4.672	2.063	2.783
P 值		<0.05	<0.05	<0.05	<0.05	0.112	<0.05	<0.05	0.058	0.122

FD: 功能性消化不良.

表 3 有和无睡眠障碍老年功能性消化不良患者焦虑、抑郁评分比较(mean \pm SD)

组别	n	SAS评分	SDS评分
有睡眠障碍的FD患者	103	65.34 \pm 7.29	66.17 \pm 8.26
无睡眠障碍的FD患者	32	54.82 \pm 6.65	53.74 \pm 7.38
t 值		3.876	4.927
P 值		<0.05	<0.05

FD: 功能性消化不良; SAS: 焦虑自评量表; SDS: 抑郁自评量表.

虑抑郁和下消化道症状影响分析.

实验目标

旨在探讨老年FD患者睡眠障碍对焦虑抑郁和下消化道症状影响分析.

实验方法

对老年FD患者进行调查, 评估其下消化道症状严重程度, 睡眠质量和焦虑和抑郁评分变化情况.

实验结果

老年FD患者中存在睡眠障碍者48.13%, 存在焦虑、抑郁者85.05%. 有睡眠障碍老年FD患者的下腹痛发生率为35.92%, 下腹不适发生率为33.98%、羊粪样或硬便发生率为21.36%、用劲排便发生率为32.04%、排便不尽感发生率为43.69%和便急感的发生率为

27.18% ($P < 0.05$). 有睡眠障碍的老年FD睡眠障碍患者焦虑自评量表和抑郁自评量表评分均高于无睡眠障碍的老年FD患者 ($P < 0.05$).

实验结论

老年FD患者常同时存在睡眠障碍与焦虑、抑郁、睡眠障碍与老年FD患者的下消化道症状关系密切.

展望前景

关注老年FD患者睡眠障碍和焦虑、抑郁是值得研究的临床课题.

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