·临床研究·

抑郁障碍对帕金森病患者生活质量的影响

王环宇

【摘要】 分别采用抑郁自评量表和36条简明健康状况调查表评价100例原发性帕金森病患者的抑郁障碍和生活质量，结果显示，除生理职能差异无统计学意义外（$P>0.05$），生理功能（$P=0.001$）、情感（$P=0.000$）、社会功能（$P=0.007$）、躯体疼痛（$P=0.000$）、精力（$P=0.000$）、精神健康（$P=0.000$）、一般健康（$P=0.004$）和总评分（$P=0.000$）差异均有统计学意义。提示抑郁障碍可以降低帕金森病患者的生活质量。

【关键词】 帕金森病； 抑郁； 生活质量

Effect of depression on patients with Parkinson´s disease

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【Abstract】 To investigate depressive symptoms and quality of life in 100 patients with idiopathic Parkinson´s disease (PD) by using Self-Rating Depression Scale (SDS) and Medical Outcomes Study 36-Item Short - Form Healthy Survey (SF - 36). Physiological role had no significant difference ($P > 0.05$), while physiological function ($P = 0.001$), emotions ($P = 0.000$), social function ($P = 0.007$), body pain ($P = 0.000$), energy ($P = 0.000$), mental health ($P = 0.000$), general health ($P = 0.004$) and total score ($P = 0.000$) had statistically significant difference in PD patients with different degrees of depressive symptoms. The study indicates that depressive symptoms may impact the quality of life in PD patients.

【Key words】 Parkinson disease; Depression; Quality of life

帕金森病（PD）是临床常见的神经变性病，好发于老年人，平均发病年龄60岁，40岁以下者少见。帕金森病除运动症状外，常伴神经精神症状，可加重运动障碍，严重时可影响患者生活质量。本研究回顾分析2009年10月–2014年5月在河北省宣化钢铁公司职工医院诊断与治疗的100例帕金森病伴抑郁障碍患者的临床资料，以探讨抑郁障碍对帕金森病患者生活质量的影响。

对象与方法

一、研究对象

1. 帕金森病组（PD组） 100例原发性帕金森病患者均符合英国帕金森病学会脑库帕金森病临床诊断标准[1]，排除特发性震颤，脑血管病、中枢神经系统感染、中毒、颅脑创伤（TBI）等导致的继发性帕金森综合征，多系统萎缩（MSA）、进行性核上性麻痹（PSP）等帕金森叠加综合征，痴呆或精神障碍[2]。男性46例，女性54例；年龄49～81岁，平均（64.62±12.47）岁；病程1～4年，平均（2.14±1.03）年；抑郁自评量表（SDS）评分29～61分，平均为（48.36±7.36）分；36条简明健康状况调查表（SF-36）评分为53～139分，平均为（86.96±19.49）分。

2. 正常对照组（对照组） 选择同期在我院进行体格检查的健康志愿者共100例，男性43例，女性57例；年龄50～86岁，平均（67.16±12.03）岁；SDS评分11～43分，平均（28.42±7.57）分。

两组受试者性别和年龄比较，差异均无统计学意义（均$P>0.05$，表1），均衡可比。

二、研究方法

1. 量表评价 所有受试者均采用SDS量表和SF-36量表评价抑郁障碍和生活质量。（1）SDS量表：包括20项条目，评分0～52分为正常、53～62分为轻

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表1 PD组与对照组受试者临床资料的比较

Table 1. Comparison of clinical data between PD group and control group

Group	N	Sex [case (%)]		Age ($\bar{x} \pm s$, year)	SDS ($\bar{x} \pm s$, score)
		Male	Female		
Control	100	43 (43.00)	57 (57.00)	67.16 ± 12.03	28.42 ± 7.57
PD	100	46 (46.00)	54 (54.00)	64.62 ± 12.47	48.36 ± 7.36
χ^2 or t value		0.182		8.477	15.770
P value		0.669		0.913	0.000

χ^2 test for comparison of sex and two - independent - sample t test for comparison of age and SDS。PD, Parkinson's disease, 帕金森病; SDS, Self-Rating Depression Scale, 抑郁自评量表

表2 不同程度抑郁障碍亚组患者生活质量的比较($\bar{x} \pm s$, 评分)

Table 2. Comparison of the life quality of PD patients with different degrees of depressive symptoms ($\bar{x} \pm s$, score)

Item	Mild depression (N = 20)	Medium depression (N = 28)	Severe depression (N = 52)	F value	P value
Physiological function	21.90 ± 5.20	23.29 ± 5.21	17.96 ± 6.96	7.630	0.001
Physiological role	5.00 ± 1.38	5.07 ± 1.46	4.81 ± 1.48	0.336	0.716
Emotion	5.50 ± 0.95	4.21 ± 1.40	4.00 ± 1.37	9.754	0.000
Social function	7.00 ± 1.30	6.29 ± 2.36	5.27 ± 2.34	5.173	0.007
Body pain	5.50 ± 0.83	4.36 ± 0.91	3.62 ± 1.05	27.631	0.000
Energy	16.70 ± 2.47	15.79 ± 3.95	13.00 ± 3.85	9.755	0.000
Mental health	20.10 ± 3.77	21.36 ± 3.58	17.88 ± 3.83	8.363	0.000
General health	14.70 ± 2.90	14.64 ± 4.47	12.46 ± 2.46	5.844	0.004
Total score	96.40 ± 14.90	95.00 ± 19.87	79.00 ± 17.62	10.874	0.000

度抑郁、63～72分为中度抑郁、72～100分为重度抑郁，评分越高、抑郁障碍越严重。(2)SF-36量表：包括生理功能、生理职能、情感、社会功能、躯体疼痛、精力、精神健康、一般健康共8个维度，每一维度0～100分，评分越高、生活质量越佳。

2. 统计分析方法　采用SPSS 13.0统计软件进行数据处理与分析。计数资料以相对数构成比(%)或率(%)表示，采用χ^2检验；计量资料以均数±标准差($\bar{x} \pm s$)表示，采用两独立样本的t检验。以$P \leqslant 0.05$为差异具有统计学意义。

结　果

PD组患者SDS评分高于对照组且差异有统计学意义($P = 0.000$，表1)，表明帕金森病患者存在抑郁症状。根据SDS评分，进一步将帕金森病患者分为轻度抑郁亚组、中度抑郁亚组和重度抑郁亚组，不同程度抑郁障碍亚组患者除生理职能差异无统计学意义外($P > 0.05$)，生理功能($P = 0.001$)、情感($P = 0.000$)、社会功能($P = 0.007$)、躯体疼痛($P = 0.000$)、精力($P = 0.000$)、精神健康($P = 0.000$)、一般健康($P = 0.004$)和总评分($P = 0.000$)差异均有统计学意义(表2)。

讨　论

帕金森病是临床常见的中枢神经系统变性病，自1817年英国医师Parkinson首次正式报告“震颤麻痹”以来，帕金森病作为一种独立疾病被人们认识至今已达200多年[3]，许多学者从基础到临床各个角度对本病进行探索，在病因学、病理学、生物化学、发病机制、临床表现、诊断与治疗等诸多领域取得一系列重要进展[4]。

近年来，越来越多的学者开始关注帕金森病非运动症状(NMS)，而抑郁、焦虑和睡眠障碍更是非运动症状中研究较多的症状[5]。抑郁症状不仅影响帕金森病患者健康状况，加重家庭和社会负担，而且严重影响患者生活质量。国外文献报道，帕金森病患者抑郁症发病率为2.7%～90.0%[6]。我国帕金森病患者抑郁症发病率较高，达72.8%[7]，可以从以下方面解释：首先是患者对疾病的担忧。帕金森病是一种进行性加重且无法治愈的疾病，患者对治疗期间的疗效和预后较为担心，常因过度担心而造成情绪低落、紧张等[8]。其次，帕金森病治疗后期药物价格昂贵且需终身服药，部分患者迫于经济压力难以承受；再次，家庭负担，国人家庭观念较重，尤其注重自己对家庭的付出和承担的责任，患病后因为劳动能力甚至生活自理能力下降或丧失，使很多患者感觉丧失自我价值，成为负担，易出现焦虑和抑郁障碍；最后，国内对帕金森病患者的心理问题普遍重视不够[9]。

对于大多数帕金森病患者而言，早期有效治疗可以在很大程度上缓解抑郁症状，进而改善生活质量[10-11]。因此，在临床实际工作中，应加强对帕金森病患者所伴随的抑郁症状进行识别，并予以正确合理的心理治疗、物理治疗和药物治疗[12]。

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Animal Models of Neurodevelopmental Disorders published

Animal Models of Neurodevelopmental Disorders (ISBN: 978-1-4939-2708-1, eBook ISBN: 978-1-4939-2709-8) was published by Humana Press in September 2015. The editor of this book is Jerome Yager, Division of Pediatric Neurology, University of Alberta.

Providing a spectrum of models that is reflective of the various species that can be utilized in experimentation on disorders across a broad range of developmental disabilities, this volume collects expert contributions involved in investigation of the causes, outcomes, treatment, and prevention. *Animal Models of Neurodevelopmental Disorders* explores models of perinatal hypoxia-ischemia/cerebral palsy and stroke, autism spectrum disorder, fetal alcohol syndrome, as well as mental retardation. Practical and authoritative, *Animal Models of Neurodevelopmental Disorders* serves to introduce and entice those interested in better understanding and treating these disorders to the vital animal model world of investigation.

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Cellular Therapy for Stroke and CNS Injuries (ISBN: 978-3-319-11480-4, eBook ISBN: 978-3-319-11481-1) was published by Springer International Publishing in 2015. The editors of this book are Li-Ru Zhao (Department of Neurosurgery, State University of New York Upstate Medical College) and John H. Zhang (Department of Physiology, Loma Linda University School of Medicine).

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