

呼吸器依賴患者的生活功能及生活品質

Functional Status and Quality of Life in Ventilator-Dependent Patients

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摘要

目的：本研究在評估呼吸器依賴患者之生活功能程度及生活品質，並測試所選用量表之再測信度及關聯性。方法：訪查一所醫學中心、一所區域醫院和一所地區醫院附設之呼吸照護病房的呼吸器依賴病患。取得意識清楚、昏迷指數10分（因皆為氣切患者）、能夠受訪且同意的呼吸器依賴病患共29名，參與本研究。除記錄病患基本資料、疾病分類、呼吸器使用天數及形式之外，並進行生活功能及生活品質量表之調查和一週內之再測信度測試。生活功能評估是採用巴氏量表及功能獨立自主量表，生活品質評量則採用健康生活品質量表(SF=36)。再測信度是以完成第二次評估之病患做為樣本分析。結果：29位病患平均年齡為 73.5 ± 11.5 歲，其中大於70歲者佔70%，呼吸器使用半年以上者佔45%，主要診斷為慢性阻塞型肺疾者（佔52%）。病人之巴氏量表平均得分 2.1 ± 3.9 分、功能獨立自主量表動作和認知領域平均分別為 20.4 ± 14.6 與 18.6 ± 6.3 分，生活品質量表之身體、心智範疇平均分別為 21.5 ± 7.6 與 42.0 ± 10.3 分。病患之生活功能及生活品質無論是以年齡、疾病診斷或呼吸器使用天數來分類，組間均無明顯差異。巴氏量表、功能獨立自主量表與生活品質量表之內在等級相關係數(ICC)分別為0.995、0.926-1.000、與0.874-1.000。巴氏與功能獨立自主量表之動作領域得分和總分呈顯著相關，r值分別為0.877及0.729($p < 0.001$)，生活品質與任一生活功能量表得分無明顯相關。結論：本研究發現長期依賴呼吸器病患之生活功能和生活品質得分均低，應加關切和治療，予以提升。以不同年齡、疾病診斷及呼吸器使用天數分組，其組間之生活功能或生活品質均無顯著差異。巴氏量表、功能獨立自主量表和生活品質量表應用於呼吸器依賴患者之再測信度均高，而這些病人之生活功能和生活品質量表得分之間無顯著相關。

Abstract

Purposes: In the present study, we evaluated the functional status and quality of life(QOL) in ventilator-dependent patients using standardized measurement tools. The reliability of these tools and relationships between them were also examined. Methods: Twenty-nine ventilator-dependent patients with clear consciousness at three respiratory care settings(respiratory care center, general wards of a medical center and a regional hospital, and respiratory care

ward of a local hospital) were interviewed. Measurement tools employed in the interview process included the Barthel Index (BI) and Functional Independence Measure (FIM) for functional status measurement, and Short-Form 36 Items Health Survey (SF-36) for generic QOL assessments. Eighteen patients were interviewed twice in one-week period to measure the test-retest reliability. Results: The average age of the subjects was 73.5 ± 11.5 years. Seventy percent of the patients were over 70 years old, 45% of them had been using ventilator for more than half a year, and 52% of them had a chronic obstructive pulmonary disease (COPD). The results were as follows: The mean BI score was 2.1 ± 3.9 . The mean scores on the motor and cognitive domains of the FIM were 20.4 ± 14.6 and 18.6 ± 6.3 , respectively. The mean scores on the physical and mental domains of the SF-36 were 21.5 ± 7.6 and 42.0 ± 10.3 , respectively. Scores on FIM and SF-36 were not significantly different across groups categorized by age, diagnosis, or duration on mechanical ventilator. The intra-class correlation coefficient (ICC) was 0.995 for BI, 0.926 to 1.000 for FIM, and 0.874 to 1.000 for SF-36. The BI scores correlated significantly ($p < 0.001$) with FIM scores in motor domain ($r = 0.877$) and total scores ($r = 0.729$). No correlation was found between functional status measurements and QOL scores. Conclusion: This study was the first attempt to measure the functional status and QOL of ventilator-dependent patients in Taiwan. Their average scores of the functional status and QOL were relatively low, and were not associated with age, diagnosis, or duration on ventilator. Good test-retest reliability for BI, FIM, and SF-36 instruments was found. There appears no significant relationship between measurements of functional status and QOL in these patients.