癌症病人之止痛藥服藥遵從性與障礙因子及疼痛處理滿意度的相關探討

Relationships of Analgesics Adherence to Patient-Related Barriers and Satisfaction of Pain Management in Cancer Outpatients

中文摘要

疼痛是癌症病人重要的問題，使用止痛劑是緩解癌症疼痛的主要方法，而疼痛處理無效的一個因素正是病人服用止痛劑遵從性差，近年來服藥遵從性漸漸被健康照護者重視，不遵從或不完全遵從，是目前健康照護的一個主要的問題，遵從行爲是一種複雜的行爲，可能包含病人的人口學變項、疾病的時間、生理功能、病人觀念、態度及病人對治療的滿意度。在國外針對研究服藥遵從性已使用信、效度良好的結構性量表，本研究希望使用台灣版 Morisky 服藥遵從性敘述量表有效地評估病人的服藥遵從性，並了解門診癌症疼痛病人的服藥遵從性及影響服藥遵從性的相關因素。

研究方法爲橫斷式研究設計，採用資料分析法進行分析，資料來源爲一大型研究的二次分析，共分析資料 100 人。資料檔案包含病人之個人及疾病基本資料、台灣版 Morisky 服藥遵從性量表、病人台灣版障礙量表、家屬台灣版障礙量表、中文版簡明疼痛量表、APS 疼痛滿意度量表，及 Karnofsky 功能評估量表，資料分析採描述性分析、t 檢定、F 檢定、相關檢定（Pearson correlation）及迴歸分析（regression analyses）。

研究結果顯示門診之癌症疼痛病人服藥遵從性屬低至中度，影響台灣癌症疼痛病人服用止痛藥物遵從性之相關因素，包括病人年齡（$r= .211, p= .035$）、教育程度（$r= .211, p= .035$）、病人止痛藥障礙分數（$r=- .54, p< .001$）、家屬止痛藥障礙分數（$r=- .47, p< .001$）、病人對疼痛處理的滿意度（$r= .49, p< .001$）、平均疼痛程度（$r=- .20, p = .04$）。而病人止痛藥障礙因素及對疼痛處理的滿意度共可解釋 37.5%病人服藥遵從性的變異量，此解釋力達統計上的顯著水準（$p= .01$）；加入家屬止痛藥障礙、平均疼痛程度、年齡、教育程度因素，此六個相關因素可預測 42.4%病人服藥遵從性的變異量。雖然病人的年齡及教育程度是無法改變的，但是若能降低病人對止痛藥的服藥障礙且增加病人對疼痛處理的滿意度，就可以解決 37.5%病人服藥遵從性的問題。故臨床醫護人員應加強癌症疼痛病人止痛藥物服用知識，減少病人錯誤概念，耐心傾聽病人需求增加病人對醫護處理之信任及滿意度，就能增加病人的服藥遵從性，進而減輕病人的疼痛強度。

英文摘要

Pain is one of the major problems faced by cancer patients. Use of analgesics is a major treatment modality in management of cancer pain. Achieving adequate adherence to analgesics regimen is difficult. The most advanced therapeutic regimen with appropriate medicine will fail without patient adherence. Within recent years, non-compliance or the inability to stay in treatment or adhere to a treatment regimen

has been recognized as a major health care problem. Lack of adherence may result from patient-related factors, such as barriers to pain management or satisfaction of pain management.

The purpose of the study was to investigate the level of adherence with analgesics regimen and to explore the predicting factors of adherence with analgesics regimen in a sample of Taiwan cancer patients with pain. The study was part of a large study. A total of 100 patients were used in the analysis. Instrument consisted of the Taiwanese Version of Medication Adherence measure, the Barriers Questionnaire--Taiwan Form (BQT), Brief Pain Inventory-Chinese version (BPI-C), Karnofsky Performance Status (KPS), and a demographic questionnaire. Descriptive analysis, t-test, F-test, Pearson correlation, and multiple regression analysis were used for data analysis.

Results from the study show the level of adherence with analgesics regimen was low. The result of multiple regression analysis show that predictors for analgesics adherence in cancer outpatients with pain were patient-related barriers and satisfaction of pain management ($p= .01$).

The survey may serve the medical personnel and institutions as an important reference for pain management. Decrease of patient-related barriers and improve of satisfaction of pain management will improve analgesics adherence in cancer with pain.