疼痛對門診癌症病人及其家屬之情緒衝擊

The emotional impact of cancer pain on outpatients and their family caregivers

中文摘要

本研究為描述性橫斷性研究，目的在探討疼痛對癌症病人及其家屬情緒衝擊之比較及相關。研究對象以北部三所教學醫院之癌病中心及腫瘤科門診之病患為主。共收集 55 對符合研究條件患有癌痛之病人及家屬，以「簡明疼痛量表」、「情緒狀態量表」收集研究所需之資料，所得資料以平均數、標準差、百分率、paired t-test、pearson correlation、 regression 等統計方法進行資料分析。研究結果得到以下結論：

一、門診病人最劇烈疼痛處於中等程度；病人與家屬雙方在訪談當時的疼痛感受、疼痛緩解感受達顯著差異，家屬顯著對病人的疼痛有較高的感受，且感受病人有較高疼痛緩解效果。而病人與家屬在最劇烈疼痛、平均疼痛、訪談當時疼痛的感受及疼痛對病人影響平均值的感受是有顯著相關的。

二、本研究中門診病人及家屬情緒介於一個輕、中度的困擾狀態。而除了病人顯著較家屬疲倦(fatigue)外，緊張(tension)、生氣(anger)、憂鬱(depression)、活力(vigor)、混亂(confusion)等情緒困擾兩者並無顯著差異。而本研究也顯示病人與家屬的情緒狀態並未呈顯著相關。

三、病人的混亂(confusion)、緊張(tension)、生氣(anger)、憂鬱 (depression)、疲倦(fatigue)及整體情緒與其最輕疼痛及疼痛影響平均值呈現顯著正相關；憂鬱(depression)、疲倦(fatigue)及整體情緒與最劇烈疼痛呈現顯著正相關；緊張(tension)、疲倦(fatigue)、憂鬱(depression)、混亂(confusion) 及整體情緒與平均疼痛呈顯著正相關；疲倦(fatigue)與訪談當時疼痛呈顯著正相關。而家屬對病人的疼痛感受與其本身情緒狀態雖無顯著相關，但對疼痛影響平均值的感受則與其生氣(anger) 、疲倦(fatigue) 呈顯著正相關。

四、病人的疼痛感受能顯著預測其緊張(tension)、混亂(confusion)、疲倦及整體情緒困擾(TMD)，其中最顯著為最輕疼痛程度。家屬對病人的疼痛感受則無法預測其情緒狀態。

五、Woodruff(1993)指出癌痛及情緒困擾會影響病人及家屬的生活品質，而減輕病人因身體上的疼痛所帶來心理情緒方面的困擾，使得病人能詳和、平靜及有尊嚴的面對其生活，是很重要的；故醫療專業人員應重視門診病人的癌痛問題及其所造成病人及家屬的情緒困擾，協助並教導病人日常生活相關處置，且除致力於提昇病人與家屬在癌痛感受上一致性的能力外，家屬並非病人癌痛很好代言人，故應建立居家服務系統藉以提昇癌痛控制成效，以減少雙方情緒困擾程度，以提昇病人及家屬的生活品

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英文摘要

The purpose of this descriptive study was to explore the emotional impact of cancer pain on outpatients and their family caregivers. Subjects were recruited from the oncology outpatient unit of three teaching hospitals in northern Taiwan.

Fifty-five dyads of patients and their family caregivers participated in this study. The instruments used in the study included the “Brief Pain Inventory ” and the “Profile of Mood State”.Data were analyzed by descriptive statistics, paired t-test, pearson correction and regression. The results were as follows:

1. There was significant difference between the pain perception of patients and their family caregivers in pain right now and pain relief. Patients‘ perception of pain was significiantly correlates with the perception of their family caregivers on worst pain, average pain, pain now and pain interference.

2.Both the patient and the family caregivers their emotion are in the state of slight to moderate levels of distress. There was no significant difference on mood states between patients and their family caregivers except for fatigue. The emotional state between patients and family caregiver were not significantly correlated.

3.The emotional state such as confusion, tension, anger, depression, fatigue and total mood disturbance of patients were significant positively related with the least pain, and the average of pain interference. Depression, fatigue, and total mood disturbance were significantly positively related to the worst pain. Tension, fatigue, depression, confusion and total mood disturbance were significantly positively related to the average pain. Fatigue and pain now were significantly positively correlated.

4.The degree of patients‘ pain perception can significantly predict patients’ tension, confusion, fatigue and the total mood disturbance (TMD). Among all the pain degrees, the least pain was the most significant predictors.

5.Therefore, medical professionals have to pay special attention to the problem of outpatient cancer pain and all that can cause the emotional disturbance to his family members. Also, they may need to assist them to handle daily life questions. In this way, patient and family members are capable to acquire a consistent perception to cope with cancer pain. The health team have to establish a home care system so as to increase the efficiency of cancer pain control. Finally, emotional disturbance of patient and family members could be relieved, and the quality of life in this family could be improved.