

男性肝癌病患接受經導管肝動脈栓塞治療 期間疲倦型態及其相關因素之探討

The Pattern of Fatigue and the Correlation Factors on Patients with Hepatocellular Carcinoma Receiving Transcatheter Arterial Embolization

中文摘要

疲倦是接受癌症積極治療時最常經歷的治療副作用，然而目前國內對於疲倦照護之概念仍屬發展階段，因此本研究目的在探討肝癌病患接受經導管肝動脈栓塞治療期間疲倦型態及其生理、心理因素與疲倦之相關性。採縱貫式描述性研究法，以方便取樣選取台北市一所醫學中心之肝癌病患，以症狀困擾量表、醫院焦慮與憂鬱量表、修正之 Piper 疲倦量表進行結構式問卷訪談，訪談時間為治療前一天，以及治療後之第二、四、六天，共訪談 30 位個案；所得資料以描述性分析、相關性分析、重複測量變異數分析 (Repeated Measures ANOVA) 以及逐步迴歸 (Stepwise Regression)、混和式模型變異數分析 (Mixed Model) 等方法分析。研究結果顯示：(1) 治療前後一週內之身體症狀困擾主要為食慾下降、失眠、發燒，而心理因素以焦慮之改變起伏大於憂鬱，且焦慮於治療後第二天達高峰 (2) 栓塞治療前後一週內疲倦之改變型態於治療後第二天達高峰，而後漸減，但仍高於治療前之疲倦程度。(3) 栓塞治療前後一週內疲倦之預測因子隨著時間而有不同，治療前憂鬱與身體症狀困擾可解釋 64% 之變異量；治療後第二天、第四天之焦慮各解釋 61% 及 58% 的變異量；而治療後第六天之焦慮、身體症狀困擾可解釋 62% 的變異量。本研究結果可作為臨床瞭解肝癌病患作栓塞治療後之疲倦型態參考且依據研究結果建議臨床照護時應每日評估治療後病患之焦慮程度，並適時給予衛教以減輕焦慮，減少能量之消耗，避免疲倦之加劇，以提昇病患之生活品質。

英文摘要

Fatigue is one of the major side effects in liver cancer patients receiving Hepatic Arterial Embolization (TAE). However, rare research explore this problem before. The purpose of this study was to explore the changing pattern of fatigue and its related factors in liver cancer patients receiving TAE. A longitudinal correlative design was used to guide the study. Eligible subjects were recruited by purposive sampling from an inpatient ward in a medical center in Taipei. Three research instruments, Revised Piper Fatigue Scale, Symptom Distress Scale, and Hospital Anxiety and Depression Scale, were used to measure the major concepts in this study. Eligible subjects were received four times interview from a day before TAE, and second, fourth, and sixth day after TAE. There were 30 subjects completed the four times interviews. Data were analyzed by descriptive statistics, the repeated measured ANOVA, stepwise regression, and Mixed model. The result indicated that losing

appetite, insomnia, and anxiety were the major physical and psychological distress perceived by patients. The peak level of fatigue was in the second day during TAE treatment and then decreasing by days. However, the fatigue level in the sixth day was still higher than the baseline fatigue level. The predictors of fatigue were different during different days. However, symptom distress and anxiety were the major predictors of fatigues during the process. The results strongly suggested that health care professional should assess and decrease patients' symptom distress and anxiety to decrease patients' fatigue level and increase the quality of care of this population.