

乳癌病患手術後一個月之症狀困擾和情緒狀態之改變及其相關性

Changes of and Relationships Between Symptom Distress and Emotional Status in Breast Cancer Patients Durings the First Month of Post Operation

中文摘要

初診斷乳癌婦女在乳房手術後一個月的治療過程中，不僅需忍受身體之不適，亦常經歷極大的情緒困擾。本研究目的為了解乳癌病患乳房手術後之症狀困擾與情緒狀態，並進一步探討連續四週的改變及其相關性。研究方法為縱貫式探討，採方便取樣，以台北地區二所區域醫院之初診斷乳癌術後之病患為收案對象，分別在術後第二天、第二週、第三週、第四週進行面對面訪談，研究工具包括病人基本資料問卷、症狀困擾量表（SDS）、情緒狀態量表（POMS-SF）等，資料收集自 2001 年 7 月至 10 月，共計 39 位。資料分析以描述性分析、t-test、One-way ANOVA、皮爾森相關分析（Pearson's correlation）、重複測量變異數分析（Repeated Measures ANOVA）檢定。主要研究結果分述如下：

一、症狀困擾程度屬於輕度且總分在第二週開始下降直到第四週，單題部份以食慾、展望在四週內呈上升趨勢；疲憊感、噁心頻率、失眠呈下降後再上升趨勢；疼痛頻率、疼痛程度、咳嗽、胸部緊縮感、手術側手臂受限制、軟弱無力及麻木感在四週內呈下降趨勢。分析年齡、疾病分期和手術方式與症狀困擾有顯著相關與差異，以年輕者、診斷第二改良式手術者之症狀困擾較高。四週中最主要之症狀困擾為：外貌、展望、手臂活動受限制、胸部緊縮感及疼痛頻率，其中以展望及外貌為四週中持續出現最明顯之症狀困擾。

二、情緒狀態亦屬輕度程度，整體情緒得分隨時間逐漸升高，於第四週達最高峰，次量表中以「壓力—焦慮」為四週內最主要且上升最明顯的情緒困擾。分析年齡、婚姻、罹病時間與情緒總分之關係有顯著差異，以年輕、未婚及罹病時間較久者情緒困擾較高；手術方式與「疲倦—懶散」、「憂鬱—沮喪」有顯著差異其中以改良式手術之情緒困擾較高程度、宗教信仰、疾病分期與情緒並無顯著差異。

三、第一週到第四週之症狀困擾總分和情緒總分及情緒次量表之「壓力—焦慮」、「憂鬱—沮喪」、「憤怒—敵意」、「疲倦—懶散」有顯著正相關，亦即症狀困擾愈嚴重，情緒困擾愈明顯。

本研究結果可提供專業人員更多照護訊息，發展適合的護理措施，在病患最需要情緒支持與鼓勵時，協助病患維持最佳的身心調適與生活品質。

英文摘要

Newly diagnosed breast cancer women suffered not only from the symptom distress of body but also of emotion during the treatment process of the first month after breast operation. The purpose of this study was to explore the changes and relationships between symptom distress and emotional status in post-operation breast cancer patients during the four weeks period. A longitudinal method was used, and subjects were recruited using convenience sampling from newly diagnosed breast cancer patients of two regional hospitals in Taipei from July 2001 to October 2001. The research instruments, including patients data questionnaires,

symptom distress scale (SDS) and short form of Profile of Mood states (POMS-SF), were used to obtain data in post-operative day 2, week 2, week 3, and week 4. Thirty-nine patients were participated in this study. Data were analyzed using descriptive statistics, t-test, One-way ANOVA, and repeated measure ANOVA. The results were as following: 1. The symptom distress was at slight level and was significantly reduced from week 2 to week 4. The losing of appetite, anxiety of outlook were increased, frequency of nausea, and feeling of fatigue, insomnia were reduced then increased; frequency and level of pain, cough, tightness of chest, and stretching, weakness and numbness in the arm of the operation side, were reduced in four weeks. Also, age, stage of disease, and type of surgery were all related to symptom distress and have significant difference respectively. The patients of young, stage II, and modified radical mastectomy experienced more symptom distress.

2. The emotional distress was also at slight level, and the total score were increased and reached the peak level at week 4. Tension-anxiety was the most emotional distress of the subscales during this period. There were significant difference between age, marriage, and time of disease related to the total emotional score. The patients of young, single, and more long time of suffered from disease experienced more distress. There were also significant difference between fatigue-inertia, depression-dejection and type of surgery. The patients of modified radical mastectomy had higher emotional distress. 3. The total symptom distress was significantly positive related to total mood distress and subscale, such as tension-anxiety, depression-dejection, anger-hostility, and fatigue-inertia, from week 1 to week 4. In general, the more severe the symptom distress was, the more significant the emotional distress would be.

The results of this study provide more information to medical professionals to develop adaptable nursing interventions when patients need emotional supports and encouragements, and to help patients to maintain the best physical and psychosocial implications and quality of life. therapy.