A preliminary Study of Pain Education and Cognitive Reconstruction Training for Cancer Pain Management

癌痛衛教與認知重建訓練對癌症疼痛控制成效初探

中文摘要

本研究目的是在比較疼痛衛教、疼痛衛教加認知重建訓練與接受一般病房照護對癌痛改善之效果探討。研究設計採類實驗法，於北部某教學醫院腫瘤相關病房選取符案病患共計 39 位，以隨機分派將符案病患分爲實驗組（I）接受疼痛衛教方案（14 人）、實驗組（II）接受疼痛衛教加認知重建訓練方案（13 人）及接受一般病房常規照護的對照組（12 人），實驗組 I 及實驗組 II 進行連續五天之介入性方案措施，研究資料以簡明疼痛量表-台灣版疼痛及麻醉性止痛藥信念量表、情緒狀態量表-簡明版及疼痛負向想法檢視量表收集，利用 SPSS 統計軟體進行描述性統計、配對 t 檢定、單因子變異數分析、重複測試變異數分析評價介入方案的效果。

研究結果發現：（1）衛教組及衛教認知重建組之疼痛強度、疼痛干擾情形、疼痛認知信念、焦慮、憂鬱及疲憊狀況，在研究後均有改善，（2）衛教認知重建訓練組之疼痛自我控制程度增加，而衛教組及控制組則下降，（3）衛教認知重建訓練組之負向想法之在研究後減少，（4）控制組之憂鬱狀況無顯著改變，而焦慮及疲憊狀況則有增加情形。本研究結果顯示，衛教及認知重建訓練可降低病患疼痛強度、疼痛干擾、改善病患疼痛信念、焦慮、憂鬱、疲憊情緒困擾及減少負向想法，使癌症病患獲得更好的疼痛控制。

關鍵字：癌症疼痛、疼痛信念、疼痛干擾、焦慮、憂鬱、疲倦、疼痛衛教、認知重建訓練、疼痛負向想法

英文摘要

The purpose of the study were to compare the effects of pain education, pain education plusing cognitive-reconstruction training, and usual care on cancer patients' pain experiences. Quasi-experimental design was used in the current study. Eligible cancer patients with pain（N=39）, were randomly assigned to three groups, including（1）pain education group, 15 minutes education for 5 consecutive days（Experimental group I, n=14）,（2）pain education plus cognitive reconstruction training for 5 consecutive days（Experimental group II, n=13）,（3）control as usual care（control group n=12）. Data were collected by using Brief Pain Inventory- Taiwanese（BPI-T）, Pain and Opioid Analgesics Belief Scale- Cancer（POABS-CA）, Profile of Mood State Short Form（POMS- Anxiety , Depression ,and fatigue）, and Negative Thinking of Pain. Data were analyzed using paired t-test, ANOVA, and repeated measures ANOVA.

The results showed that（1）the average pain intensity, pain interfere, negative effect of pain belief, anxiety, depression and fatigue level were reduced in patients receiving

the pain education and pain education plus cognitive reconstruction training,（2）there was significantly statistical increased self-control of pain in patients receiving the pain education plusing cognitive reconstruction training comparing to receiving pain education and control group,（3）the negative thinking of pain score were reduced significantly in patients receiving the pain education plus cognitive reconstruction training,（4）the anxiety and fatigue level was also increased in control group.
In conclusion the results suggest that pain education and cognitive reconstruction training are all effectively improving cancer patients' pain problem. These interventions should be further applied to cancer pain management.
Key words：cancer pain、pain beliefs、pain interfere、anxiety、depression、fatigue、pain education、cognitive reconstruction、negative thinking of pain