冠狀動脈疾病婦女疾病嚴重度、危險因子與健康相關行爲之探討

Severity of Disease, Risk Factors and Health-Related Behavior Among Women With Coronary Artery Disease

中文摘要

台灣地區每年有三千多位婦女因罹患冠狀動脈疾病而死亡，研究顯示冠狀動脈疾病的危險因子與疾病嚴重度相關，且已經罹病的患者常爲不適症狀所苦，而對於已經罹患冠狀動脈疾病的患者，應該透過健康行爲的執行，以延緩疾病進展，減少醫療花費，並預防再發作，因此本研究目的即針對冠狀動脈疾病婦女做疾病嚴重度、危險因子與健康相關行爲的探討。

研究方式採描述性相關性研究設計，資料收集期間自民國 92 年 3 月至 92 年 7 月止，以立意取樣於東部某醫學中心曾經執行心導管檢查之 55 位女性患者，經由結構性問卷調查，以了解罹患冠狀動脈疾病婦女的危險因子、疾病嚴重度、症狀嚴重度與健康相關行爲的資料，資料分析採百分比、平均值、標準差及 T 檢定(T-test)、變異數分析(ANOVA)、皮爾森相關(pearson correction)進行分析。

研究結果發現：(一)、研究對象每位個案都有一個以上的危險因子，其中以停經狀態爲最普遍危險因子，其次爲壓力狀態、高血壓及身體質量指數。(二)、研究對象的疾病嚴重度平均分數爲 38.98±31.78，以 LAD 之阻塞人數及分數呈現出較高，以 LCA 阻塞人數及分數呈現較低。(三)、研究對象的健康相關行爲以服藥遵從最佳，其次爲飲食行爲，運動行爲執行最差。(四)、健康相關飲食行爲各次量表之得分，以限制飲酒得分最高，減少熱量的做法平均得分最低。(五)、研究對象的症狀嚴重以疲倦得分最高，但與胸痛及呼吸短促平均得分差異不大。 (六)、危險因子與疾病嚴重度之相關性結果顯示家族史和糖尿病病史有顯著相關。(七)危險因子中之運動狀況、身體質量指數、壓力狀態會造成健康相關行爲的差異。(八)健康相關運動行爲與症狀嚴重度有顯著負相關，特別在呼吸短促、疲倦上，顯示有負相關。

綜合以上研究結果得之，冠狀動脈疾病婦女應加強健康相關行爲的執行，以減緩冠狀動脈疾病的進展、降低症狀嚴重度，並減少因危險因子所造成進一步的危害。

英文摘要

More than three thoudsand women died of coronary artery disease each year. Studies indicated that the risk factor is related to the severity of this disease, and patients are always worried about the uncomfortable symptoms. Women with coronary artery disease should perform some health-related behaviors to reduce the progression of disease, to decrease the treatment fee, and to stop the recurrence. The purpose of this study was to explore the severity of disease, risk factors and health-related behavior among women with coronary artery disease.

A correlative study was designed. Subjects who met the critera were referred by a cather room in a medical center in Hualien. Totality of 55 patients enrolled our study. Data were collected by using the structural questionnaires, including the patient’s risk factors, severity of disease, symptoms, and health-related behavior. Percentage, mean,

standard deviation, t-test, one way ANOVA, pearson correlation were used for data analysis.
Research results were shown as follows: (1) Subjects all got at least one risk factor , with menopause as the most common one, subsequently were stress, hypertension and high BMI. (2) Mean-score of subjects severity was 38.98 ± 31.78, and higher in those of LAD obstruction and lower in LCA. (3) Fair drug compliance is deemed as the best health-related behavior, subsequently the diet habit, and then exercise habit is the worse health-related behavior. (4) Subscales of health-related behavior reveals highest scores in the items of alcohol restriction and lowest in calories limiting. (5) Symptom of severity showed highest scores in the item of fatigue, but no prominent difference in the items of chest pain and short of breath. (6) Relations between risk factor and disease severity indicates that positive family history and diabetes mellitus are closely related. (7) Exercise activity, BMI and stress will affects health-related behavior to some extent. (8) Health-related exercise are negatively related to symptom severity, among which short of breath and fatigue are especially prominent.
In summary, from those data we can make a conclusion that women with coronary artery disease should intensify the performance more effectively on health-related behavior, than ameliorate the development of coronary artery disease, to decrease the symptom severity, and to prevent the impending damage from the formerly existent risk factors.