以生活品質相關因子建構台灣癌症末期病人之存活期

Quality of Life Prognostic Factors of Survival for Terminal Cancer Patients in Taiwan

中文摘要

本研究目的是以台灣癌末病人生活品質相關預後因子，包括功能評估、整體生活品質、疼痛、疲勞、及癌症症狀等做為預測癌末病人存活期之預後因子。研究為縱貫性研究設計，以立意取樣針對台北地區二醫學中心及一區域醫院，接受安寧緩和醫療照護的住院病人，符合收案條件並同意進行研究者；以結構式問卷收集資料，並於第一次收案時收集病人基本資料，並以功能狀況量表（Karnofsky）、台灣版整體生活品質量表（SF-36-Taiwan Form）、台灣版簡明疼痛量表(BPI-Taiwan Form)、台灣版簡明疲勞量表(BFI-Taiwan Form)、台灣版安德森症狀量表(MDASI-Taiwan Form)收集資料，之後每週請病人填寫(BPI-Taiwan Form)、(BFI-Taiwan Form)、 (MDASI-Taiwan Form) 及 Karnofsky 等問卷直到病人身體功能狀況<10 分即中止該個案之調查，並以病人死亡日期為結案日。研究資料採用 G.E.E(Generalized Estimation Equation)之統計分析。

本研究結果發現台灣癌末病人生活品質相關預後因子，包括功能評估、整體生活品質、疼痛、疲勞、及癌症症狀等可做為預測癌末病人存活期之生活品質預後因子。以收案日數平均值為 16.28 天(SD=13.15)，其中以 2-7 天為最多，共 34 人(34%)；其次為 8-14 天，共 21 人(21%)，第一次收案時 Karnofsky 功能評估量表平均值為 22.80(SD=6.83)。台灣版整體生活品質(SF-36-Taiwan Form)整體總分之平均值為 15.51(SD=7.97)。本研究提供預測台灣安寧緩和醫療病人的功能狀況、整體生活品質、疼痛、疲勞及癌症症狀困擾嚴重程度，以收案日數所測得迴歸分析結果，相關這五個不同指標，以多重指標看，對可反映病人存活期的功能狀況(KPS)是最主要指標，其次是疼痛症狀強度及疼痛干擾嚴重程度，若以單一指標而言，則五個不同指標均有顯著影響。

本研究探討對台灣癌症末期病人存活期之生活品質相關預後因子，其結果可提供安寧緩和醫療學術及臨床上之有效建議。

英文摘要

The purpose of this study was to identify the prognotic of performance status, global quality of life, levels of pain, levels of fatigue, and multiple cancer symptoms in predicting survival for terminal cancer patients in Taiwan. A longitudinal research design was used in this study, one hundred patients from the palliative care unit of two medical centers and one local hospital in the north of Taiwan were recruited, All patients gave written informed consents. A structured questionnaire was used. The Karnofsky performance scale, the SF-36-Taiwan Form, the BPI-Taiwan Form, the BFI-Taiwan Form and the MDASI-Taiwan From were collected when patients were first approached. Date continued to be collected every week until the scores of Karnofsky performance scale is below 10 or when the patient was dead. This study

used G.E.E (Generalized Estimation Equation) to analyzed the datas.

The results showed prognostic factors including performance status, global quality of life, levels of pain, levels of fatigue, and multiple cancer symptoms assessment were related to the survival time of patients who were at the terminal stage of cancer. The mean (SD) survival was 16.28 days (SD=13.15). The mean (SD) score of the Karnofsky performance scale was 22.80 (SD=6.83). The mean (SD) of total score of SF-36-Taiwan Form was 15.51 (SD=7.97). When each of the score of KPS, SF-36, BPI, BFI, and MDASI was entered into the GEE model individually, each one was significantly related to the survival of terminal cancer patients. However, when all these factors were entered into the GEE model, only the KPS, levels of pain, and pain interference remained significant.

In conclusions these five different prognostic factors including performance status, global quality of life, levels of pain, levels of fatigue, and multiple cancer symptoms, the best predictor was performance status (KPS) and the next one was severity of pain.

Therefore, results generated form this study of identification of these prognostic factors in predicting the survival of terminal cancer patient may provide both theoretical and clinical values.