

接受放射線治療之頭頸部癌症患者之口乾情形及其對生活品質的影響

Xerostomia and Its Effect on Quality of Life in Head & Neck Cancer Patients Receiving Radiotherapy

中文摘要

論文摘要

論文名稱：接受放射線治療之頭頸部癌症患者之口乾情形及其對生活品質的影響

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本研究主要目的為(1)追蹤接受放射線治療的頭頸部癌症患者口乾的嚴重度變化。(2)探討口乾之相關因素及探討頭頸部癌症患者唾液量。(3)口乾及生活品質之相關。本研究採縱貫性研究法，在三軍總醫院之放射腫瘤科門診選取符合條件的個案，共計 50 人。於患者放射線治療前、治療的第 2 週、第 4 週、第 6 週、第 8 週分別進行唾液量測量，並填寫口乾問卷和台灣版 SF-36 健康評估量表等問卷，以評估患者在接受放射線治療過程中唾液量、口乾及生活品質的變化。收集之資料以描述統計、廣義線性模式 (G. E. E.) 及皮爾森相關等統計分析。

結果發現：(1) 頭頸部癌症患者在接受放射線治療後於治療的第二週 ($p < .0001$)、治療第四週 ($p = .0018$)、治療第六週 ($p = .0019$) 及治療第八週 ($p = .0169$) 皆比治療前的平均唾液量有顯著減少。(2) 頭頸部癌症患者在接受治療的第二週 ($p < .0001$)、治療第四週 ($p < .0001$)、治療第六週 ($p < .0001$) 及治療第八週 ($p < .0001$) 皆比治療前的平均口乾總分有顯著減少，尤其以”吞嚥固體食物困難”和”小口喝湯或水來協助吞嚥食物的頻率”及”進食時感覺口腔或喉嚨乾燥的程度”有較嚴重的口乾程度。(3) 在接受放射線治療過程中生活品質在治療的第二週 ($p = .0127$)、治療第四週 ($p = .0203$)、治療第六週 ($p = .0046$) 及治療第八週 ($p = .0013$) 皆比治療前有顯著變差，尤其以角色限制-生理、角色限制-情緒及活力三方面有顯著較差。(4) 有接受化學治療、高的放射治療累積劑量或治療時間較長的患者，平均唾液量顯著的減少，口乾問題也較嚴重。另外有接受雙側唾液腺照射之患者比單側照射者口乾也比較嚴重。(5) 唾液量與口乾總分從第二週至第八週皆呈現顯著的負相關。(6) 口乾總分與生活品質總分於治療前 ($r = -.38, p = .006$)、治療第四週 ($r = -.42, p = .003$) 及治療第六週 ($r = -.38, p = .006$) 呈現顯著的負相關。

討論及結論：口乾是接受放射線治療頭頸部患者最普遍的症狀，而影響唾液量及

口乾最顯著的相關因素為接受化學治療、高的放射治療累積劑量或較長治療時間，這些相關因素將可協助醫療人員進一步預測患者的口乾問題，使得患者的口乾問題也能得以被重視。

關鍵字：頭頸部癌症患者、口乾、口乾相關因素、生活品質

英文摘要

Abstract

Title of Thesis: Xerostomia and Its Effect on Quality of Life in Head & Neck Cancer Patients Receiving Radiotherapy

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The purposes of the study were to explore the degree of xerostomia, related factors of xerostomia, and relationship among quality of life, xerostomia levels, and saliva volume in head and neck cancer patients receiving radiotherapy in Taiwan. A longitudinal research design was used in this study. Fifty patients from the Department of Radiation Oncology of Tri-Service General Hospital of Taiwan were recruited. We measured the patients' saliva volume via the Non - Stimulated Whole Saliva Flow

(NSWSF) and asked them to fill in the Xerostomia Questionnaire (XQ) and the SF-36-Taiwan Form before their treatment and at their 2nd week, 4th week, 6th week, and 8th week's treatments. The collected data were used to estimate the patients' saliva volume, xerostomia, and their quality of life during the treatment. Descriptive statistics, Generalized Estimating Equation (G. E. E.) and Pearson correlation were used to analyze the data in this study.

The results showed that: (1) The head and neck cancer patients' mean saliva volume reduced significantly during their treatment at the 2nd week ($p < .0001$), 4th week ($p = .0018$), 6th week ($p = .0019$) and 8th week ($p = .0169$) compared to the volume at the pre-treatment stage. (2) The patients' mean XQ total score reduced significantly during their treatment at the 2nd week ($p < .0001$), 4th ($p < .0001$), 6th week ($p < .0001$) and 8th week ($p < .0001$) comparing to the score at their pre-treatment stage. Especially in " Rate your difficulty in swallowing solid food due to dryness ", " Rate your mouth or throat dryness when eating food " and " Rate the frequency of sipping liquids to aid swallowing food ", we found more obvious mouth dry problem. (3) The patients' quality of life presented remarkable reduce during their treatment at the 2nd week ($p = .0127$), 4th ($p = .0203$), 6th week ($p = .0046$) and 8th week ($p = .0013$) compared to the pre-treatment stage, especially in the aspects of role- physical function, role-functioning restriction, the

role — emotional function, role-functioning restriction and the vitality. (4) Patients receiving the chemotherapy, with high radiotherapy accumulated dose or taking longer treatment time showed notable reduction in their average saliva volume and had more serious mouth dry problem. In addition, patients receiving the radiotherapy in bil-salivary gland also revealed obvious mouth dry problem. (5) The saliva volume and the XQ total score presented significant negative correlation from the 2nd week to the 8th week.(6) The XQ total score and the life quality total score presented significant negative correlation at the stages of pre-treatment ($r = - .48$, $p = .001$), the 4th week ($r = - .41$, $p = .005$) and the 6th week ($r = - .38$, $p = .009$).

Discussion and conclusion: The most related factors affecting the saliva volume and the xerostomia are receipt of chemotherapy, the radiotherapy accumulated dose, and the treatment time. These related factors can be served as useful indication for medical caregivers to further predict patients' xerostomia level and pay more attention to this problem.

Keywords: head and neck cancer patient, xerostomia, related factor of xerostomia, quality of life