

# 異位性皮膚炎學齡期兒童的睡眠品質與健康相關生活品質之相關性探討

## Sleep Quality and Health-Related Quality of Life in School-Aged Children With Atopic Dermatitis

### 中文摘要

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論文名稱：異位性皮膚炎學齡期兒童的睡眠品質與健康相關生活品質之相關性探討

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異位性皮膚炎是一種慢性、反覆性的皮膚疾病，它主要是影響兒童的睡眠品質和健康相關生活品質。然而研究指出成人慢性病患者睡眠品質不佳時，身體功能、情緒、心理健康等層面之健康相關生活品質會受到不同程度的影響。由於尚未有異位性皮膚炎兒童的睡眠品質及健康相關生活品質之研究，因此本研究目的是以客觀的睡眠評估工具和問卷，探討異位性皮膚炎學齡期兒童的睡眠品質與健康相關生活品質之相關性。

本研究採橫斷式描述性相關性研究設計，以立意取樣方法選取 48 位 9-12 歲異位性皮膚炎兒童，之後再以年齡及性別方式配對選取健康兒童為對照組。研究中連續使用三天的 Actigraphy 和睡眠日誌以獲取學童的睡眠參數，以兒童睡眠習慣量表 (CSHQ)、父母親版的兒童健康問卷 (CHQ-PF50) 和兒童版的兒童健康問卷 (CHQ-CF87) 評估學童的睡眠品質和健康相關生活品質。

研究結果如下：(1) 異位性皮膚炎學童的睡眠時間、睡眠效率顯著的低於健康學童；異位性皮膚炎學童的覺醒時間、覺醒次數、睡眠潛伏期和睡眠困擾顯著高於健康學童；(2) 異位性皮膚炎學童的 CHQ-PF50 次量表中身體功能、身體疼痛不適、一般健康感受、父母親的情緒受到衝擊和整體生理層面的分數顯著低於健康學童；異位性皮膚炎學童的 CHQ-CF87 次量表中身體疼痛不適、行為和心理健康的分數顯著低於健康學童；(3) 睡眠潛伏期、夜間醒來時間和 CSHQ 總分可解釋異位性皮膚炎學童「整體心理層面」的變異量為 37.2%；夜間醒來時間可解釋異位性皮膚炎學童 CHQ-PF50「父母親的時間受到衝擊」的變異量為 9%；CSHQ 總分可解釋異位性皮膚炎學童 CHQ-PF50「父母親的情緒受到衝擊」的變異量為 15.9%；CSHQ 總分和夜間醒來時間可解釋異位性皮膚炎學童 CHQ-PF50「家庭活動」的變異量為 34.6%。

本研究結果發現睡眠品質最主要是影響異位性皮膚炎學童的心理層面之健康相關生活品質，此研究結果可讓健康照顧人員更進步瞭解異位性皮膚炎學童的睡眠問題，和它對健康相關生活品質的影響。

## 英文摘要

### Abstract

Title of Thesis: Sleep Quality and Health-Related Quality of Life in School- Aged Children With Atopic Dermatitis

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Atopic dermatitis (AD) is a chronic inflammatory skin disease that mainly affects children's quality of sleep and health-related quality of life. Research results showed that poor sleep quality in adult chronic patient affected physical function, emotion, and mental health of health-related quality of life. Since there is no research about the correlation between sleep quality and health-related quality of life among school-aged children with atopic dermatitis. The aim of our study was to adopt objective measurement to study the relation between sleep quality and health-related quality of life in school-aged children with atopic dermatitis.

This study is a cross-sectional descriptive correlational design. A purposive sampling was used to recruit forty-eight children aged between 9 to 12 with AD and forty-eight children age and gender matched health children. During the research, Actigraphy and sleeping diary were used to record sleep of three days. Children's Sleep Habits Questionnaire (CSHQ), and Child Health Questionnaire-Parent Form (CHQ-PF50), Child Health Questionnaire-Children Form (CHQ-CF87) were used to assess children's sleep behavior and health-related quality of life.

The results of this study were as below: (1) AD children's sleep time and sleep efficiency were significantly lower than healthy children; then waking minutes, waking episodes, and sleep disturbance were significantly higher than healthy children. (2) AD children's CHQ-PF50 scores on physical function, bodily pain/discomfort, parental impact-time and emotional, and psychosocial summary were significantly lower than healthy children. AD children's CHQ-CF87 scores on bodily pain/discomfort, behavior, and mental health were significantly lower than healthy children. (3) Sleep latency, wake minutes, and CSHQ total score explained 37.2% of the variances of AD children's CHQ-PF50- 'psychosocial summary'. Wake minutes explained 9% of the variances of AD children's CHQ-PF50- 'parental impact-time'. CSHQ total score explained 15.9 % of the variances of AD children's CHQ-PF50- 'parental impact-emotional'. CSHQ total score and wake minutes explained 34.6% of the variances of AD children's CHQ-PF50- 'family activity'.

The results of this study found that quality of sleep mainly affects AD children's

mental demension of health-related quality of life. This study will help health professional understanding of school-age children with AD's sleep problem, and its effect get further on their health related.