癌症疼痛病人之睡眠品質及其影響因子

Quality of Sleep in Cancer Patients With Pain

中文摘要

疼痛是癌症病人睡眠障礙的主要影響因子，睡眠品質不好也會導致疼痛敏感度的增加，兩者相互影響，然而國內研究癌症疼痛病人出現睡眠障礙之議題相對較少。本研究目的爲（1）癌症疼痛病人睡眠障礙之盛行率（2）探討癌症疼痛與睡眠品質之相關性（3）探討患有疼痛與無疼痛之癌症病人睡眠品質之影響因子。研究共收錄疼痛組 108 人及無疼痛組 93 人，研究工具使用個案基本資料、卡氏身體功能評估表（KPS）、中文版簡明疼痛量表（BPI-C）、匹茲堡睡眠品質量表（PSQI） 、中文版情緒狀態簡式量表（POMS-SF -C）來測試癌症病人睡眠障礙之盛行率、相關性及其影響因子。研究資料採用 two- independent sample t-test、chi-square、one-way ANOVA、Pearson’ s correlation、multiple regression 進行分析。

本研究結果發現：（1）有疼痛病人情緒總分（24.89±22.89）顯著高於無疼痛病人總分（11.13±14.21）。（2）睡眠品質與癌症期別、疾病轉移、最近一個月有癌症疼痛、合併慢性疾病、使用安眠藥、停經、等達顯著的正相關，與 KPS 呈顯著負相關。（3）疼痛程度的整體平均得分是 2.99±1.77 分，疼痛對癌症病人之生活影響程度以睡眠干擾最嚴重。（4）睡眠品質與情緒狀態呈顯著正相關，次量表除活力呈負相關外，其餘 5 個均呈顯著正相關。（5）疼痛組合併有睡眠障礙之盛行率是 75.9%，無痛組是 43.0%。（6）患有癌痛之睡眠品質總分爲 11.19±4.63 分，無癌痛爲 7.67±4.50 分；PSQI 總分與疼痛程度平均總分及疼痛干擾生活功能程度平均總分呈正相關，7 構面中以睡眠呈最高度相關（r=.524**）。（7）情緒是患有癌症疼痛病人之睡眠品質最具影響因子。

本研究提供醫護人員對癌症疼痛病人睡眠障礙之盛行率及疼痛、睡眠品質、與情緒之相關性的認識，以改善醫療照顧品質，並可作爲未來研究計畫之參考。

英文摘要

The purposes of this study were: (1)to investigate the prevalence of sleep disturbance in cancer patients with pain, (2)to explore the relationship between cancer pain and quality of sleep, and (3)to explore the quality of sleep and its related factors in cancer patients with pain and without pain. One hundred and eight cancer patients with pain and 93 cancer patients without pain were included in this study. The research instruments included the Brief Pain Inventory-Chinese version, the Pittsburgh Sleep Quality Index-Taiwan Form, and the Profile of Mood States Short Form-Chinese version. Data were analyzed by two-independent sample t-test, chi-square, one-way ANOVA, Pearson’s correlation, and multiple regression.

The results of this study were as follows: (1)The total score of mood in patients with

pain (24.89±22.89) was significantly higher than that in patients without pain (11.13±14.21). (2)Stage of disease, metastasis, cancer pain in recent one month, underline disease, hypnotics, and menopause were significantly positively correlated with quality of sleep; KPS was significantly negatively correlated with quality of sleep. (3)The most important factor which influenced the quality of life of cancer patient was pain. (4)Mood status was a significantly positive factor of quality of sleep. (5)The prevalence of sleep disturbance of cancer patients with pain was 75.9%, the prevalence in control group was 43.0%. (6)The total score of quality of sleep in caner patients with pain and without pain was 11.19±4.63 and 7.63±4.50, respectively. The total score of PSQI was positively correlated to the average score of pain and the level of life dysfunction. (7)Mood was the most important factor of quality of sleep in cancer patients with pain.

The results of this study show important results in the prevalence of sleep disturbance, the relationship among quality of sleep, pain, and mood in cancer patients with pain. These results can be applied in patient care and future study.