

家屬對止痛劑的擔心與癌症病人疼痛控制的相關性

The Relationship of the Caregivers' Concerns about Using

蔡麗鳳;林佳靜;賴裕和;鄒宗山

摘要

本研究之主要目的為瞭解家屬對止痛劑之擔心與癌症病人疼痛控制之相關性，採橫斷式與描述相關性之研究設計，以結構式問卷在台北某教學醫院之癌症病房，對 52 位患有癌症疼痛的病人及其家屬進行訪談及問卷收案。

家屬所填寫的問卷包括：基本資料、止痛劑擔心問卷（Barriers Questionnaire-Taiwan Form）、簡明疼痛評估量表（Brief Pain Inventory-Short Form）。病人所填寫的問卷包括：基本資料、疾病資料、簡明疼痛評估量表。研究發現病人及家屬在疼痛評估上的差異，家屬對病人過去 24 小時最劇烈的疼痛的評估低於病人的疼痛情形，二者達顯著性差異。本研究發現家屬對止痛劑的擔心中以"疾病惡化"的項目之擔心最高，其次為擔心"間隔時間"、"耐藥性"及"成癮"等項目。探討家屬的人口學特性與止痛劑擔心程度之關係中，在年齡方面，與止痛劑"副作用"的擔心程度成負相關；在教育程度方面則與"副作用"成正相關，與"耐藥性"的擔心成負相關，與"害怕打針"成正相關；在性別的差異上，只有在"害怕打針"的項目，男性的擔心大於女性，二者之間達顯著性差異。發現家屬曾經於過去一個月中猶豫給藥者佔 32.7%（n=17），猶豫給藥的家屬於"成癮性"的擔心高於未猶豫給藥的家屬，二者之間達顯著性的差異。家屬猶豫報疼痛的經驗者佔 8%（n=15），在猶豫報告疼痛的家屬於"宿命論"、"副作用"、"成癮"、"分散醫師治療疾病的注意力"及"耐藥性"等五項擔心程度高於未猶豫報告疼痛的家屬，達顯著性差異。以家屬對止痛劑的九項擔心為預測變項去預測病人疼痛控制指數，但未發現顯著意義，只有經調整之後，在"癌症惡化"的擔心項目是有顯著意義。同樣的以家屬對止痛劑的九項擔心為預測變項去預測病人疼痛緩解情形，也未發現顯著意義，只有經調整之後，在"宿命論"的擔心項目是有顯著意義。由於本研究發現家屬猶豫給藥及報告疼痛與其對止痛劑的擔心有相關，因此顯示家屬於病人疼痛控制上據重要之角色，所以建議臨床醫護人員在疼痛的控制上必需給予家屬正確的觀念，才能有效改善病人的疼痛控制。

Abstract

The purpose of this study is to explore the possible associations between the

caregivers' concerns about patients' using analgesics and their cancer pain management in Taiwan. This is a cross-sectional and descriptive correlational study. Structured questionnaires were used to interview 52 Taiwanese cancer patients and their families from oncology units of a teaching hospital. The questionnaire for the caregivers included: a demographic sheet, the Barriers Questionnaire-Taiwan form (BQT), and the Brief Pain Inversion-Short Form. The questionnaire for patients consisted of a demographic sheet, Brief Pain Inversion-Short Form, and a medical sheet. This study revealed that the worst pain level assessed by the caregivers within 24 hours before completing the questionnaires was significantly lower than that assessed by patients. The highest scores of caregivers' concerns were "disease progression", "time interval", "tolerance", and "addiction". Among demographic characteristics of patients' family, age was inversely related with concerns about "side effect". Also the level of education was inversely related with "side effect", "fear of injection", and inversely related with "fear of tolerance". The level of "fear of injection" in men were higher than women. 17 caregivers (32.7%) reported that they had hesitated to give medication to patient in the past month. They had significantly higher score on "fear of tolerance". 15 caregivers (28.8%) reported that they had hesitated to report pain in the past month. These caregivers had significantly higher scores on fear of "addiction", "fatalism", "side effect", "distracting physicians", and "tolerance". The nine subscales of caregivers' concerns couldn't predict pain management index of patients. But after adjustment, the concern about "disease progression" had significant difference. The same, they couldn't predict pain relief of patients. But after adjustment, the concern about "fatalism" had significant difference. This study has shown the relationship of concerns of using analgesics to hesitancy to report pain and to give patient analgesics. We suggested that in order to achieve optimal pain management for cancer patients, one should consider the education of patients as well as caregivers.