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[1]雍那,杜莲,胡华,等.抑郁症患者攻击行为与应对方式、焦虑、抑郁的关系[J].第三军医大学学报,2014,36(11):1133-1137.

Yong Na, Du Lian, Hu Hua, et al. Correlation of aggressive behavior with coping styles, anxiety and depression in major depressed patients[J].J Third Mil Med Univ, 2014, 36(11):1133-1137.

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Title: Correlation of aggressive behavior with coping styles, anxiety and

depression in major depressed patients

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关键词: 抑郁症; 攻击; 应对方式; 焦虑; 抑郁

major depressive disorder; aggressive behavior; coping style; depression; Keywords:

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文献标志码: A

摘要: 探讨抑郁症患者攻击行为与应对方式、焦虑、抑郁的关系。 目的

> (HAMD)等,对2010年9月至2011年10月于重庆医科大学附属第一医院精神科门诊就 诊及住院部住院的首发和复发抑郁症患者80例(抑郁症组)及来自本院职工和经广告招 募而得的正常对照组80例(于2010年10月至2011年11月收集)进行对比分析,并进行 Spearman相关分析和回归分析研究抑郁症患者攻击行为与应对方式、焦虑、抑郁的关 系。 结果 ①抑郁症组愤怒、敌意、面向自我攻击的各因子分及攻击总分显著 高于正常对照组(P<0.01)。②相关分析显示抑郁症组身体攻击、言语攻击、面向自我 的攻击、愤怒、敌意和攻击总分均与消极应对方式呈显著正相关(r值为0.37~0.60, P<0.01); 而面向自我的攻击、敌意和攻击总分与积极应对方式呈显著负相关(Γ 值为-0.38~-0.29, P<0.05); 言语攻击、愤怒、攻击总分与HAMA、HAMD得分均呈显著正

> 用攻击性问卷、特质应对方式问卷、汉密尔顿焦虑量表(HAMA)、汉密尔顿抑郁量表

相关 (r值为0.29~0.45, P<0.05, P<0.01)。③身体攻击、敌意、面向自我的攻击分别 能被消极应对方式解释各占14.5%、32.9%、35.2%; 言语攻击能被消极应对方式和抑郁

得分解释占21.9%; 愤怒、攻击总分分别能被消极应对方式和焦虑得分解释占39.2%、

45.3% 抑郁症患者存在明显攻击行为, 且消极应对方式对其发生可能有 结论

重要预测和促发作用。

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Abstract:

Objective To investigate the correlation of aggressive behavior with coping styles, anxiety and depression in depressed patients. Methods Eighty patients with fist-episode and recurrent major depression from the out-patient and inpatient clinic in the department of psychiatry of our First Affiliated Hospital of Chongqing Medical University during September 2010 to October 2011 and 80 healthy volunteers from the hospital staff and by recruitment advertising from October 2010 to November 2011 were recruited in this study. Participants were investigated by aggression questionnaire, the trait coping style questionnaire (TCSQ), Hamilton depression rating scale (HAMD), and Hamilton anxiety rating scale (HAMA). Then Spearman correlation and regression analysis were conducted to study the correlation of coping styles with anxiety symptoms, depression symptoms and aggressive behavior in patients with major depressive disorder. Results The scores of anger, hostility, self-aggression and total score of aggressive behavior were significantly higher in depression disorder patients than controls (P<0.01). Correlation analysis showed that the scores of physical aggression, verbal aggression, self-aggression, anger, hostility and total score of aggressive behavior were positively correlated with the score of negative coping styles (r=0.37 to 0.60, P<0.01), and the scores of self-aggression and hostility and total score of aggressive behavior were negatively correlated with the score of positive coping style (r= -0.29 to -0.38, P<0.05). The scores of verbal aggression, anger, and total score of aggressive behavior were positively correlated with the total score of HAMA and HAMD (r=0.29 to 0.45, P<0.05). Negative coping styles had significant prediction function of 14.5% on physical aggression, 32.9% on hostility, and 35.2% on self-aggression. Negative coping styles and the total score of depression had significant prediction role of 21.9% on verbal aggression. Negative coping style and the total score of anxiety paid a significant prediction role of 39.2% on anger, and 45.3% on the total score of aggressive behavior. Conclusions Patients with major depressive disorder have obviously aggressive behaviors, and the negative coping style maybe has an

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important role in the prediction and occurrence.

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