

王宁群,李宗信,黄小波,陈文强.缺血性卒中后认知障碍患者特异性生存质量特征分析[J].中国康复医学杂志,2009,(10):918-920

缺血性卒中后认知障碍患者特异性生存质量特征分析 [点此下载全文](#)

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基金项目:北京市中医药科技项目(JJ-2006-60);北京市中医管理局重点学科资助项目(京中重VI26)

DOI:

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摘要:

目的:探讨缺血性卒中后认知障碍患者特异性生存质量特征。方法:符合研究标准的缺血性卒中患者144例,经“简易智力状态试验(MMSE)”评分后分为认知障碍组(52例)和无认知障碍组(92例)。运用“卒中影响量表(SIS 3.0)”对患者进行生存质量评估。同时运用汉密顿焦虑量表(HAMA)、汉密顿抑郁量表(HAMD)、美国国立卫生研究院卒中量表(NIHSS)对患者进行焦虑、抑郁、神经功能缺损评分和比较。结果:认知障碍组记忆与思维、交流、日常生活活动能力、行动能力维度的评分低于无认知障碍组($P<0.05, 0.01, 0.001$)。认知障碍组HAMA、HAMD、NIHSS评分显著高于无认知障碍组($P<0.05, 0.01$)。行动能力、日常生活活动能力、手功能评分与HAMA、HAMD、NIHSS、MMSE评分具有显著相关性($P<0.05, 0.01, 0.001$);记忆与思维评分与HAMA、HAMD评分显著相关($P<0.01, 0.001$);交流评分与MMSE评分显著相关($P<0.05$)。结论:缺血性卒中后认知障碍患者其卒中特异性生存质量较无认知障碍的卒中患者差,主要表现在记忆与思维、交流、日常生活活动能力、行动能力等方面。认知障碍、焦虑、抑郁及神经功能缺损对缺血性卒中患者生存质量具有负面影响。

关键词: [缺血性卒中](#) [认知障碍](#) [生存质量](#) [焦虑](#) [抑郁](#) [神经功能缺损](#)

Stroke-specific quality of life in ischemic stroke patients with cognitive disorder [Download Fulltext](#)

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Abstract:

Objective: To investigate the quality of life in ischemic stroke patients with cognitive disorder. Method: One hundred and forty-four ischemic stroke patients enrolled were divided into cognitive disorder group ($n=52$) and non-cognitive disorder group ($n=92$) according to their Mini Mental State Examination (MMSE) scores. Stroke Impact Scale 3.0 (SIS 3.0) were used to evaluate quality of life in both groups. Hamilton Anxiety scale(HAMA), Hamilton Depressive scale(HAMD) and National Institute of Health Stroke Scale(NIHSS) were used to assess anxiety, depression and neurologic impairment. Result: In the 8 dimensions of SIS, the scores of cognitive disorder group were obviously lower than non-cognitive disorder group in memory/thinking, communication, activities of daily living, mobile ability ($P<0.05, 0.01, 0.001$). Scores of HAMA, HAMD and NIHSS were higher in cognitive-disorder group ($P<0.05, 0.01$). Scores of activities of daily living, mobile ability and hand function were closely correlated to scores of HAMA, HAMD, NIHSS, MMSE. Memory/thinking scores were correlated to HAMA, HAMD scores and communication scores were correlated to MMSE scores. Conclusion: Ischemic stroke patients with cognitive disorder have worse quality of life, especially in memory/thinking, communication, activities of daily living, mobile ability dimensions. Cognitive disorder, anxiety, depression and neurologic impairment influence the specific quality of life in ischemic stroke patients negatively.

Keywords: [ischemic stroke](#) [cognitive disorder](#) [quality of life](#) [anxiety](#) [depression](#) [neurologic impairment](#)

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