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[1]林雁娟,许乐,黄惜珍,等.社会支持和认知行为干预对心脏移植患者等待期生存质量的影响[J].第三军医大学学报,2014,36(13):1416-1420.

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社会支持和认知行为干预对心脏移植患者等待期生分享到:

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Title: Effects of social support and cognitive behavioral interventions on

quality of life in patients awaiting heart transplantation

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关键词: 心脏移植; 等待期; 生存质量; 社会支持; 认知行为

Keywords: heart transplantation; waiting period; quality of life; social support; cognitive

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摘要: 目的 探讨社会支持和认知行为干预改善心脏移植患者等待期生存质量的效果。

方法 选取2010年1月至2013年12月本科住院的终末期各种心脏疾病并接受心脏移植 治疗的患者60例,分为2组:①试验组30例,男性25例,女性5例,年龄(43.0 ± 9.8) 岁,接受常规护理及社会支持和认知行为干预;②对照组30例,男性20例,女性10例, 年龄(43.0±11.0)岁,给予常规护理。比较2组患者在入院时,入院后第3、7、10、 14天及术前12 h SF-36量表、社会支持评定量表、SDS和SAS的测评结果,以评估其生存 质量, 焦虑、抑郁情况以及社会支持评估效果。 结果 ①两组在入院时,入院 后第3、7天健康相关生存质量总分的基线差异无统计学意义(P>0.05),在入院后第 10、14天及术前12 h差异有统计学意义(P<0.05),且试验组在后5个时间点的评分均 显著高于对照组(P<0.05),在健康相关生存质量总分上升的程度也高于对照组 (P<0.05)。试验组患者生存质量总体优于对照组,除入院时,两组在各维度各时间段 测量值间的差异均有统计学意义(P<0.05)。②入院时及第3天,2组焦虑总分的基线差 异无统计学意义(P>0.05),在第7、10、14天及术前12 h的差异均有统计学意义 (P<0.05) , 试验组在该5个时间点的评分低于对照组 (P<0.05) 。③入院时两组抑郁 总分的基线差异无统计学意义(P>0.05),在第3、7、10、14天及术前12 h,试验组的 评分均低于对照组 (P<0.05)。 结论 有效的社会支持和认知行为干预可明显

减轻心脏移植等待期患者的焦虑、抑郁等负性情绪,提高心脏移植等待期患者的生存质

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Abstract:

Objective To determine the effect of social support and cognitive behavioral interventions on the quality of life in the heart transplantation patients during the waiting period. Methods A total of 60 selected patients with various end-stage heart diseases and waiting for heart transplantation in our hospital from January 2010 to December 2013 were enrolled in this study. They were divided into 2 group, that is, test group (n=30, 25 males and 5 females, a mean age of 43.0+9.8) and control group (n=30, 20 males and 10 females, a mean age of 43.0+11.0). The former group received routine care, intervention of social support and cognitive behavioral therapy (CBT), while the latter received only routine care. The quality of life, anxiety, depression and social support of these 2 groups at admission, in 3, 7, 10 and 14 d after hospitalization, and in 12 h before surgery were analyzed by medical outcomes study short form 36 (SF-36), social support rating scale (SSRS), self-rating anxiety scale (SAS), and self-rating depression scale (SDS), and the impact of social support and cognitive behavioral interventions on their quality of life in waiting period was investigated. Results No significant difference was found in the health-related quality of life between the 2 groups at admission, in 3 and 7 d after hospitalization (P> 0.05), but the difference was statistically significant in 10 and 14 d after hospitalization and in 12 h before surgery (P<0.05), with the scores of above scales of the test group significantly higher than the control in 3, 7, 10, 14 d after hospitalization and in 12 h before surgery (P<0.05), and the scores increasing faster in the former than the latter groups (P<0.05). The guality of life was better in the test group than the control group, with significant differences in the above time points besides the time of admission (P<0.05). Anxiety scores showed no significant difference between the 2 groups at admission and on the third day of hospitalization (P>0.05), but had obvious difference on the 7th, 10th and 14th days and in 12 h before surgery, with the scores of the test group markedly lower than those of the control (P<0.05). There was no significant difference in the depression score between the 2 group at admission (P>0.05), but the scores of the test group were significantly lower than those of the control on the 3rd, 7th, 10th, and 14th days after admission and in 12 h before surgery (*P*<0.05). Conclusion Effective social support and cognitive behavioral interventions significantly attenuate anxiety, depression and other negative emotions, and improve the quality of life in the patients awaiting heart transplantation.

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