

论文

伴与不伴精神病性症状重度抑郁症的临床对照研究

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摘要:

目的 观察不伴精神病性症状的重度抑郁症(NMD)与伴精神病性症状的重度抑郁症(PMD)的临床表现、治疗方法和治疗效果的异同。**方法** 选取重度抑郁症患者150例, 其中PMD组100例、NMD组50例, 并设健康组60例作为对照。将PMD组随机分为PMD联合用药组59例、PMD单药组41例; NMD组和PMD单药组服用帕罗西汀, PMD联用组联合服用帕罗西汀、奥氮平, 在初次就医、治疗后1、3、9个月四个时刻时进行汉密尔顿抑郁量表(HAMD)评分。结果 ①初次就医时NMD与PMD的HAMD量表总分分别为(53.22±6.00)分和(58.30±5.20)分(P>0.05); PMD组自杀、迟滞、认知障碍因子评分较高; ②9个月后联用组PMD的HAMD评分低于PMD单药组, NMD组低于PMD单药组; ③入组时进行第一次测评, 此时PMD组与NMD组的睡眠障碍严重性无统计学差异(P>0.05), 但均重于健康组(P<0.05); 经过9个月治疗, NMD组和PMD组评分总分、主因子因子评分均有提高(P<0.05); 但在一级因子的“主观睡眠质量”和“白天功能紊乱”、二级因子的“夜间醒来或早醒”上仍有差异。结论 ①PMD与NMD病情严重程度相当; PMD患者迟滞、认知障碍、自杀念头较重, 而NMD患者抑郁症状较重; ②帕罗西汀加奥氮平治疗PMD好于单用帕罗西汀; 单用帕罗西汀治疗NMD患者较合适; ③重度抑郁症或者睡眠功能严重受损, 经过适当的治疗其睡眠功能可明显恢复, 但仍残留部分睡眠障碍; 精神症状不影响睡眠功能的障碍程度和恢复程度。

关键词: 精神症状; 抑郁症; 奥氮平; 帕罗西汀; 睡眠障碍

Clinical comparison of psychotic major depression and non-psychotic major depression

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Abstract:

Objective To compare psychotic major depression(PMD) and non-psychotic major depression(NMD) in clinical features, and treatment methods and effects. **Methods** 150 cases of severe depression were divided into the PMD group(100 cases) and the NMD group(50 cases). In the PMD group, 41 patients were treated with a single agent, and the other 59 patients were treated with combined agents. The NMD group and PMD mono-therapy group were treated with paroxetine, while the PMD combination therapy group was treated with a combination of oral paroxetine and olanzapine. All groups were scored with the Hamilton Depression Rating Scale (HAMD) at the 1st visit and after 1,3 and 9 months of treatment. **Results** ① HAMD total scores in NMD and PMD groups at the 1st visit were (53.22±6.00) and (58.30±5.20), respectively(P>0.05). The retardation factor, cognitive factor, and suicide factor in the PMD group were higher than those in the NMD group. ②After 9 months of treatment, the HAMD score in the PMD monotherapy group was higher than that in the PMD combination therapy group. The score in the PMD mono-therapy group was higher than in the NMD group. ③At the 1st test with the Pittsburgh Sleep Quality Index(PSQI), NMD and PMD had no significant difference in sleep disorders (P<0.05), while they were statistically different from the healthy controls. After 9 months of treatment, NMD and PMD were statistically improved in total scores and all the main factor scores (P<0.05), and they were still statistically different in first factors “subjective sleep quality” and “daytime dysfunction”, and the secondary factor “wake up at night or wake too early”. **Conclusions** ①PMD is as serious as NMD. Retardation, cognitive impairment and suicidal thoughts in PMD patients are more obvious than those with NMD, while depression in NMD patients is more obvious.②For PMD, treatment with paroxetine and olanzapine is more effective than paroxetine alone. Compared with PMD patients, paroxetine monotherapy is more suitable for NMD patients.③Major depression has a decline in comprehensive sleep function. After effective treatment, sleep function can be significantly improved,

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but part of sleep dysfunction still remains. Mental symptoms cannot affect sleep function damage and recovery.

Keywords: Psychotic symptoms; Depression; Olanzapine; Paroxetine; Sleep disorders

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