

心血管病患者生存质量评估方法及康复治疗的影响*

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心血管病(cardiovascular diseases, CVD)在许多国家仍是主要的健康问题。我国人群CVD的发病率和病死率处于持续上升阶段,目前全国有2.3亿CVD患者,在所有死亡原因中CVD占总死亡原因的41%,居于死因第一位^[1]。CVD使患者生活成本增加,生存质量(quality of life, QOL)下降^[2],同时也使他们直接或间接的产生焦虑、抑郁等心理疾病^[3-4],患者心理上对恢复健康失去信心,从而延长CVD的恢复进程及平均住院时间^[5]。CVD康复是CVD治疗的一项重要干预措施,全面的康复不仅改善了患者身体活动和生存质量,降低医疗成本^[6],而且进行生活方式干预,能降低CVD风险因素,从而改善他们的QOL^[7]。因此,正确评估患者的QOL水平,并针对患者的QOL情况进行改善是康复治疗的重要目标之一。

1 CVD患者QOL评价内容与方法

CVD患者QOL评价内容包括:①身体健康评估(疼痛、虚脱、疲劳、睡眠障碍等自觉症状的有无与整体活动能力的有无);②精神状况评估(忧郁、不安、精神不振等);③社会健康评估(家庭、地区、社会交往等方面的能力)等3方面。

1.1 评估CVD患者QOL的量表

临床上评估CVD患者QOL的量表有: AQOL-4D(the assessment of quality of life)、EQ-5D(EuroQOL)、MOS (medical outcomes study) SF-36、NHP (nottingham health profile)、WHOQOL、MLHF(Minnesota living with heart failure)、Vascular QOL等量表。目前我国临床上常用的QOL量表有EQ-5D和SF-36量表。

1.1.1 AQOL-4D量表: AQOL-4D用于评估健康相关生存质量(HRQOL),最初用于增强多属性测量的灵敏度,它包含多个健康子维度(独立生活、社会关系、物理感官、心理健康和疾病),各维度之间相互独立,且同时具有高度敏感性^[8]。AQOL-4D同时也应用于心理健康^[9]和心脏疾病人群^[10]。

1.1.2 EQ-5D量表: EQ-5D包括五个维度,行动能力、自我照顾能力、日常活动能力、疼痛或不适、焦虑或抑郁。定义总

共243种可能的健康状态,每种健康状态对应0.59—1.00之间一个效用值。EQ-5D结构明晰,易于操作,用于评价与心血管疾病相关的QOL^[11],尤其是对冠心病的评价^[12]。对于年龄较高、文化程度较低的调查人群, EQ-5D适用性较高^[13]。

1.1.3 MOS SF-36量表: 该量表是美国波士顿健康研究所研制开发的一个普适性测定量表。量表包含躯体功能、躯体角色、肌体疼痛、总的健康状况、活力、社会功能、情绪角色和心理卫生8个领域^[14]。SF-36量表可用于评估CVD患者的QOL^[4,15],例如冠心病^[16]、心衰患者的QOL^[17]。浙江大学医学院社会医学教研室完成了中文版SF-36的翻译及性能测试工作^[18]。

1.1.4 NHP量表: 诺丁汉健康调查量表(NHP)用于评价个人对卫生保健的需求和保健的效果,共45条。内容包括个人在(睡眠、躯体活动、精力、疾病、情绪反应和社会孤独感)6个方面和日常生活活动(职业、家务、社会生活、家庭生活、性活动、嗜好和休假)7个方面^[19]。该量表是国际上公认的信度、效度、敏感度均较好的生存质量量表,是广泛应用于评价各类疾病QOL的普适性量表,可用于冠心病^[20]、心脏移植^[21]的QOL评估。

1.1.5 WHOQOL-100量表: 该量表是世界卫生组织制定的,适用于一般人群的普适性量表。量表由6个领域的24个方面构成。每个方面由4个条目构成,分别从强度、频度、能力、评价四方面反映同一特质^[22],目前已研制含26个条目的简版。WHOQOL可用于心脏移植患者的QOL评估^[23]。

1.1.6 MLHF量表: MLHF由美国明尼苏达大学于1987年开发,涉及21个条目,是衡量循环系统疾病QOL的代表性作品,用于评价心力衰竭患者的QOL^[24]。我国有研究应用该量表进行了适用性评价^[25],监测结果表明该量表重测信度高,反应性良好,效度良好,可用于国内慢性心力衰竭患者QOL的评估。

1.1.7 Vascular QOL量表: Vascular QOL量表是专用于评估外周动脉疾病(peripheral arterial disease, PAD)的疾病特定血管QOL评分工具,包括活动、症状、疼痛、情绪、社会等5

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个部分,分值从1分(最坏)到7分(最好)^[26]。通常与SF-36量表结合使用,反应患者因功能受限导致的QOL水平^[27]。

2 CVD康复治疗对QOL的影响

CVD康复除运动疗法外,还包括压力管理、心理疗法、行为修正的干预等治疗方法,可对冠心病、慢性心力衰竭、心脏移植、外周动脉疾病患者进行干预,使其QOL得到很好的改善。

2.1 冠心病(coronary artery disease, CAD)、冠状动脉搭桥(coronary-artery bypass grafting, CABG)手术后

CAD患者术后改善QOL的康复治疗,包括运动疗法、生活方式干预等干预方案。对于冠心病有氧训练的研究比较完善,临床上康复治疗对于有氧运动的应用也比较广泛。越来越多的临床研究达成共识,运动训练有改变心肌梗死后心肌重塑过程和改善心功能的作用^[28]。

冠心病患者进行运动疗法,一般在手术4—8周后开始,3次/周,25—40min/次,65%—75%最大心率^[29]或50%—80%最大摄氧量强度^[16]的有氧运动训练,进行8—12周,通过SF-36量表的评估,康复治疗后患者QOL有明显改善。同时,也有研究认为高强度的有氧训练比传统运动处方(中等强度运动)更能改善患者的QOL。因此报告对高强度有氧间歇训练(aerobic interval training, AIT)与中等强度持续训练(moderate continuous training, MCT)对于QOL改善效果进行了比较^[30]。结果显示,两组均出现QOL持续性改善效果,但AIT比MCT在最大摄氧量的改善方面更具优势。此外,运动疗法不仅可以改善患者的生理状态,同时可以有效改善导致低QOL的焦虑和抑郁情绪^[31]。

在患者从门诊治疗转移至居家康复的过程中,对患者增加1次/周共8次的CVD危险因素教育很有必要,不仅使患者更为重视自己的生活习惯,降低了CVD的危险因素,从而明显改善改善了患者的QOL^[32]。

2.2 慢性心力衰竭

慢性心力衰竭康复治疗效果的研究在近近年来较为多见,一项为期10年的随机对照实验显示,长期规律的运动训练可明显改善心衰患者的循环系统功能,增强心脏功能能力,持续改善患者QOL,并且减少了再入院率和病死率^[33]。

慢性心力衰竭运动疗法大部分适用于NYHA II—Ⅲ级的慢性心力衰竭患者^[34]。运动方式多为有氧运动(慢跑、步行、自行车),运动强度在60%—70%峰值 VO_2 ,或者55%—80%的心率储备^[35—36],可以使SF-36量表评估的低QOL得到改善。Berkhuysen等^[37]的研究发现高频次(10次/周)有氧运动比低频次(2次/周)有氧运动更能改善慢性心力衰竭患者QOL、心理压力和身体健康,高频次的运动训练可能会得到更好的QOL改善效果。

对于慢性心力衰竭患者来说除了传统的有氧运动外,还可根据患者实际情况添加其他相关的治疗措施。增加关节活动度训练和呼吸训练,使得患者不仅改善了QOL,还改善了抑郁情绪^[35]。如果在训练8周后增加肌肉力量训练,并且每周少量的增加运动强度,不仅加速改善患者的身体状况,同时增强患者自信,减轻了患者的抑郁情绪,改善心理健康方面的QOL^[38]。

对于慢性心力衰竭患者的康复治疗,可采用高频次有氧运动疗法,同时可增加关节活动度训练、呼吸训练、肌力训练、心理疗法等,来改善患者QOL。

2.3 心脏移植患者

目前对于心脏移植患者的康复治疗还处于研究阶段,较为有限。一项运动疗法干预的随机对照试验,对受试者进行了15—20min的60%—70%最大摄氧量步行练习,每周至少3次,进行8周,通过简式WHOQOL量表评估,实验前后对比显示患者的QOL有明显改善^[23]。根据进一步对运动治疗的研究,心脏移植患者运动强度比CABG患者低,进行频次和时间相同,心脏移植患者QOL改善与CABG患者相似,且心脏移植患者在身体功能方面的QOL改善明显^[16]。因此,针对心脏移植患者的运动处方设置,可以借鉴CABG患者的运动治疗方案,将其中运动强度设置在较低水平,可能达到一定的改善效果。同时可适当进行低强度的肌肉力量和耐力训练,帮助患者改善移植后的循环系统功能。

2.4 外周动脉疾病(PAD)

临床研究为PAD患者运动训练方法的确定提供参考,一般对于PAD患者的康复治疗是进行步行运动。以典型间歇性跛行的PAD患者为对象,将运动疗法(3次/周,至少30min/次的步行训练)与血管再生术效果进行比较,显示在PAD患者中,运动疗法与血管再生术可产生同样的步行距离和QOL的改善^[39],可能会成为血管再生术的代替治疗方案。另外,有报告指出血管再生术后进行运动疗法,QOL能得到更为显著的改善^[27]。Jakubsevičienė等^[40]的研究表明,实验组手术后6个月在监护下进行康复训练比对照组无监护下的锻炼更能明显改善PAD患者的步行距离和QOL,建议有条件的患者最好在专业设施内接受康复治疗。但值得注意的是,美国心脏协会推荐在运动训练前先进行平板功能测试,以评价患者行走能力以及运动受限程度,然后制定相应的运动处方^[41]。

3 小结

CVD康复可以提高CVD患者的QOL,且QOL的改善与运动训练的增加有相互作用关系,从而进一步提高身体功能方面的QOL,减少再入院率和病死率。同时,适当的添加肌肉力量训练、呼吸训练、心血管病危险因素教育、心理疗法

等,能促进改善患者心理、社会健康,从而使CVD患者QOL水平提高。

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