老年白内障患者合并抑郁状况及其自我感受负担的影响

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【摘要】 **背景**　伴抑郁症状的老年白内障患者自我感受负担较重,术后视觉相关生活质量较无抑郁症状的患者更差,家庭负担更重。既往研究多认为家庭关系、视力等是导致老年白内障患者出现抑郁症状的主要因素,自我感受、合并疾病等对老年白内障患者心理状态的影响研究有限。**目的**　探讨老年白内障患者抑郁症状与自我感受负担和术后视觉相关生活质量的关系,分析患者抑郁症状的危险因素,对其进行针对性的心理干预提供参考。**方法**　连续纳入2020年7月1日—2022年12月31日在江苏省人民医院(南京医科大学第一附属医院)住院治疗的老年白内障患者104例,采用自编调查问卷收集患者基本资料,采用患者健康问卷抑郁量表(PHQ-9)、自我感受负担量表(SPBS)、25项美国国家眼科研究所视功能问卷(NEI-VFQ-25)评定患者抑郁症状、自我感受负担以及术后视觉相关生活质量水平。采用Pearson相关分析考查伴抑郁症状的老年白内障患者PHQ-9、SPBS、NEI-VFQ-25评分的相关性,采用Logistic回归分析老年白内障患者抑郁症状的影响因素。**结果**　共100例老年白内障患者完成有效问卷调查,检出31例(31.00%)患者存在抑郁症状。抑郁组SPBS评分高于无抑郁组(t=11.062,P<0.01),NEI-VFQ-25评分低于无抑郁组(t=-5.235,P<0.01)。Pearson相关分析结果显示,伴抑郁症状的老年白内障患者PHQ-9评分与SPBS评分呈正相关(r=0.485,P<0.01),与NEI-VFQ-25评分呈负相关(r=-0.440,P<0.01)。合并糖尿病(OR=1.441,P<0.01)、合并骨关节炎(OR=1.324,P<0.05)和高SPBS评分(OR=1.340,P<0.05)是老年白内障患者出现抑郁症状的危险因素。**结论**　老年白内障患者抑郁症状检出率较高;伴抑郁症状的老年白内障患者术后视觉相关生活质量更低;合并糖尿病、骨关节炎以及自我感受负担较重是老年白内障患者出现抑郁症状的危险因素。

【关键词】 白内障;老年;抑郁症状;自我感受负担;术后视觉相关生活质量

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Status of depressive symptoms of senile cataract patients and the influence of self-perceived burden

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【**Abstract**】 **Background**　Elderly cataract patients with depressive symptoms have heavier self-perceived burden, and worse vision-related quality of life compared to patients without depressive symptoms, resulting in the increase of family burden. Most previous studies showed that family relationship and vision were the main factors leading to depression in elderly cataract patients, and ignored the effects of self-feeling and complicated diseases on the psychological state of elderly cataract patients. **Objective**　To explore the relationship between depressive symptoms, self-perceived burden and postoperative vision-related quality of life in elderly cataract patients, and to analyze the risk factors of depressive symptoms. So as to provide references for targeted psychological intervention in this population. **Methods**　A total of 104 elderly cataract patients admitted to Jiangsu Province Hospital (The First Affiliated Hospital with Nanjing Medical University) from July 1, 2020 to December 31, 2022 were included. General information, self-perceived burden and postoperative vision-related quality of life were investigated by self-designed questionnaire, Patients' Health Questionnaire depressive Scale-9 item (PHQ-9), Self-Perceived Burden Scale (SPBS) and National Eye Institute Visual Function Questionnaire-25 (NEI-VFQ-25). Pearson correlation analysis was performed to analyze the correlation among PHQ-9, SPBS and NEI-VFQ-25 scores. Logistic regression analysis was used to analyze the influencing factors of depressive symptoms in

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eldery cataract patients. **Results** A total of 100 elderly cataract patients completed an effective questionnaire survey. Among the participants, 31 cases (31.00%) were found to have depressive symptoms. The depressive group exhibited significantly higher SPBS score (t=11.062, P<0.01) and significantly lower NEI-VFQ-25 score (t=-5.235, P<0.01) than those of the non-depressive group. Pearson correlation analysis showed a positive correlation between PHQ-9 and SPBS score (r=0.485, P<0.01), and a negative correlation between PHQ-9 and NEI-VFQ-25 score (r=-0.440, P<0.01). Complicated with diabetes (OR=1.441, P<0.01), osteoarthritis (OR=1.324, P<0.05) and high SPBS score (OR=1.340, P<0.05) were risk factors of depressive sympptoms in elderly cataract patients. **Conclusion** The detection rate of depressive symptoms in elderly cataract patients is higher, and postoperative vision-related quality of life in elderly cataract patients complicated with depressive symptoms is poor. Risk factors include diabetes, osteoarthritis and high self-perceived burden. [Funded by 2022 Jiangsu Province Elderly Health Scientific Research Project (number, LKM2022019)]

【Keywords】 Cataract; Elderly; Depressive symptoms; Self-perceived burden; Postoperative visual-related quality of life

白内障是眼球器官的一种退行性病变，是世界范围内常见的致盲性眼病，约占全部致盲病因的2/5，老年白内障患病率占各类白内障的50%[1]。随着老龄化进程的加快，老年白内障患病率逐年上升，白内障可导致患者出现严重的视功能受损，影响其生活及工作，并引发心理问题[2]。手术治疗可延缓白内障患者视功能受损的进展，但多数老年群体对手术缺乏了解，担忧手术并发症及术后视功能恢复问题，或担心手术照护给家人带来负担，心理压力较大，常伴抑郁症状，进一步影响其术后视觉相关生活质量、社会活动及预后[3]。既往研究多认为视功能降低、机体功能衰退、家庭关系是白内障患者心理健康的影响因素[4-5]。有研究表明[6-8]，眼科疾病患者的心理问题与病情进展和不可逆的视力降低密切相关。对于伴抑郁症状的老年白内障患者而言，其疾病恢复更慢、经济负担更大、照料更困难[9-12]。故需更多关注伴抑郁症状的老年白内障患者心理健康状况。鉴于此，本研究分析老年白内障患者抑郁症状检出情况，并分析其影响因素，以期为其临床干预提供参考。

1 对象与方法

1.1 对象

连续纳入2020年7月1日—2022年12月31日在江苏省人民医院（南京医科大学第一附属医院）住院治疗的老年白内障患者为研究对象。纳入标准：①年龄60~78岁；②主诉视力降低超过3个月，符合《眼科疾病诊疗指南》中白内障的诊断标准，病程≥6个月，均为双眼白内障；③认知功能正常，能理解并配合问卷调查；④均接受手术治疗；⑤凝血功能正常；⑥知晓本研究目的并签署知情同意书。排除标准：①合并无法控制的高血压或糖尿病；②合并严重的脑血管疾病；③合并恶性肿瘤；④心肺耐力差；⑤合并其他影响视功能的眼科疾病。符合纳入标准且不符合排除标准共104例。共发放问卷104份，回收有效问卷100份，有效问卷回收率为96.15%。本研究通过南京医科大学第一附属医院伦理委员会批准。

1.2 评定工具

采用自编调查问卷收集患者的基本信息，包括性别、年龄、病程、吸烟史、饮酒史、受教育程度、居住地、家庭月收入、陪护家属、合并基础疾病情况、白内障类型以及患眼视力。

采用患者健康问卷抑郁量表（Patient Health Questionnaire-9 item，PHQ-9）[13]评定患者抑郁症状及严重程度。采用0~3分4级评分，总评分范围0~27分，0~4分表明无抑郁症状，5~9分表明存在轻度抑郁症状，10~14分表明存在中度抑郁症状，15~27分表明存在重度抑郁症状。PHQ-9评分>4分者为抑郁组，评分≤4分者为无抑郁组。本研究中，该量表Cronbach's α系数为0.939。

采用自我感受负担量表（Self-Percrived Burden Scale，SPBS）[14]评定患者的自我感受负担。该量表共10个条目，包含身体因素（2个条目）、经济因素（5个条目）及情感因素（3个条目）3个维度，采用1~5分5级评分，总评分范围0~50分，总评分越高表明自我感受负担越重。0~19分为无明显负担，20~29分为轻度负担，30~39分为中度负担，40~50分为重度负担。本研究中，该量表Cronbach's α系数为0.921。

采用25项美国国家眼科研究所视功能问卷（National Eye Institute Visual Function Questionnaire-25，NEI-VFQ-25）[15]评定患者术后视觉相关生活质量。采用0（无法完成）~4（可以完成）分5级评分，总评分范围0~100分，总评分越高表明术后视觉相关生活质量越好。本研究中，该问卷Cronbach's α系数为0.950。

1.3 评定方法与质量控制

由2名经过一致性培训的护士于患者入院当天19:00—20:00在独立、安静的访谈室为患者发放自编调查问卷、PHQ-9与SPBS,并于术后首次复诊日(术后4周)在会议室内发放NEI-VFQ-25。问卷填写前,告知患者此次调查的目的及问卷填写方式。问卷评定耗时约30 min,填写完毕后当场回收,检查有无缺项,由双人复核,剔除无效问卷后录入系统。

1.4 统计方法

采用SPSS 26.0进行统计分析。计数资料以[n(%)]表示,组间比较行χ^2检验;计量资料经正态性检验,均符合正态分布,以($\bar{x}\pm s$)表示,组间比较采用独立样本t检验。采用Pearson相关分析考查伴抑郁症状的老年白内障患者各量表评分的相关性。采用Logistic回归分析老年白内障患者抑郁症状的影响因素。检验水准α=0.05,双侧检验。

2 结 果

2.1 老年白内障患者基本资料及PHQ-9评分

在100例老年白内障患者中,男性54例(54.00%),女性46例(46.00%);年龄(68.65±5.11)岁;白内障病程:0.5~1年11例(11.00%),1~5年56例(56.00%),>5年33例(33.00%);有吸烟史36例(36.00%),有饮酒史30例(30.00%)。老年白内障患者PHQ-9总评分为(7.15±1.97)分,检出31例(31.00%)存在抑郁症状。

抑郁组与无抑郁组的年龄、白内障病程、受教育程度、家庭月收入、陪护家属、合并糖尿病情况、合并高血压、合并骨关节炎、视力≤0.70以及PHQ-9评分差异均有统计学意义(P<0.05或0.01)。见表1。

表1 有无抑郁症状的老年白内障患者基本资料和PHQ-9评分比较

Table 1 Comparison of basicl data and PHQ-9 score of senile cataract patients with or without depressive symptoms

项目			抑郁组(n=31)	无抑郁组(n=69)	χ^2/t	P
性别[n(%)]	男性		16(51.61)	38(55.07)	0.103	0.748
	女性		15(48.39)	31(44.93)		
年龄[n(%)]	60~65岁		9(29.03)	35(50.72)	6.480	0.039
	66~70岁		12(38.71)	25(36.23)		
	71~78岁		10(32.26)	9(13.04)		
白内障病程[n(%)]	0.5~1年		1(3.23)	10(14.49)	6.157	0.046
	1~5年		15(48.39)	41(59.42)		
	>5年		15(48.39)	18(26.09)		
吸烟史[n(%)]	有		12(38.71)	24(34.78)	0.143	0.705
	无		19(61.29)	45(65.22)		
饮酒史[n(%)]	有		10(32.26)	20(28.99)	0.109	0.741
	无		21(67.74)	49(71.01)		
受教育程度[n(%)]	初中及以下		8(25.81)	3(4.35)	10.810	<0.010
	高中或中专		13(41.94)	30(43.48)		
	大专及以上		10(32.26)	36(52.17)		
居住地[n(%)]	城市		13(41.94)	26(37.68)	0.163	0.687
	农村		18(58.06)	43(62.32)		
家庭月收入[n(%)]	<3 000元		12(38.71)	8(11.59)	12.644	<0.010
	3 000~5 000元		11(35.48)	21(30.43)		
	5 001~8 000元		6(19.35)	30(43.48)		
	>8 000元		2(6.45)	10(14.49)		
陪护家属[n(%)]	子女		13(41.94)	10(14.49)	9.113	<0.010
	配偶		15(48.39)	50(72.46)		
	其他		3(9.68)	9(13.04)		
合并基础疾病情况[n(%)]	糖尿病	有	12(38.71)	8(11.59)	9.829	<0.010
		无	19(61.29)	61(88.41)		
	骨质疏松	有	16(51.61)	36(52.17)	0.003	0.959
		无	15(48.39)	33(47.83)		
	高血压	有	15(48.39)	19(27.54)	4.144	0.042
		无	16(51.61)	50(72.46)		

续表1:

项　目		抑郁组(n=31)	无抑郁组(n=69)	χ^2/t	P
	骨关节炎　有	15(48.39)	19(27.54)	4.144	0.042
	无	16(51.61)	50(72.46)		
白内障类型[n(%)]	核型	18(58.06)	41(59.42)	0.016	0.899
	皮质和后囊膜型	13(41.94)	28(40.58)		
患眼视力[n(%)]	>0.70	9(29.03)	35(50.72)	4.085	0.043
	≤0.70	22(70.97)	34(49.28)		
PHQ-9评分($\bar{x}\pm s$,分)		15.93±4.89	3.21±0.66	21.308	<0.010

注:PHQ-9,患者健康问卷抑郁量表

2.2　有无抑郁症状的老年白内障患者SPBS和NEI-VFQ-25评分比较

伴抑郁症状的老年白内障患者SPBS的身体因素、经济因素、情感因素及总评分均高于无抑郁组(t=12.721、6.622、22.972、11.062,P 均 <0.01),NEI-VFQ-25评分低于无抑郁组(t=-5.235,P<0.01),差异均有统计学意义。见表2。

2.3　相关分析

伴抑郁症状的老年白内障患者PHQ-9评分与SPBS评分呈正相关(r=0.485,P<0.01),与NEI-VFQ-25评分呈负相关(r=-0.440,P<0.01),SPBS评分与NEI-VFQ-25评分呈负相关(r=-0.604,P<0.01)。

2.4　老年白内障患者抑郁症状的影响因素

以差异分析中有统计学意义的变量为自变量,以是否存在抑郁症状为因变量,进行Logistic回归分析。结果显示,合并糖尿病(β=0.365,OR=1.441,P<0.01)、合并骨关节炎(β=0.281,OR=1.324,P<0.05)、家庭月收入(β=-0.296,OR=0.744,P<0.05)、患眼视力(β=-0.378,OR=0.685,P<0.01)、SPBS评分(β=0.293,OR=1.340,P<0.05)、NEI-VFQ-25评分(β=-0.197,OR=0.821)均是老年白内障患者出现抑郁症状的影响因素,其中高家庭月收入、患眼视力>0.7、高NEI-VFQ-25评分是老年白内障患者合并抑郁症状的保护因素(P<0.05),合并糖尿病、合并骨关节炎、高SPBS评分为危险因素(P<0.05)。见表3。

表2　有无抑郁症状的老年白内障患者SPBS和NEI-VFQ-25评分比较($\bar{x}\pm s$,分)

Table 2　Comparison of SPBS and NEI-VFQ-25 scores between elderly cataract patients with or without depressive symptoms

组　别	SPBS评分				NEI-VFQ-25评分
	身体因素	经济因素	情感因素	总评分	
抑郁组(n=31)	6.78±2.05	16.52±5.13	8.65±2.01	31.95±9.19	55.75±10.96
无抑郁组(n=69)	3.15±0.81	11.01±3.12	2.96±0.33	17.12±4.26	76.51±20.78
t	12.721	6.622	22.972	11.062	-5.235
P	<0.010	<0.010	<0.010	<0.010	<0.010

注:SPBS,自我感受负担量表;NEI-VFQ-25,25项美国国家眼科研究所视功能问卷

表3　老年白内障患者抑郁症状影响因素的Logistic回归分析

Table 3　Logistic regression analysis of influencing factors of depressive sympotoms in elderly cataract patients

变　量	β	SE	$Wald\ \chi^2$	P	OR	95% CI
年龄	0.175	0.265	0.436	0.509	1.191	0.709~2.003
白内障病程	0.101	0.119	0.720	0.397	1.106	0.876~1.397
受教育程度	-0.063	0.138	0.208	0.648	0.939	0.716~1.231
家庭月收入	-0.296	0.129	5.265	0.022	0.744	0.578~0.958
陪护家属	0.135	0.257	0.276	0.600	1.145	0.692~1.894
是否合并糖尿病	0.365	0.108	11.472	<0.010	1.441	1.166~1.780
是否合并高血压	0.269	0.141	3.640	0.057	1.309	0.993~1.725
是否合并骨关节炎	0.281	0.122	1.324	0.022	1.324	1.043~1.682
患眼视力	-0.378	0.114	10.994	<0.010	0.685	0.548~0.857
SPBS评分	0.293	0.136	4.641	0.032	1.340	1.027~1.750

注:SPBS,自我感受负担量表

3 讨 论

本研究结果显示，老年白内障患者抑郁症状检出率为 31.00%，高于 Pellegrini 等[16]的研究结果（28.36%）。老年白内障患者抑郁症状检出率较高，可能与患者长期视功能受损、术前紧张焦虑以及手术创伤应激等有关。老年白内障患者长期视力受损，生活能力部分或完全丧失，患病后自觉对家庭造成较大影响，心理负担重，更易出现抑郁症状[17-19]。

本研究结果显示，伴抑郁症状的老年白内障患者 PHQ-9 评分与 SPBS 评分呈正相关，与 NEI-VFQ-25 评分呈负相关。Logistic 回归分析结果显示，合并糖尿病、合并骨关节炎、高 SPBS 评分是老年白内障患者出现抑郁症状的危险因素，与 Konjevoda 等[20]得出的合并慢性病的白内障患者大多存在负性情绪的结论一致。提示合并基础疾病和自我感受负担较重对老年白内障患者心理状态存在负面影响。反之，老年白内障患者的抑郁症状可能导致其自我感受负担加重。Nguyen 等[21]研究结果显示，患者的心理状态直接影响其自我效能感及社会关系。自我感受负担较重的患者往往无法构建正确的认知，缺乏对周围环境的控制力，更易出现负性情绪[22-25]。老年白内障患者由于视力下降，劳动和活动能力受影响，无法维持原有生活状态，逐渐自我否定，自我效能感降低，自我感受负担加重，进而出现抑郁症状[26-27]。此外，合并糖尿病的老年白内障患者视网膜、晶状体病变较无糖尿病的患者更严重，视力进行性减退更明显，患者更难适应视力损伤带来的生活方式改变，抑郁症状更严重，生活质量降低更明显。骨关节炎是关节软骨退变导致的慢性炎症性关节疾病，大多数患者伴关节畸形或频繁疼痛感，影响患肢功能，导致患者活动能力和生活自理能力进一步下降，更容易出现抑郁症状。此外，自我感受负担较重的白内障患者自身抗逆境能力差，心理韧性水平低，难以适应疾病对生活带来的负面影响，更容易出现抑郁症状，形成恶性循环[28-29]。

本研究结果还显示，高家庭月收入、患眼视力 >0.7 是老年白内障患者出现抑郁症状的保护因素，与 Harutyunyan 等[30]提出的经济条件影响白内障患者心理状态的观点相符合，支持 Mylona 等[31]得出的白内障患者视力水平与焦虑状态密切相关的结论一致。经济条件和视力均与老年白内障患者心理状态的存在一定的关联，分析其原因：患眼视力较好的老年白内障患者日常生活受疾病的影响较小，心理健康水平更高，更不容易出现抑郁症状；家庭月收入越高的老年白内障患者经济负担相对更小，更能接受有效治疗，获得积极的家庭支持，心理状态更好[32]。

综上所述，合并糖尿病、合并骨关节炎以及自我感受负担较重是老年白内障患者存在抑郁症状的危险因素。本研究局限性：①整体样本量较小；②缺乏对患者不同时期心理状态变化的评估。未来研究可通过扩充样本量，研究不同时间段老年白内障患者心理状态尤其是抑郁症状的变化，并分析其影响因素。

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