

突发公共卫生事件下成都市某综合医院 儿童青少年精神障碍患者疾病变化趋势分析

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【摘要】 **背景** 儿童青少年时期是个体心理健康发育的关键阶段, 在面对突发公共卫生事件时, 儿童青少年的心理应对能力较弱, 极易出现各种心理问题。**目的** 了解突发公共卫生事件下某综合医院心理卫生中心儿童青少年住院患者的疾病构成比变化趋势, 为以后类似突发公共卫生事件下儿童青少年心理健康研究与干预实践提供参考。**方法** 选取 2018 年 1 月 1 日—2022 年 12 月 31 日于四川大学华西医院心理卫生中心住院且出院主诊断为《国际疾病分类(第 10 版)》(ICD-10) 中精神分裂症、分裂型障碍和妄想性障碍、抑郁障碍、双相情感障碍、焦虑障碍、创伤后应激障碍任一诊断的儿童青少年患者为研究对象($n=6\ 613$)。回顾性收集患者的病历资料, 根据入院时间将患者分为两组: 新冠肺炎疫情大流行前(2018 年 1 月 1 日—2019 年 12 月 31 日)和新冠肺炎疫情大流行期间(2020 年 1 月 1 日—2022 年 12 月 31 日)。采用趋势 χ^2 检验考查疾病构成比变化趋势。**结果** 与新冠肺炎疫情大流行前相比, 新冠肺炎疫情大流行期间, 儿童青少年住院患者的年龄更小、住院天数更短、女生占比更高($t=10.743, 4.082, \chi^2=29.092, P$ 均 <0.01)。新冠肺炎疫情大流行期间, 抑郁障碍、双相情感障碍、焦虑障碍构成比均呈上升趋势($\chi^2_{趋势}=11.058, 67.333, 17.276, P$ 均 <0.01), 精神分裂症、分裂型障碍和妄想性障碍构成比呈下降趋势($\chi^2_{趋势}=219.924, P<0.01$)。亚组分析显示, 6~14 岁患者中, 双相情感障碍构成比呈上升趋势($\chi^2_{趋势}=18.207, P<0.01$), 15~19 岁患者中, 双相情感障碍和焦虑障碍构成比均呈上升趋势($\chi^2_{趋势}=57.339, 19.011, P$ 均 <0.01); 男生抑郁障碍和双相情感障碍构成比均呈上升趋势($\chi^2_{趋势}=21.729, 11.380, P<0.01$), 女生双相情感障碍和焦虑障碍构成比均呈上升趋势($\chi^2_{趋势}=54.830, 14.377, P$ 均 <0.01)。**结论** 与新冠肺炎疫情大流行前比较, 新冠肺炎疫情大流行期间, 儿童青少年住院患者中女生多于男生, 患者年龄偏小、住院时间偏短, 抑郁障碍、双相情感障碍、焦虑障碍构成比均上升。

【关键词】 突发公共卫生事件; 儿童青少年; 精神障碍

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Analysis of disease trends in children and adolescents with mental disorders of a general hospital in Chengdu during public health emergencies

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【Abstract】 **Background** Childhood and adolescence are critical stages in psychological development. During the public health emergencies, children and adolescents exhibit weaker psychological coping ability, making them more vulnerable to mental health issues. **Objective** To investigate trends in the distribution of hospitalized children and adolescents patients at mental health centers of a general hospital during public health emergencies, so as to provide references for future research and intervention for adolescent under similar contexts. **Methods** A retrospective cohort study was conducted on 6 613 children and adolescent patients hospitalized and discharged from the Mental Health Center of West China Hospital, Sichuan University, from January 1, 2018 to December 31, 2022. Patients were included if their primary diagnosis was schizophrenia, schizotypal disorder and delusional disorder, depressive disorder, bipolar disorder, anxiety disorder or post-traumatic stress disorder in International Classification of Diseases, tenth edition (ICD-10). Patients were divided into two groups based on their admission period: pre-COVID-19 pandemic period (from January 1, 2018 to December 31, 2019) and during the COVID-19 pandemic (from January 1, 2020 to December 31, 2022). Trends in diagnostic distributions were analyzed using the trend chi-square test. **Results** Significant differences were observed between pre-pandemic and pandemic periods in age, length of hospital stay and sex ($t=10.743, 4.082, \chi^2=29.092, P<0.01$). During the COVID-19 pandemic, the proportions of depressive disorder, bipolar disorder and anxiety disorder among hospitalized children and adolescents patients increased ($\chi^2_{trend}=11.058, 67.333, 17.276, P<0.01$), while the proportions of

schizophrenia, schizotypal disorder and delusional disorder decreased ($\chi^2_{trend}=219.924, P<0.01$). Among patients aged 6~14 years, the proportion of bipolar disorder increased ($\chi^2_{trend}=18.207, P<0.01$). Among patients aged 15~19 years, the proportion of bipolar disorder and anxiety disorder also increased ($\chi^2_{trend}=57.339, 19.011, P<0.01$). In male patients, the proportions of depressive disorder and bipolar disorder increased ($\chi^2_{trend}=21.729, 11.380, P<0.01$), while in female patients, the proportion of bipolar disorder and anxiety disorder increased ($\chi^2_{trend}=54.830, 14.377, P<0.01$). **Conclusion** Compared with the pre-pandemic period, during the COVID-19 pandemic, among hospitalized children and adolescents patients, there are more female patients than male patients, with a tendency for patients to be younger and have shorter lengths of hospital stay. The proportions of depressive disorder, bipolar disorder and anxiety disorder have all increased.

【Keywords】 Public health emergencies; Children and adolescents; Mental disorder

儿童青少年时期是个体心理健康发育的关键阶段^[1-2]。在面对突发公共卫生事件时,儿童青少年的心理应对能力较弱,极易出现各种心理问题^[3-4]。新型冠状病毒感染作为全球重大突发公共卫生事件,对青少年的学习和生活造成了重大影响,导致部分青少年出现心理健康问题^[6]。新冠肺炎疫情流行期间,8~18岁儿童青少年群体自我报告的抑郁、焦虑和躯体不适等均较以往增加^[7]。与男性青少年相比,女性青少年更易出现抑郁和焦虑情绪^[8-10]。既往研究主要通过受试者本人或父母填写调查问卷来获取相关信息,存在一定的回忆偏倚或自我报告偏倚。因此,本研究回顾性收集2018年—2022年四川大学华西医院心理卫生中心儿童青少年住院患者的病历资料,考查新冠肺炎疫情大流行前与大流行期间儿童青少年住院患者疾病构成比及变化趋势,为以后在类似突发公共卫生事件下青少年精神心理疾病的防治和对公众的健康教育提供参考。

1 对象与方法

1.1 对象

以2018年1月1日—2022年12月31日于四川大学华西医院心理卫生中心住院的儿童青少年患者为研究对象。入组标准:①入院时年龄6~19岁^[11-12];②出院主诊断为 ICD-10 中精神分裂症、分裂型障碍和妄想性障碍、抑郁障碍、双相情感障碍、焦虑障碍、创伤后应激障

碍任一诊断。排除标准:①合并严重躯体疾病者;②患有可能导致精神障碍的其他相关疾病者,如甲亢、脑器质性疾病、脑炎等;③合并精神活性物质使用者。符合入组标准且不符合排除标准共6 613例。患者家属均签署知情同意书。

1.2 资料收集

从医院病历系统中导出患者的基本资料,包括性别、年龄、民族、付费方式、居住地和住院天数。以2020年国家卫健委对新型冠状病毒感染实施“乙类甲管”方案的时间为界^[13],根据入院时间,将患者分为新冠肺炎疫情大流行前(2018年1月1日—2019年12月31日)、新冠肺炎疫情大流行期间(2020年1月1日—2022年12月31日)两组。

1.3 统计方法

采用SPSS 26.0进行统计分析。计数资料以 $[n(\%)]$ 表示,组间比较采用 χ^2 检验;符合正态分布的计量资料以 $(\bar{x}\pm s)$ 表示,组间比较采用独立样本 t 检验;采用趋势 χ^2 检验考查疾病构成比变化趋势。检验水准 $\alpha=0.05$ 。

2 结 果

2.1 基本资料

与新冠肺炎疫情大流行前相比,新冠肺炎疫情大流行期间,儿童青少年住院患者的年龄更小、住院天数更短、女生占比更高($t=10.743, 4.082, \chi^2=29.092, P$ 均 <0.01)。见表1。

表1 新冠肺炎疫情大流行前和大流行期间住院患者基本资料比较
Table 1 Comparison of basic data of inpatients before and during COVID-19 pandemic

项 目	新冠肺炎疫情大流行前($n=2\ 241$)	新冠肺炎疫情大流行期间($n=4\ 372$)	t/χ^2	P	
性别 $[n(\%)]$	男生	771(34.40)	1 223(27.97)	29.092	<0.010
	女生	1 470(65.60)	3 149(72.03)		
年龄 $(\bar{x}\pm s, \text{岁})$	16.29±2.00	15.73±2.05	10.743	<0.010	
民族 $[n(\%)]$	汉族	2 084(92.99)	4 064(92.96)	0.003	0.953
	少数民族	157(7.01)	308(7.04)		
付费方式 $[n(\%)]$	自费	1 435(64.03)	1 868(42.73)	269.059	<0.010
	医保	806(35.97)	2 504(57.27)		

续表 1:

项 目	新冠肺炎疫情大流行前(n=2 241)	新冠肺炎疫情大流行期间(n=4 372)	t/χ^2	P	
居住地[n(%)]	省内	1 869(83.40)	3 717(85.02)	2.957	0.086
	省外	372(16.60)	655(14.98)		
住院天数($\bar{x}\pm s$,天)	15.46±7.29	14.71±6.37	4.082	<0.010	

2.2 住院患者疾病构成比变化情况

新冠肺炎疫情大流行期间,儿童青少年患者抑郁障碍、双相情感障碍、焦虑障碍构成比均呈上升趋势($\chi^2_{趋势}=11.058、67.333、17.276, P$ 均<0.01),精神分裂症、分裂型障碍和妄想性障碍构成比呈下降趋势($\chi^2_{趋势}=219.924, P<0.01$)。见表2。

2.3 亚组分析

新冠肺炎疫情大流行期间,在6~14岁住院患者

中,双相情感障碍构成比呈上升趋势($\chi^2_{趋势}=18.207, P<0.01$);在15~19岁住院患者中,双相情感障碍和焦虑障碍构成比呈均上升趋势($\chi^2_{趋势}=57.339、19.011, P$ 均<0.01)。见表3。

新冠肺炎疫情大流行期间,男生抑郁障碍和双相情感障碍构成比均呈上升趋势($\chi^2_{趋势}=21.729、11.380, P<0.01$);女生双相情感障碍和焦虑障碍构成比均呈上升趋势($\chi^2_{趋势}=54.830、14.377, P$ 均<0.01)。见表4。

表 2 住院患者疾病构成比变化情况[n(%)]

Table 2 Changes in disease composition ratio of hospitalized patients

疾病种类	新冠肺炎疫情大流行前(n=2 241)	新冠肺炎疫情大流行期间(n=4 372)	$\chi^2_{趋势}$	P
精神分裂症、分裂型障碍和妄想性障碍	723(32.26)	667(15.26)	219.924	<0.010
抑郁障碍	1 034(46.14)	2 289(52.35)	11.058	<0.010
双相情感障碍	346(15.44)	1 001(22.89)	67.333	<0.010
焦虑障碍	124(5.53)	392(8.97)	17.267	<0.010
创伤后应激障碍	14(0.63)	23(0.53)	0.282	0.596

表 3 不同年龄段的住院患者疾病构成比变化情况[n(%)]

Table 3 Changes in disease composition ratio of hospitalized patients in different age groups

年 龄	疾病种类	新冠肺炎疫情大流行前(n=2 241)	新冠肺炎疫情大流行期间(n=4 372)	$\chi^2_{趋势}$	P
6~14岁	精神分裂症、分裂型障碍和妄想性障碍	119(28.27)	144(11.14)	50.882	<0.010
	抑郁障碍	227(53.92)	803(62.15)	2.617	0.106
	双相情感障碍	48(11.40)	236(18.27)	18.207	<0.010
	焦虑障碍	21(4.99)	96(7.43)	0.911	0.340
	创伤后应激障碍	6(1.42)	13(1.01)	0.212	0.645
15~19岁	精神分裂症、分裂型障碍和妄想性障碍	604(33.19)	523(16.98)	152.914	<0.010
	抑郁障碍	807(44.34)	1 486(48.25)	3.545	0.060
	双相情感障碍	298(16.37)	765(24.84)	57.339	<0.010
	焦虑障碍	103(5.66)	296(9.61)	19.011	<0.010
	创伤后应激障碍	8(0.44)	10(0.32)	0.656	0.418

表 4 不同性别的住院患者疾病构成比变化情况[n(%)]

Table 4 Changes in disease composition ratio of hospitalized patients of different sexes

性 别	疾病种类	新冠肺炎疫情大流行前(n=2 241)	新冠肺炎疫情大流行期间(n=4 372)	$\chi^2_{趋势}$	P
男生	精神分裂症、分裂型障碍和妄想性障碍	329(42.67)	301(24.61)	79.182	<0.010
	抑郁障碍	278(36.06)	569(46.53)	21.729	<0.010
	双相情感障碍	110(14.27)	234(19.13)	11.380	<0.010
	焦虑障碍	50(6.48)	113(9.24)	3.624	0.057
	创伤后应激障碍	4(0.52)	6(0.49)	0.267	0.605
女生	精神分裂症、分裂型障碍和妄想性障碍	394(26.80)	366(11.62)	126.943	<0.010
	抑郁障碍	756(51.43)	1720(54.62)	0.149	0.699
	双相情感障碍	236(16.06)	767(24.36)	54.830	<0.010
	焦虑障碍	74(5.03)	279(8.86)	14.377	<0.010
	创伤后应激障碍	10(0.68)	17(0.54)	0.981	0.322

3 讨 论

本研究表明,新冠肺炎疫情大流行期间,儿童青少年住院患者年龄更小、住院时间更短、女生占比更高,与既往研究结果一致^[4-5,10,14]。低龄儿童青少年更易受到新冠肺炎疫情的影响,如疫情带来的恐惧、不确定性以及生活方式的重大改变等^[15-16]。医院是病毒传播的高危场所,因此,患者尽早出院或许有助于降低病毒传播的风险,故新冠肺炎疫情大流行期间患者的住院时间缩短。既往研究表明,相较于男性青少年,在新冠肺炎疫情大流行期间,女性青少年更易出现情绪问题^[8,10],与本研究结果一致,此外,青春期女生可能承受着比男生更大的压力,更易出现负性情绪^[17]。

本研究表明,新冠肺炎疫情大流行期间,儿童青少年患者年龄更小,抑郁障碍、双相情感障碍和焦虑障碍的构成比均呈上升趋势。一项流行病学研究显示,疫情期间全球儿童青少年抑郁和焦虑症状的检出率比疫情流行前高出一倍^[18]。分析其原因可能如下:①受疫情的影响,处于隔离状态的儿童青少年与父母、同学、好友等的联系减少,孤独感增加,心理负担加重,更易产生恐惧感和焦虑情绪^[19-21],进而出现精神心理问题,而感染症状、治疗药物的副作用也可能会进一步加剧其精神心理问题^[22];②疫情期间儿童青少年频繁使用社交媒体,社交媒体上关于新冠肺炎疫情的虚假信息和不实报道也可能加剧其焦虑抑郁情绪^[8,22],社交媒体使用时间过长也可能使儿童青少年更易出现焦虑、抑郁等负性情绪^[23];③儿童青少年的应对方式尚不成熟,心理弹性相对较差^[24],面对新冠肺炎疫情这一全球突发性应激事件时,儿童青少年可能表现出各种应激反应,如做噩梦、食欲不振、身体不适、注意力不集中等^[25],过度应激会导致个体自主神经功能失调和大脑皮层受损,进而出现心理问题^[26];④新冠肺炎疫情大流行期间,儿童青少年父母可能受到健康和经济的双重压力,心理健康、婚姻状况和亲子关系等受到影响,从而影响儿童青少年的心理健康^[27-30]。

综上所述,与新冠肺炎疫情大流行前比较,在新冠肺炎疫情大流行期间,综合医院心理卫生中心儿童青少年住院患者年龄偏小、住院时间偏短、女生占比更高,且抑郁障碍、双相情感性障碍、焦虑障碍构成比均呈上升趋势。本研究局限性:仅对一所医院住院患者的资料进行了分析,研究结论的外推

受限。未来可进行多中心研究,纳入门诊和住院患者,进一步探讨类似突发公共卫生事件下儿童青少年精神心理问题的发生情况,以期儿童青少年精神障碍患者提供更加精准有效的心理健康支持与服务。

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