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正念减压疗法在癌症患者心理困扰中的应用进展

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[摘要] 癌症患者普遍存在心理困扰, 正念减压疗法(mindfulness-based stress reduction, MBSR)因具备诸多优势而被广泛用于肺癌患者心理困扰的干预。本文介绍了癌症患者心理困扰及MBSR的相关知识、MBSR在癌症患者心理困扰中的应用以及MBSR用于癌症患者心理困扰的机制。

[关键词] 癌症患者; 心理困扰; 正念减压

Research status of mindfulness-based stress reduction for psychological distress in cancer patients

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Abstract Psychological distress has become a key issue faced by cancer patients. Mindfulness-based stress reduction (MBSR) has been extensively used to treat psychological distress in cancer patients because it has several advantages. This review introduced the knowledge related to psychological distress in cancer patients and MBSR, application of MBSR in psychological distress in cancer patients, and the mechanisms of MBSR for treating psychological distress in cancer patients.

Keywords cancer patients; psychological distress; mindfulness-based stress reduction

据国际癌症研究所(International Agency for Research on Cancer, IARC)最新数据^[1]显示: 2018年全球癌症新发病例约为1 810万, 死亡病例约为960万。基于2017年全国恶性肿瘤登记资料得

出的中国各地区恶性肿瘤发病与死亡数据^[2]显示: 2014年我国新发与死亡恶性肿瘤病例分别约为380.4万和229.6万。癌症诊断本身作为负性应激, 会对患者的情绪产生不良影响^[3], 加之晚期癌症治

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疗效果不佳, 预后不良, 患者常存在严重的心理困扰^[4]。国际肿瘤心理协会^[5](International Psycho-Oncology Society, IPOS)已于2010年将心理困扰作为继体温、脉搏、呼吸、血压与疼痛之后的第6项生命体征, 并把心理困扰问题的评估列为临床护理实践中的常规项目。正念减压疗法(mindfulness-based stress reduction, MBSR)作为常见的补充替代疗法, 因具备获得性强、对个体的年龄和教育程度要求不高、可在众多环境下使用、实施简单、不产生额外费用等特点^[6], 而被广泛应用于癌症患者的心理困扰问题。尽管如此, 有关MBSR应用于癌症患者心理困扰的文献尚孤散零乱, 尤其是缺乏对MBSR在癌症患者心理困扰中的应用机制探讨的研究进行系统整理^[7]。为此, 本文就癌症患者心理困扰的现状、MBSR的概念和技术方法、MBSR在不同类型癌症患者心理困扰中的应用以及MBSR对癌症患者心理困扰的干预机制进行综述, 以期对癌症患者心理困扰的精准干预提供理论基础。

1 癌症患者心理困扰概述

1.1 心理困扰概述

心理困扰是一种由多重因素引起的不愉快的情绪体验, 包括心理的(认知、行为和情感)、社会的和/或精神上的变化^[8], 存在于癌症患者的任何阶段^[9]。心理困扰将给癌症患者造成诸多不利影响^[10], 如使个体产生焦虑、抑郁、易激惹及自我价值感降低^[11], 阻碍患者对肿瘤的有效应对能力, 影响患者的症状和治疗效果^[8], 不利于治疗的依从性和自我照顾^[12]。此外, 还可引起患者生命质量的下降、不正确的健康行为、过度的使用医疗资源、高病死率^[13]。同时, 心理困扰亦可降低机体的免疫功能, 减弱免疫系统识别和消灭癌症细胞的作用^[14], 从而影响治疗的效果, 增加治疗相关并发症产生的风险。

1.2 癌症患者心理困扰的发病现状

尽管目前尚缺乏癌症患者心理困扰发生率的权威数据, 但通过分析已开展的调查研究^[7]可知: 心理困扰已成为癌症患者面临且亟需解决的心理问题。Zabora等^[15]调查4 496例癌症患者, 分析得出该人群的心理困扰检出率为35.1%。Rosenberger等^[16]基于362例门诊癌症患者的调查数据发现: 90%的癌症患者存在心理困扰。Chan等^[17]采用心理困扰温度计调查亚洲青少年癌症患者发现心理困扰发生率为43.1%。韩静等^[18]在调查的100例

癌症患者中发现: 患者均存在不同程度的心理困扰。位亚娟等^[19]对65例妇科恶性肿瘤患者调查发现: 92%的患者存在心理困扰, 59%的患者心理困扰自我评分 ≥ 4 。洪静芳等^[20]基于老年癌症患者心理困扰的横断面调查研究发现: 该人群心理困扰检出率为43.8%。沈颖等^[21]调查216例乳腺癌患者发现: 在确诊当时与确诊后1, 3, 6个月, 患者心理困扰的检出率分别为63.9%, 78.2%, 69.4%和33.3%。张照莉等^[22]基于557例癌症住院患者的调查发现心理困扰的检出率为13.46%。基于上述调查研究可知, 尽管目前针对癌症患者心理困扰问题已开展了大量调查研究, 但多数研究存在样本量偏小及心理困扰检出工具选用不恰当等不足。因此, 为准确掌握癌症患者心理困扰的发生率数据, 在现有研究基础上, 合理计算样本量, 设计多中心横断面调查研究, 并选择适宜的心理困扰检出工具(如心理困扰温度计)极为迫切且必要。

2 MBSR 概述

正念源自于佛学^[23], 实质是一种有意识的自我正向调节, 强调个体将注意力集中于当下状态或当前既定的目标, 而不过度关注于过往经历、感受或体验^[24], 从而有助于个体从负性的思维模式中解脱^[25], 并以积极的态度参与到当前的治疗及照护活动中^[26]。以正念为基础的心理疗法主要包括4种^[27]: 即正念认知疗法(mindfulness-based cognitive therapy, MBCT)、辩证行为疗法(dialectical behavior therapy, DBT)、接纳和承诺疗法(acceptance and commitment therapy, ACT)以及MBSR。其中MBSR是当前心理治疗领域应用最为广泛的方案。

MBSR的核心是协助患者通过正念禅修来平衡或抵消压力、疼痛和疾病所造成的负面影响, 从而使患者回归到较为正常的心理状态, 进而加强自身对上述负性状态或结局的应对或面对的内生能力, 亦称为正念冥想(positive meditation, PM)^[28]。经典的MBSR课程的干预周期为8周, 具体内容涉及了解自动驾驶模式、克服障碍、在移动中冥想、活在当前、学会接受、认识那些不切实际的想法、关照自己及反思与改变八方面。

3 MBSR 在癌症患者心理困扰中的应用

3.1 MBSR 在乳腺癌患者心理困扰中的应用

乳腺癌是女性患者最常见的恶性肿瘤, 其发病率与病死率均位居首位^[1]。乳腺癌患者接受外科

治疗后身体意象将发生极大改变, 致使患者心理承受阈值降低, 心理困扰的检出率往往较高, 如沈颖等^[21]对乳腺癌患者心理痛苦水平开展纵向调查发现, 确诊时患者的中重度心理痛苦检出率高达63.9%。正因如此, 乳腺癌患者已成为MBSR的主要干预人群^[29], 针对MBSR在该人群中的干预效果亦存在指南推荐及循证评价证据。张青月等^[30]基于10项随机对照试验所制作的Meta分析发现: MBSR可有效缓解患者的焦虑及抑郁状态。Zhang等^[31]通过整合14项研究的结果发现: MBSR有益于乳腺癌患者心理功能、焦虑、抑郁及心理痛苦状态的恢复。Huang等^[32]纳入9项合格研究的Meta分析发现MBSR显著改善了乳腺癌幸存者的心理状态, 如焦虑和抑郁, 并推荐将MBSR作为该类患者康复方案的一部分。此外, 美国中西医结合学会^[33]亦推荐冥想等正念训练用于控制乳腺癌患者的焦虑和情绪障碍。

3.2 MBSR 在肺癌患者心理困扰中的应用

IARC 2018年数据^[1]显示: 肺癌是最常见的癌症类型, 其新发病例与死亡病例分别约为209万和176万。在中国, 肺癌的发病率和病死率同样处于所有癌症类型之首^[2]。由于肺癌的高发病与高病死率, 其心理困扰问题也已受到研究者的关注与重视, 例如美国胸内科医师学会^[34]对MBSR和冥想等正念训练在改善肺癌患者焦虑和抑郁等症状方面给出了2B级证据。尽管如此, 目前针对MBSR在肺癌人群心理困扰中应用价值的研究仍显不足。宁阳辉等^[35]选取40例肺癌患者, 并随机分为正念减压联合干预组20例和常规护理组20例, 结果发现MBSR可以减轻肺癌患者焦虑和抑郁情感障碍。Schellekens等^[36]将63例存在心理困扰的肺癌患者随机分为接受8周MBSR的干预组及常规照护组, 结果显示接受MBSR的31例患者的心理困扰改善程度优于对照组。然而, 亦有研究得出了不一致的结果, 如Lehto等^[37]对20例接受放射治疗(以下简称放疗)、化学药物治疗(以下简称化疗)的III/IV期非小细胞肺癌患者实施正念干预后, 却发现患者癌症相关症状的改善并不明显; van den Hurk等^[38]采用混合方法研究MBSR在肺癌患者中的应用效果, 发现患者的心理困扰情况并未发生显著改变, 并建议设计新的随机对照试验以进一步明确MBSR对肺癌患者心理困扰的干预效应。

3.3 MBSR 在其他癌症患者心理困扰中的应用

截至目前, MBSR在其他类型癌症患者心理

困扰中的应用较为缺乏。李伟玲^[39]研究发现: 接受MBSR干预的53名宫颈癌化疗患者的心理痛苦改善情况优于接受对照干预的53名患者。陈敏霞等^[40]将48例妇科恶性肿瘤患者随机分为两组, 发现配偶同步MBSR能有效缓解患者的心理困扰状态。关馨瑶等^[41]对32例食管癌根治术后患者给予为期7周的MBSR干预后, 患者的焦虑与抑郁症状有效改善。刘柳利^[42]对32例直肠癌患者实施MBSR后, 患者的焦虑感和疲乏感得以有效缓解。Pollard等^[43]开展的I期临床研究显示: 接受为期7周的个性化MBSR项目的19名头颈部癌症患者心理困扰程度显著改善。

4 MBSR 对癌症患者心理困扰干预的机制

4.1 基于生物标志物的机制研究

研究表明: 癌症患者接受正念干预后, 其生物标志物发生了明显改变, 主要包括免疫功能^[44-46]、下丘脑-垂体-肾上腺轴调节^[47-48]、前列腺特异性抗原水平^[49]与植物神经功能^[50-51]的变化。Matchim等^[52]通过系统梳理MBSR在乳腺癌幸存者中应用效果的文献发现MBSR可显著改善患者的生物学结局。Carlson等^[47]开展的自身前后对照研究发现: MBSR干预后的6个月和12个月患者的皮质醇水平与Th1水平显著下降。Reich等^[53]随机分配41例乳腺癌患者至MBSR组和无干预对照组, 以探讨基线生物标志物水平对MBSR干预效果的预测价值, 发现B淋巴细胞与 γ 干扰素是胃肠功能改善的最强预测因素($P < 0.01$), $CD4^+$ 和 $CD8^+$ T淋巴细胞是认知和心理症状改善的最强预测因素($P = 0.02$), 淋巴细胞和白细胞介素-4(IL-4)是疲乏改善的最强预测因素($P < 0.01$)。

皮质醇含量超过正常水平将致使人体压力产生, 而研究^[46]表明: MBSR可降低肺癌、大肠癌、乳腺癌及前列腺癌等进展期癌症患者唾液腺皮质醇含量和IL-6水平。Lengacher等^[54]以接受放疗治疗后的乳腺癌患者为研究对象, 并安排患者接受MBSR训练, 然后采用免疫组织化学和流式细胞术探索患者接受训练后, 体内淋巴细胞亚群百分比的变化与T细胞活性, 结果显示: 患者T细胞活性通过MBSR训练被Th1的有丝分裂原激活, 也表明MBSR可提升癌症患者的免疫功能。

亦有研究从分子层面探讨MBSR应用于癌症患者心理困扰的机制。Lengacher等^[55]发现端粒酶的长度在心理困扰与疾病状态的关系中充当重要的“心理标志物(psychobiomarker)”角色, 而且端

粒酶的长度部分受心理困扰所调控。端粒酶是机体的基本核蛋白逆转录酶, 主要功能是保证细胞复制时的基因完整性^[56]。诸多研究者^[57-58]认为: 端粒酶的长度及活性是患病风险^[57]、疾病进展^[57]与过早死亡风险(premature mortality)^[57]的生物调节因子与预测因子, 且端粒酶的活性还与心理困扰密切相关^[58]。Lengacher等^[55]纳入142例0~III期手术2年内的乳腺癌患者, 并随机分为接受常规照护的对照组和接受MBSR的干预组, 结果显示: MBSR组端粒酶活性在12周里持续增强的患者约为17%, 对照组为3%($P<0.01$)。

4.2 基于社会心理的机制研究

正念减压对癌症患者(尤其是乳腺癌和前列腺癌)心理痛苦的改善效果已得到广泛验证, 但有关其对癌症患者心理困扰产生作用的机制研究却极为缺乏。目前, 仅康晓菲等^[59]以225名不孕女性患者为对象, 探讨了知觉压力在正念水平与心理困扰之间的中介作用, 并发现正念水平既可以预测心理困扰程度, 又可以通过知觉压力的中介作用而间接预测心理困扰程度。此外, 诸多研究发现病耻感、自尊、应对方式、社会支持和疾病感知均可影响患者的心理健康, 如毛艺璇^[60]调查125名精神分裂症患者的主要照顾者发现: 病耻感可以直接预测患者的心理困扰水平, 自尊可以负向预测患者的心理困扰。刘晓芯等^[61]对176例住院肺癌患者进行调查显示: “屈服”应对情况高于常模, 然而屈服的消极应对方式会使个体的心理更痛苦。吴柳艳等^[62]针对95例肺癌患者进行调查, 发现家人的支持能很好地缓解患者心理困扰的程度。金梅等^[63]横断面调查181例胃癌化疗期患者, 发现疾病感知对心理困扰有一定的预测作用。而与此同时, 也有研究表明正念可影响患者的病耻感、自尊、应对方式、社会支持和疾病感知, 如Palmeira等^[64]发现: 基于正念的团体干预可降低患者的病耻感。凌姝^[65]对122例康复期精神分裂症患者实施团体教育联合正念认知训练后发现, 患者自尊及自我效能感得以改善。赵雅玲等^[66]对62例肺癌化疗患者实施为期6周的正念行为训练与信息支持联合干预, 发现患者疾病不确定感和应对方式在干预后得到改善。Schellekens等^[36]基于139例乳腺癌患者比较MBSR和支持表达性团体心理治疗效果的临床研究表明: MBSR可改善患者的社会支持获得感。Carletto等^[67]在研究正念干预对多发性硬化症患者的作用效果时发现正念干预可有效改善患者的疾病感知。由上述文献可

知, 正念可通过直接作用于心理困扰或通过知觉压力间接作用于心理困扰而发挥作用, 但能否通过病耻感、自尊、应对方式、社会支持和疾病感知而间接影响患者的心理困扰目前尚不清楚。根据专业知识和研究目的, 基于现有文献基础, 笔者推测正念主要通过以下3条路径影响肺癌患者的心理困扰: 1) 正念→社会支持→自尊→知觉压力→心理困扰; 2) 正念→社会支持→自尊→应对方式→病耻感→心理困扰; 3) 正念→社会支持→自尊→应对方式→疾病感知→心理困扰。

5 结语

尽管调查癌症患者心理困扰流行现状的研究结果不一致, 但可明确心理困扰在癌症人群中极为常见, 且正念减压具备降低肺癌患者心理困扰的潜力与优势, 但作用机制尚不清楚。因此, 在已有数据基础上, 运用横断面调查设计, 开展不同癌症类型患者心理困扰发生现状及影响因素的调查, 可为癌症患者心理困扰的精准筛查提供基础。此外, 尽管MBSR在癌症患者心理困扰中的应用已趋广泛, 但是干预人群仍以乳腺癌群体为主, 其干预效应的亦得到证实, 目前尚缺乏针对其他癌症类型患者的高质量研究, 进一步研究MBSR在其他癌症类型心理困扰中的干预效果十分必要。与此同时, 尽管现有干预研究所采用的MBSR项目都以Jon Kabat-Zinn所创立的MBSR为基础, 但是在干预周期和具体干预内容方面仍存在差异, 如何保证不同MBSR干预项目的同质性是值得研究的方向。最后, 尽管当前有少许研究从标志物层面探讨了MBSR干预癌症患者心理困扰的作用机制, 但研究深度仍存在极大不足。而且MBSR作为一种心理干预手段, 其在社会心理学层面的心理困扰干预机制甚至更为重要, 但目前尚缺乏这一方面的研究。因此, 深入研究MBSR作用于癌症患者心理困扰的社会心理学机制亦是当前亟待解决的课题。

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