

# 行政院國家科學委員會專題研究計畫報告

## 上消化道症狀，心理社會因素與幽門螺旋桿菌感染 在消化性潰瘍中之相互關係之探討

The relationship among dyspepsia, psychosocial factors and Helicobacter pylori infection in peptic ulcer disease

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### 一、中文摘要

消化道疾病的發生與心理社會因素的關係一直是一個難以釐清的問題。近年來，幽門螺旋菌的發生使消化性潰瘍在病因探討與治療上獲得突破的發展，但幽門螺旋菌感染與心理社會因素的關係仍然沒有進一步的研究與了解本研究將以壓力模式收集心理社會因素資料及幽門螺旋菌感染，上消化道症狀等資料，以了解三者在消化性潰瘍中扮演的角色與關係，並計畫長期追蹤以了解心理社會因素及幽門螺旋菌感染的變化對疾病及症狀的影響。第一年的研究共收集 88 位個案，包括有症狀的急性消化性潰瘍病人，無症狀潰瘍病人，及正常人。初步測試本研究工具，上消化道症狀問卷、簡式症狀量表、最近生活經驗調查量表及病人自填性格量表。結果顯示上消化道症狀問卷可以分為四個因素，可以解釋 52.1% 的變異量。本問卷整體的内部一致性檢定  $\alpha$  值為 0.65。簡式症狀量各分量表之  $\alpha$  值約介於 0.5-0.7 之間。病人自填性格量表 (MPI) 之 Neurotism 分量表  $\alpha$  值為 0.79，extroversion 分量表  $\alpha$  值為 0.71。消化道症狀以上腹痛及腹脹為最多。在有症狀的病人中有幽門螺旋桿菌感染率為 92.5%，在無症狀無消化性潰瘍者幽門螺旋桿菌感染率為 50.0%。

### Abstract

How psychosocial factors affect the occurrence of gastrointestinal disorder is a unresolved problem. In recent years, the discovery of Helicobacter pylori is a great advance in understanding the cause and treatment of peptic ulcer disease. However, the relationship between psychosocial factors and Helicobacter pylori (HP) infection in peptic ulcer disease is still obscured. This study is designed to examine the relationship

among peptic ulcer, upper gastrointestinal tract symptoms, psychosocial variable and HP infection.

A total of 88 people were recruited in the first year study including people with symptomatic peptic ulcer disease, and asymptomatic non-ulcer individuals. The study of the applicability of the research instruments in this population revealed promising results. Four factors were extracted from the gastrointestinal symptom checklist which explained 52.1% of the total variance. The Cronbach's  $\alpha$  of the checklist is 0.65. Brief Symptom Rating Scale (BSRS) is a instrument previously used in the evaluation of psychiatric symptoms in primary practice setting. In this study, the Cronbach's  $\alpha$  of each subscale was ranged from 0.40 to 0.75. The neurotism subscale of the Maudsley Personality Inventory (MPI) was 0.79 and the extroversion subscale was 0.71. More of the symptomatic patients had upper abdominal pain. Ninety-two point five percent of the people with peptic ulcer disease had Helicobacter infection compared to 50 percent infection rate among health people.

### 二、緣由與目的

本研究的目的是了解上消化道症狀、心理社會因素及幽門螺旋桿菌在消化性潰瘍上所佔的角色與彼此關係。本研究希望透過上消化道症狀、心理社會因素及幽門螺旋桿菌三個主要變項之多變項分析，對於上消化道症狀，心理社會因素及幽門螺旋桿菌感染的相互關係作進一步了解。增加對於上消化道症狀與消化性潰瘍的發生的認識，並作為進一步研究的參考，對於臨床上，上消化道症狀的處理也會有所幫助。

### 三、結果與討論

本研究第一年之工作目標為測量工具的編製修改與測試。

1. 「消化道症狀評估表」之編製。有關上消化道症狀問卷，經文獻整理、專家內容效度及前測後製成一checklist，主要是涵蓋常見的上消化道潰瘍症狀〔dyspepsia〕及消化道運動功能障礙症狀〔motility symptoms〕二大部份。量表採Likert方式計分，由病人依症狀嚴重程度以無、輕微、中度及嚴重四點量表回答。消化道症狀之主成分分析共得四個因素，可以解釋52.1%的變異量。本問卷整體的內部一致性檢定 $\alpha$ 值為0.65。

#### 2. 心理社會因素之評估

精神症狀方面採用已有良好信效度並曾在基層醫療環境使用證明對於一般內科疾患之輕型精神疾病有良好偵測能力之簡式症狀量表(Brief Symptom Rating Scale, BSRS)。BSRS乃是從Derogatis之SCL-90修改經本土樣本研究發展常模而成。BSRS在精神科門診及社區基層醫療單位對一般就診民眾施測之兩週再測信度均為0.80以上。在精神科初診患者、有精神科診斷之家醫科病人及無精神科診斷之患者，三組作鑑別分析，BSRS之正確率為75.8%，敏感度為66.7%，特異度為86.7%。本研究之內部一致性分析，各分量表之 $\alpha$ 值如下：身體化症狀0.75、強迫性症狀0.75、人際關係敏感0.73、憂鬱0.57、焦慮0.71、敵意0.60、恐懼0.40、疑心0.56、離群0.43。部份 $\alpha$ 值較低的分量表可能是因個案數較少，而且具有此等症狀的比例較低，因而變異量較大所致。依照上述所作分析來看，BSRS應適合本研究使用。

#### 3. 病人自填性格量表(MPI)之信效度測驗

本問卷經主成分因素分析共得七個因素，共可解釋56.2%的變異量。除了第23.30題外，所有neurotism-stability的題目都集中在第一、二、四與七因素，除了第5.8.17題外，所有extroversion-introversion的題目都集中在第三、五與六因素。Neurotism分量表內部一致性檢定 $\alpha$ 值為0.79，extroversion分量表 $\alpha$ 值為0.71。

#### 4. 研究樣本之人口學變項 消化性潰瘍危險因

#### 素、過去疾病史、消化道症狀

本研究第一年共完成88位個案的訪問調查，男女大約相等，年齡分佈以中年人佔大多數，教育程度以大專為最多，其次為高中高職(表一)。因有上消化道症狀求診經胃鏡證明有消化性潰瘍者共79人，在健康檢查病房接受檢查無症狀無消化性潰瘍者9人。消化性潰瘍危險因素方面如表二。過去疾病史方面、約43%有十二指腸潰瘍病史學(表三)。消化道症狀則以上腹痛及腹脹為最多(表四)。在有症狀的病人中有幽門螺旋桿菌感染，並經病理切片證明者佔92.5%，在無症狀無消化性潰瘍者幽門螺旋桿菌感染，並經病理切片證明者佔50.0%。

表一、研究樣本之人口學變項分佈

	No.	%
年齡		
15-39	20	22.7
40-64	58	65.9
65-74	9	10.2
≥75	1	1.1
性別		
男	45	51.1
女	43	48.9
教育程度		
不識字	2	2.3
國小	15	17.0
國中	5	5.7
高中(職)	24	27.3
大專	31	35.2
研究所	11	12.5
婚姻狀況		
未婚	12	13.6
已婚	73	83.0
離婚、喪偶	3	3.4

表二、消化性潰瘍危險因素

	No.	%
喝酒		
每天	2	2.3
5-6/每週	0	0
3-4/每週	2	2.3
1-2/每週	1	1.1
偶而喝	47	53.4
已戒酒	11	12.5
從不喝	25	28.4
抽煙習慣		
無	62	70.5
已戒	12	13.6
有	14	15.9
喝茶習慣		

無	57	64.8
已戒	2	2.3
有	29	33
喝咖啡習慣		
無	68	77.3
已戒	4	4.5
有	16	18.2
嚼檳榔習慣		
無	85	96.6
已戒	3	3.4
有	0	0

表三、過去疾病史

	No.	%
慢性胃炎	11	12.5
胃潰瘍	19	21.6
十二指腸潰瘍	38	43.2
糖尿病	5	5.7
慢性肝病	3	3.4
肝硬化	1	1.1
慢性腎臟炎	0	0
高血壓	17	19.3
關節炎	12	13.6
癌症	1	1.1
膽囊切除	0	0
胃或十二指腸切除	0	0

表四、消化道症狀

	無	輕微	中度	嚴重
上腹痛	38(43.2)	23(26.1)	18(20.5)	9(10.2)
下腹不適	66(75.0)	16(18.2)	6(6.8)	0(0)
背痛	66(75.0)	11(12.5)	8(9.1)	3(3.4)
腹脹	37(42.0)	37(42.0)	13(14.8)	1(1.1)
溢酸水	56(63.6)	26(29.5)	3(3.4)	3(3.4)
打嗝	47(53.4)	36(40.9)	4(4.5)	1(1.1)
味覺不佳	73(83.0)	14(15.9)	1(1.1)	0(0)
噁心	66(75.0)	18(20.5)	4(4.5)	0(0)
嘔吐	80(90.9)	7(8.0)	1(1.1)	0(0)
頭暈	54(61.4)	28(31.8)	6(6.8)	0(0)
皮膚癢	55(62.5)	31(35.2)	2(2.3)	0(0)
黑便	72(81.8)	12(13.6)	2(2.3)	2(2.3)
便秘	58(65.9)	22(25.0)	8(9.1)	0(0)
軟便	51(58.0)	33(37.5)	3(3.4)	1(1.1)

### 結論

本研究第一年已對研究工具之信效度作探討，初步結果顯示各個問題之信效度良好，由於樣本數目有限，部份問卷之分量只有信度偏低的情況，宜待收集到更多樣本時再作進一步探討。有關幽門螺旋桿菌感染狀況，初步發現以有症狀及有潰瘍者有比較多的感染率，與一

般估計相符，但由於健康者個案較不容易收集，仍須待有較多個案時作統計分析。

### 四、成果自評

本研究的第一年工作已初步建立各研究工具的信效度，並透過消化系醫師的協助建立潰瘍病人的 cohort。在有限的時間下已完成三年計畫預定收案數之一半。希望日後能繼續獲得國科會協助完成整個研究。

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