四川大学学报（医学版） 2022，53（5）：904－910
J Sichuan Univ（Med Sci） doi: 10.12182/20220960509

抑郁症患者药物治疗一年后社会功能与生活质量变化及预测研究*

王静怡，袁敏兰△，张 伟
四川大学华西医院 心理卫生中心（成都 610041）

【摘要】 目的 探讨抑郁症患者药物治疗一年后的社会功能恢复情况、生活质量的变化及其预测因素。**方法** 纳入抑郁症患者54例，在基线（0）以及药物治疗后1个月（1 m）、2个月（2 m）、3个月（3 m）、6个月（6 m）、9个月（9 m）和12个月末（12 m）应用汉密尔顿抑量表（HAMD-17）评估抑郁症状、席汉残疾量表（SDS）和生活质量与满意度程度问卷（Q-LES-Q-SF）分别评估社会功能和生活质量。分析不同时间点症状与社会功能恢复情况，采用相关与回归分析功能恢复的影响因素。**结果** 54例抑郁症患者中，27例完成了12个月的随访，2例在12 m时复发；患者组基线时SDS量表总分（SDS_0）较对照组高（t=12.161，P<0.001），Q-LES-Q-SF评分（Q-LES-Q-SF_0）较对照低（t=12.260，P<0.001）；患者组不同时间点HAMD、SDS总分及因子分、Q-LES-Q-SF总分分别比较，差异均有统计学意义，F值分别为：65.987、28.944、23.589、27.070和28.668，P均<0.001；$HAMD_0$与年龄呈负相关，HAMD评分与同时点的SDS评分呈正相关，与同时点的Q-LES-Q-SF评分呈负相关，相关系数检验均有统计学意义；3 m时，HAMD评分变化（$HAMD_{3\ m-0}$）与SDS评分变化（$SDS_{3\ m-0}$）呈正相关，与Q-LES-Q-SF评分变化（Q-LES-$Q_{3\ m-0}$）呈负相关；12 m时，HAMD评分变化（$HAMD_{12\ m-0}$）与SDS评分变化（$SDS_{12\ m-0}$）呈正相关，与Q-LES-Q-SF评分变化（Q-LES-$Q_{12\ m-0}$）呈负相关；回归分析显示，SDS_0、Q-LES-Q_0可以预测$SDS_{3\ m-0}$，R^2=0.391，SDS_0、工作状况为全职可以预测$SDS_{12\ m-0}$，R^2=0.640；Q-LES-Q_0可以预测Q-LES-$Q_{3\ m-0}$，R^2=0.294，而Q-LES-Q_0、工作状况为全职可以预测Q-LES-$Q_{12\ m-0}$，R^2=0.591。**结论** 长期、规律的药物治疗可改善抑郁症患者的功能障碍，症状缓解是功能水平、生活质量提升的基础，一定程度上增加工作饱和度可能有助于改善远期社会功能与生活质量。

【关键词】 抑郁症 社会功能 生活质量 随访

Changes and Prediction of Social Functional Disability and Quality of Life in Patients with Major Depressive Disorder over the Course of 1-Year Medication

WANG Jing-yi, YUAN Min-lan△, ZHANG Wei. Mental Health Center, West China Hospital, Sichuan University, Chengdu 610041, China
△ Corresponding author, E-mail: minlanyuan@outlook.com

【Abstract】 Objective To investigate the changes in social function impairment and quality of life and their predictive factors in patients with major depressive disorder (MDD) over the course of 1-year drug treatment. **Methods** A total of 54 MDD patients were enrolled for the study. The 17-item Hamilton Rating Scale for Depression (HAMD-17, hereafter referred to simply as HAMD), Sheehan Disability Scale (SDS), and Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form (Q-LES-Q-SF) were used to evaluate depressive symptoms, social functioning, and quality of life, respectively, at baseline (0), as well as 1 month (1 m), 2 months (2 m), 3 months (3 m), 6 months (6 m), 9 months (9 m), and 12 months (12 m) after medication started. The symptoms and the recovery of social function at different time points was analyzed, and correlation analysis and regression analysis were done to explore the influencing factors of functional recovery. **Results** Among the 54 MDD patients, 27 completed the 12-month follow-up, and 2 patients relapsed at 12 m. The total baseline score of SDS (SDS_0) in MDD patients was higher than that in healthy controls (t=12.161, P<0.001), and the baseline score of Q-LES-Q-SF (Q-LES-Q-SF_0) was lower than that in the controls (t=12.260, P<0.001). Comparison of the HAMD score, SDS total score and the factor scores, and Q-LES-Q-SF total scores of the MDD patients at different time points showed significant differences, presenting an F value of 65.987, 28.944, 23.589, 27.070 and 28.668, respectively (all P<0.001). $HAMD_0$ was negatively correlated with age. The HAMD score was positively correlated with SDS score of the same time point and negatively correlated with Q-LES-Q-SF score of the same time point. At 3 m, the change in HAMD score ($HAMD_{3\ m-0}$) was positively correlated with the change in SDS score ($SDS_{3\ m-0}$) and negatively correlated with the change in Q-LES-Q-SF score (Q-LES-$Q_{3\ m-0}$). At 12 m, the change in HAMD score ($HAMD_{12\ m-0}$) was positively correlated with the change in SDS score ($SDS_{12\ m-0}$) and negatively correlated with the change in Q-LES-Q-SF score (Q-LES-$Q_{12\ m-0}$). Regression analysis revealed that SDS_0 and Q-LES-Q_0 could be used to predict $SDS_{3\ m-0}$, R^2=0.391, while SDS_0 and full-time employment status could be used to predict $SDS_{12\ m-0}$, R^2=0.640. Q-LES-Q_0 could be used to predict Q-LES-$Q_{3\ m-0}$, R^2=0.294, while Q-LES-Q_0 and full-time employment status could be used to predict Q-LES-

* 国家自然科学基金（No. 81871061）、国家重点研发计划（No. 2016YFC1307201）和四川大学华西医院专职博士后研发基金（No. 2020HXBH041）资助
△ 通信作者，E-mail: minlanyuan@outlook.com

$Q_{12\ m\text{-}0}$, R^2=0.591. **Conclusion**　Long-term regular medication can improve social dysfunction in patients with MDD and symptom relief is the basis for improvement of social function level and quality of life, while increasing employment saturability to some extent may help improve the long-term social function and quality of life.

【Key words】　Major depressive disorder　Social function　Quality of life　Follow-up

重性抑郁障碍/抑郁症(major depressive disorder, MDD)患者通常出现不同程度的社会功能障碍,并导致生活质量的下降[1-3]。社会功能障碍是MDD患者严重残疾和经济负担的重要原因[4-5],包括生理、心理、社会功能在内的各个领域的完全缓解应是抑郁症治疗的目标。但MDD患者社会功能的改善往往滞后于症状的改善[6-8]。

目前有研究认为抑郁症患者的功能损害程度与抑郁症状严重程度相关[9-11]。但一项荟萃分析显示,早期治疗反应(药物治疗2~4周)可以预测8~12周后社会功能的改善情况,而基线抑郁症状严重程度与功能的改善无关[12]。这些研究主要关注抑郁发作急性期(药物治疗3个月内)的功能指标,关于远期社会功能改善及其影响因素尚缺乏临床可参考的数据。本研究随访药物治疗过程中MDD患者社会功能及生活质量在一年内的变化,并探索性分析能预测急性期及远期功能恢复情况的因素。

1　对象与方法

1.1　研究设计

本研究纳入符合美国精神疾病诊断和统计手册第Ⅳ版诊断标准的MDD患者,记录一般人口学资料,在基线(0)以及药物治疗1个月末(1 m)、2个月末(2 m)、3个月末(3 m)、6个月末(6 m)、9个月末(9 m)和12个月末(12 m),对研究对象的抑郁症状、社会功能及生活质量等进行评估。药物治疗方案由有经验的临床医生根据指南制定,随访期间未进行物理治疗或系统的心理治疗。该方案经中国临床研究伦理委员会批准(2016YFC1307201),所有参与者均已签署书面知情同意书。

1.2　研究对象

纳入2017年7月–2019年12月于四川大学华西医院门诊就诊的MDD患者,纳入标准:①符合美国精神疾病诊断和统计手册第IV版(DSM-IV)〔通过简明国际神经精神访谈第五版(Mini International Neuropsychiatric Interview 5.0.0, MINI5.0.0)问卷诊断〕重性抑郁障碍诊断标准;②年龄18 ~ 65岁(包括18岁和65岁),性别不限;③本次发作前未经过抗抑郁药系统治疗或近14 d累积使用抗抑郁药治疗不超过7 d;④入组时抑郁症状快速自评量表(16-Item Quick Inventory of Depressive Symptomatology, self-report, QIDS-SR16)总分≥11,且汉密尔顿抑郁量表(Hamilton Depression Scale-17 Items, HAMD-17,以下简称"HAMD")总分≥14;⑤小学以上文化程度,能理解量表的内容。排除标准:①既往有明确的躁狂或轻躁狂发作;②既往有符合DSM-IV轴Ⅰ诊断标准的其它精神疾病及病史者;③既往曾有酒药依赖及急性中毒史的患者;④目前有严重躯体疾病。同时招募健康对照者作为基线对照,纳入标准:①年龄18 ~ 65岁(包括18岁和65岁),性别不限;②视力(矫正视力1.0)及言语功能正常;③小学以上文化程度,能理解量表的内容;④HAMD与HAMA量表评分均低于7分;⑤排除有任何精神疾病及精神疾病病史者;余同患者组排除标准。共纳入54例抑郁症患者(患者组)和健康对照70例(对照组)。

1.3　临床症状、社会功能及生活质量评估工具

1.3.1　*抑郁与焦虑症状评估*　采用HAMD评估抑郁症状。临床缓解的定义为HAMD评分≤7分[13];复发的定义为已经获得缓解的患者再次评估,HAMD评分≥15分[14]。采用汉密尔顿焦虑量表(Hamilton Anxiety Scale, HAMA)评估焦虑症状。

1.3.2　*社会功能水平评估*　采用席汉残疾量表(Sheehan Disability Scale, SDS)评估社会功能水平,此量表共3个项目,分别为工作/学业,社交生活和家庭生活/家庭责任。总分0 ~ 30分,分值越高提示功能损害越重。

1.3.3　*生活质量评估*　采用生活质量与满意度程度问卷(Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form, Q-LES-Q-SF, 以下简称"Q-LES-Q")评估生活质量,总分为14 ~ 70分,分值越高提示生活质量与满意度越高。

1.4　统计学方法

人口学资料及临床特征采用独立样本*t*检验(非正态分布则采用秩和检验)或卡方检验;应用Pearson 相关分析了解多变量间的关系,在多因素相关分析的基础上,以SDS、Q-LES-Q评分与其基线时评分差值为因变量,采用多元线性回归分析影响社会功能及生活质量恢复的预测因素。P< 0.05为差异有统计学意义。

2　结果

2.1　受试者一般情况

54例MDD患者中,有27例完成了为期12个月的随访(其中2例在12 m评估时复发),27例因失访、未按要求治疗、转躁等原因在第6 ~ 12个月脱落。基线时患者与健康

对照的人口学资料及临床特征见表1。MDD患者的SDS总分高于健康对照，差异有统计学意义（$P<0.000\,1$），Q-LES-Q评分低于健康对照，差异有统计学意义（$P<0.000\,1$）。

2.2 MDD患者治疗不同时间点各量表评分变化比较

应用Welch单因素方差分析比较MDD患者治疗不同时间点各量表评分发现，不同时间点HAMD、SDS总分及因子分、Q-LES-Q量表分分别比较，差异均有统计学意义（P均<0.001）。在治疗9个月内，HAMD、SDS总分及各因子分逐渐下降，Q-LES-Q量表分逐渐升高，治疗12 m时各量表评分有所反弹，结果见表2。

2.3 多变量间相关性分析

偏相关分析各评估时点多变量之间的相关性，控制性别、居住地区、受教育程度后，结果发现，基线时HAMD量表评分与年龄负相关，各时点HAMD评分与同时点的SDS正相关，与同时点的Q-LES-Q负相关，相关系

表 1 MDD患者与健康对照的人口学特征及临床量表得分

Table 1 Demographic characteristics and clinical scale scores of MDD patients and healthy controls

Variable	MDD patients (n=54)	Healthy controls (n=70)	$t/\chi^2/U$	P
Age/yr.	34.9±11.15	34.2±12.34	−0.352	0.726
Gender[a]/case (%)			10.281	0.001
Male	16 (29.6)	41 (58.6)		
Famele	38 (70.4)	29 (41.4)		
Disease duration/median(P_{25}, P_{75}), month	12 (3, 51)	—	—	—
Education attainment[a]/case (%)			0.874	0.832
≤Junior high school	10 (18.5)	14 (20.0)		
Senior high school/junior college	16 (29.6)	19 (27.1)		
University	21 (38.9)	24 (34.3)		
≥Postgraduate	7 (13.0)	13 (18.6)		
Living area[a]/case (%)			5.376	0.020
Rural	3 (5.6)	14 (20.0)		
Urban	51 (94.4)	56 (80.0)		
Marital status[a]/case (%)			5.436	0.066
Married	33 (61.1)	28 (40.0)		
Divorced	2 (3.7)	4 (5.7)		
Single	19 (35.2)	38 (54.3)		
SDS score[b]	17.61±7.52	3.20±5.85	252	<0.000 1
Q-LES-Q score	33.17±6.28	52.60±7.92	12.260	<0.000 1
HAMD score[b]	21.8±5.35	2.3±1.56	0	<0.000 1
HAMA score[b]	20.52±8.32	1.50±2.20	3	<0.000 1

a: The variable was analyzed by contingency table, b: The variable was analyzed by rank sum test, while others were analyzed by independent sample t test.

表 2 HAMD、SDS、Q-LES-Q量表不同时间点评分比较（$\bar{x}\pm s$）

Table 2 The HAMD , SDS and Q-LES-Q scores at different time points, compared respectively ($\bar{x}\pm s$)

Variable	Baseline (n=54)	1 m (n=54)	2 m (n=54)	3 m (n=54)	6 m (n=36)	9 m (n=30)	12 m (n=27)
HAMD total	21.8±5.34	12.2±6.86[a]	6.9±5.89[a, b]	5.7±5.16[a, b]	4.1±5.53[a, b, c]	3.8±3.74[a, b, c]	4.3±5.61[a, b, c]
SDS total	20.1±7.47	12.5±7.96[a]	8.4±7.87[a, b]	8.1±7.56[a, b]	5.0±6.31[a, b, c, d]	3.7±4.51[a, b, c, d]	5.3±5.80[a, b]
Work/school	6.9±2.92	4.1±2.85[a]	2.9±2.83[a, b]	2.8±2.61[a, b]	1.8±2.46[a, b, c]	1.4±1.56[a, b, c, d]	2.1±2.07[a, b]
Social life	6.6±2.52	4.8±2.83[a]	2.9±2.67[a, b]	2.7±2.78[a, b]	1.7±2.13[a, b, c]	1.3±1.79[a, b, c, d]	1.6±1.92[a, b, c]
Family life/home responsibility	6.6±2.95	4.1±2.74[a]	2.6±2.72[a, b]	2.6±2.57[a, b]	1.5±1.99[a, b, c]	1.0±1.40[a, b, c]	1.6±2.10[a, b]
Q-LES-Q total	33.1±6.78	38.3±6.39[a]	44.7±8.15[a, b]	45.4±8.21[a, b]	49.6±9.44[a, b, c, d]	49.7±8.14[a, b, c, d]	48.4±8.42[a, b, c]

a P<0.05, vs. the baseline score; b P<0.05, vs. the score at 1 m; c P<0.05, vs. the score at 2 m; d P<0.05, vs. the score at 3 m.

数检验有统计学意义, 见表3。

进一步Pearson相关分析显示12 m时HAMD、SDS与Q-LES-Q三变量间存在相关性有统计学意义; $SDS_{3\ m-0}$、$HAMD_{3\ m-0}$与Q-LES-$Q_{3\ m-0}$之间及$SDS_{12\ m-0}$、$HAMD_{12\ m-0}$与Q-LES-$Q_{12\ m-0}$之间均存在相关性。见表4。

2.4　多元回归分析3 m与12 m SDS变化量、Q-LES-Q变化量的预测因素

为了探讨治疗3 m与12 m时社会功能恢复的影响因

表 3　不同变量基线（0）、1 m、3 m时评分与年龄、病程相关性分析（*n*=54）

Table 3　Correlation between scores of different scales for baseline (0), 1 m, and 3 m and age and the duration of disease (*n*=54)

Variable		Disease duration	$HAMD_0$	$HAMD_{1\ m}$	$HAMD_{3\ m}$	SDS_0	$SDS_{1\ m}$	$SDS_{3\ m}$	Q-LES-Q_0	Q-LES-$Q_{1\ m}$	Q-LES-$Q_{3\ m}$
Age	*r*	0.030	−0.304	0.162	−0.108	−0.162	0.085	0.013	0.229	−0.141	0.032
	P	0.831	0.026	0.243	0.438	0.241	0.543	0.927	0.096	0.310	0.821
Disease duration	*r*		0.002	0.263	−0.180	0.128	0.086	−0.177	−0.098	−0.225	0.201
	P		0.991	0.055	0.192	0.355	0.538	0.201	0.482	0.101	0.145
$HAMD_0$	*r*			−0.110	−0.054	0.274	−0.140	−0.026	−0.359	0.203	−0.055
	P			0.427	0.699	0.045	0.314	0.852	0.008	0.141	0.692
$HAMD_{1\ m}$	*r*				0.166	−0.159	0.314	0.088	−0.005	−0.462	−0.091
	P				0.229	0.252	0.021	0.527	0.970	0.000	0.513
$HAMD_{3\ m}$	*r*					0.126	0.038	0.556	0.143	−0.172	−0.580
	P					0.400	0.788	0.000	0.301	0.213	0.000
SDS_0	*r*						0.130	−0.203	−0.614	0.027	0.191
	P						0.350	0.140	0.000	0.848	0.166
$SDS_{1\ m}$	*r*							0.134	0.001	−0.544	−0.100
	P							0.333	0.994	0.000	0.471
$SDS_{3\ m}$	*r*								0.128	−0.164	−0.782
	P								0.357	0.235	0.000
Q-LES-Q_0	*r*									−0.076	0.049
	P									0.584	0.726
Q-LES-$Q_{1\ m}$	*r*										0.157
	P										0.258

$HAMD_{3\ m-0}$ denotes the HAMD score at 3 months minus the baseline HAMD score and $HAMD_{12\ m-0}$ denotes the HAMD score at 12 months minus the baseline HAMD score. $SDS_{3\ m-0}$ denotes the SDS score at 3 months minus the baseline SDS score and $SDS_{12\ m-0}$ denotes the SDS score at 12 months minus the baseline SDS score. Q-LES-$Q_{3\ m-0}$ denotes the Q-LES-Q score at 3 months minus the baseline Q-LES-Q score and Q-LES-$Q_{12\ m-0}$ denotes the Q-LES-Q score at 12 months minus the baseline Q-LES-Q score.

表 4　12 m各量表评分及3 m与12 m量表评分与其基线评分差值相关性分析

Table 4　Correlation between the scores of the scales at 12 m and the difference between 3 m and 12 m scores and the baseline score

Variable		$SDS_{12\ m}$	Q-LES-$Q_{12\ m}$	$SDS_{3\ m-0}$	Q-LES-$Q_{3\ m-0}$	$SDS_{12\ m-0}$	Q-LES-$Q_{12\ m-0}$
$HAMD_{12\ m}$	*r*	0.715	−0.742				
	P	<0.001	<0.001				
$SDS_{12\ m}$	*r*		−0.588				
	P		0.001				
$HAMD_{3\ m-0}$	*r*			0.580	−0.556		
	P			<0.001	<0.001		
$SDS_{3\ m-0}$	*r*				−0.799		
	P				<0.001		
$HAMD_{12\ m-0}$	*r*					0.536	−0.678
	P					0.004	<0.001
$SDS_{12\ m-0}$	*r*						−0.572
	P						0.002

The results of 12 m and 12 m-0 were derived from the data of 27 patients who completed 1-year follow-up, and the results of 3 m-0 were derived from the data of 54 patients who completed 3-month follow-up.

素，分别将$SDS_{3\ m-0}$和$SDS_{12\ m-0}$作为因变量，以$HAMD_0$、SDS_0、Q-LES-Q_0、性别、年龄、病程、教育水平、婚姻状况、工作状况以及是否首发为自变量，进行多元线性回归分析。结果显示，因变量为$SDS_{3\ m-0}$时，“SDS0”与“Q-LES-Q_0”两个变量进入方程，调整后的R^2= 0.391；因变量为$SDS_{12\ m-0}$时，“SDS_0”，“工作状况-全职”作为预测变量进入方程，调整后的R^2= 0.640。见表5。

另外，分别将Q-LES-$Q_{3\ m-0}$、Q-LES-$Q_{12\ m-0}$作为因变量，$HAMD_0$、SDS_0、Q-LES-Q_0、性别、年龄、病程、教育水平、婚姻状况、工作状况以及是否首发为自变量，进行多元线性回归分析。结果显示，因变量为Q-LES-$Q_{3\ m-0}$时，“Q-LES-Q_0”作为预测变量进入方程，调整后的R^2= 0.294；因变量为Q-LES-$Q_{12\ m-0}$时，“Q-LES-Q_0”，“工作状况-全职”两个变量进入方程，调整后R^2= 0.591。见表6。

表 5　多元逐步回归分析3月末与12月末SDS减分量的预测因素

Table 5　Multiple stepwise regression analysis of the predictors of SDS score reduction at 3 m and 12 m

Dependent variable	Predictive variable	*B*	*SE*	*t*	*P*	95% *CI*
$SDS_{3\ m-0}$	Constant	19.978	8.284	2.412	0.020	3.340 2, 36.617
	SDS_0	−0.960	0.171	−5.605	<0.001	−1.304 2, −0.616
	Q-LES-Q_0	−0.369	0.174	−0.302	0.039	−0.718 2, −0.020
$SDS_{12\ m-0}$	Constant	2.851	2.885	0.988	0.334	−3.131 2, 28.833
	SDS_0	−0.681	0.121	−5.640	<0.001	−0.931 2, −0.431
	Employment status (full-time)*	−6.579	1.810	−3.635	0.001	−10.332 2, −2.826

* 1=full-time, 2=part-time, 3=students, 4=retired, 5=unemployed. *B*: Regression coefficient; *SE*: Standard error; *CI*: Confidence interval.

表 6　多元逐步回归分析3 m与12 mQ-LES-Q变化量的预测因素

Table 6　Multiple stepwise regression analysis of the predictors of Q-LES-Q variation at 3 m and 12 m

Dependent variable	Predictive variable	*B*	*SE*	*t*	*P*	95% *CI*
Q-LES-$Q_{3\ m-0}$	Constant	28.691	4.861	5.903	<0.001	18.932 2, 38.449
	Q-LES-Q_0	−0.510	0.139	−3.672	0.001	−0.788 2, −0.231
Q-LES-$Q_{12\ m-0}$	Constant	42.940	8.786	4.887	<0.001	24.718 2, 61.162
	Q-LES-Q_0	−1.001	0.230	−4.358	<0.001	−1.478 2, −0.525
	Employment status (full-time)	8.666	3.542	2.446	0.023	1.320 2, 16.013

B: Regression coefficient; *SE*: Standard error; *CI*: Confidence interval.

3　讨论

有研究发现，抑郁症患者常出现工作/学习效率下降[15-16]、社交退缩、兴趣减退、家庭责任能力降低[17]及生活满意度降低等。本研究发现，与健康人群相比，抑郁症患者存在多个领域社会功能障碍，且生活质量处于较低水平。基线抑郁症状严重程度与年龄存在较弱的负相关，提示在一定年龄范围内，越年轻的患者，抑郁症状可能越重[18]。SCHAAKXS等[19]的研究也证明了更严重的情绪和认知问题与更年轻的年龄有关。从临床经验和先前的报道中不难发现，年龄较大的抑郁症患者症状较轻，常见的症状是躯体症状如睡眠问题，治疗后容易恢复[19]；而年轻患者的情绪症状更严重[20]，且非典型症状较多，如人际关系敏感、易怒等[19]，因此往往治疗效果不佳。

本研究结果表明，在接受治疗的一年中患者症状、社会功能障碍不断恢复，生活质量也逐渐改善，治疗2～3个月时改善最明显。这与其他研究结果一致[7, 14, 21]。此外，最近的一项研究发现，缓解期抑郁症患者的社会功能水平在治疗第9个月到达最高峰，而治疗第12个月时下降至6个月的水平[14]。类似地，本研究中治疗12 m HAMD总分、SDS总分及因子分与Q-LES-Q总分虽与6 m、9 m差异无统计学意义，但均值分别有所升高和回落。一方面可能与12 m时个别患者复发有关，另一方面，一些处于缓解状态的患者并不认为自己的状态有所好转[22-23]，特别历经时间越长，对病情恢复信心越不足，从而影响患者对功能残疾和生活质量的判断。由此可见，抑郁症的足疗程治疗是必要的，同时应将社会功能的恢复作为重要的治疗目标[24]，关注并定期随访患者的功能恢复情况及生活质量，教育患者加强自身监测，增加主观“恢复”感知干预，促进社会回归。

有研究发现抑郁症状严重程度与主观认知、心理社会功能显著相关[11]。本研究的发现也支持上述横断面研究的结果, 12 m HAMD评分与SDS评分、Q-LES-Q评分的相关系数分别为0.715、–0.742, 可见社会功能水平与抑郁症状严重程度高度相关。另外, 在本研究中, 无论是急性期还是远期, 社会功能、生活质量的改善程度都与抑郁症状缓解程度相关, 因此系统的抗抑郁治疗十分重要, 尽可能地缓解症状是有效改善社会功能障碍、提升生活质量的基础[25-26]。

席汉残疾量表评估疾病所致的个人在处理亲友关系的能力以及在家庭、工作和学校中的表现的受损程度, 探索影响疾病残疾的因素, 进一步可以探索影响功能预后的因素。SHEEHAN等[27]对接受了8 ~ 12周抗抑郁药物治疗的患者进行了研究, 发现基线SDS和HAMD评分可以预测急性期治疗后功能改善情况。但本研究的回归结果显示, 急性期社会功能改善程度与基线社会功能水平及生活质量有关, 而与基线抑郁症状严重程度无关。与既往研究一致[7, 28], 本研究发现远期功能恢复也与基线社会功能水平有关, 此外还发现其与工作状况有关, 工作状态为全职的个体远期功能恢复较好。由此推测, 虽然抑郁症严重降低了患者在工作、职业方面的能力, 导致生产力下降[29], 短期内坚持或恢复工作对患者来说存在困难, 但抑郁个体早期应尽可能参加主动性建设性活动, 适时恢复工作, 促进成就感提升, 可能有助于远期社会功能的维持[30]。

本研究以生活质量改善程度为因变量的回归结果与前述以社会功能变化为因变量的结果几乎一致, 结合相关分析中, SDS变化量与Q-LES-Q变化量之间的相关性在3 m时达到–0.799, 12 m时为–0.536, 可见生活质量的提高与功能障碍的改善关系密切[31], 改善功能残疾是提高生活满意度的关键途径。功能障碍与患者的主观感受密切相关, 致力于提升患者真实的生活体验、帮助患者尽快达到社会适应才是抑郁症治疗的最终目的。

本研究局限性如下: 一是样本量不足, 部分统计结果效力及外推性有待商榷; 二是脱落率较高[32], 存在失访偏倚; 三是未对健康对照组的性别进行筛选匹配, 由于抑郁症的流行病学特征是女性多于男性[33], 本研究中患者组与对照组性别差异较大; 四是未严格控制药物类型和剂量, 可能导致研究结果的偏倚, 未来需开展单一用药的研究。

综上所述, 重性抑郁障碍患者存在明显的社会功能障碍, 经过长期规律的药物治疗其社会功能和生活质量在一年内持续改善, 尽可能地改善症状是减少疾病所致功能残疾、提升生活质量水平的基础, 而积极参与有建设性活动、适当参加工作是保护远期功能、提升生活质量的有效措施。预防功能残疾应是抑郁症治疗过程中的核心环节。

*　　*　　*

利益冲突　所有作者均声明不存在利益冲突

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（2022－01－24收稿, 2022－08－11修回）

编辑 汤 洁