

doi: 10.3978/j.issn.2095-6959.2021.09.007

View this article at: <https://dx.doi.org/10.3978/j.issn.2095-6959.2021.09.007>

## 红黄煎剂联合八段锦对老年乳腺肿瘤化疗患者负性情绪、 疲乏程度及生活质量的影响

倪婷, 孙莉, 高玲, 王娜, 李梦婕, 傅嘉欣, 薛静娴

(江苏省中医院乳腺外科, 南京 210029)

**[摘要]** 目的: 探讨红黄煎剂联合八段锦应用于老年乳腺肿瘤化疗患者中的效果。方法: 采用前瞻性双盲对照研究, 选择2018年10月至2019年12月江苏省中医院收治的老年乳腺肿瘤化疗患者108例, 按随机数字表法均分为对照组与观察组, 对照组给予自制红黄煎剂干预, 观察组在此基础上联合八段锦干预。另外选取单纯化疗患者54例, 作为化疗组, 对比3组干预前后血清一氧化氮(nitric oxide, NO)、超氧化物歧化酶(superoxide dismutase, SOD)含量、负性情绪、疲乏程度、生活质量变化情况。结果: 3组化疗第7、14天的NO含量、SOD含量的差异均无统计学意义(均 $P>0.05$ )。观察组干预4个月后焦虑自评表(Self-Rating Anxiety Scale, SAS)、抑郁自评量表(Self-Rating Depression Scale, SDS)评分均低于对照组及化疗组( $P<0.05$ )。观察组干预4个月后一般疲乏、现在疲乏、最疲乏及总分均低于对照组及化疗组( $P<0.05$ )。观察组干预4个月后生理、情感、社会/家庭、附加关注、功能及总分均高于对照组及化疗组( $P<0.05$ )。结论: 自制红黄煎剂联合八段锦应用于老年乳腺肿瘤化疗患者效果显著, 可缓解其负性情绪及疲乏程度, 提升生活质量, 值得在临床上推广应用。

**[关键词]** 红黄煎剂; 八段锦; 老年; 乳腺肿瘤; 化疗

## Effect of Honghuang decoction combined with Baduanjin on negative emotion, fatigue, and quality of life in elderly patients with breast cancer undergoing chemotherapy

NI Ting, SUN Li, GAO Ling, WANG Na, LI Mengjie, CHUAN Jiabin, XUE Jingxian

(Department of Breast Surgery, Jiangsu Provincial Hospital of Traditional Chinese Medicine, Nanjing 210029, China)

**Abstract** **Objective:** To explore the effect of self-made Honghuang decoction combined with Baduanjin in the chemotherapy of elderly patients with breast tumors. **Methods:** A prospective, double-blind, controlled study was conducted, and 108 elderly patients with breast cancer treated with chemotherapy in our hospital from October 2018 to December 2019 were selected and randomly divided into two groups, 54 cases in each group. The control group was given self-made Honghuang decoction for intervention while the observation group was combined

收稿日期 (Date of reception): 2021-02-19

通信作者 (Corresponding author): 孙莉, Email: llyzz080105@yeah.net

基金项目 (Foundation item): 江苏省自然科学基金 (BK20191085)。This work was supported by the Natural Science Foundation of Jiangsu Province, China (BK20191085).

with Baduanjin intervention on this basis. In addition, 54 patients with chemotherapy alone were selected as the chemotherapy group, and the changes of serum NO, SOD content, negative emotion, fatigue degree and quality of life were compared among the 3 groups before and after intervention. **Results:** The NO content and SOD content of the 3 groups were compared on the 7th and 14th day of chemotherapy, and the difference was not statistically significant ( $P>0.05$ ). The SAS and SDS scores of the observation group were lower than those of the control group and the chemotherapy group 4 months after the intervention ( $P<0.05$ ). The observation group's general fatigue, current fatigue, most fatigue, and total scores were lower than those of the control group and chemotherapy group 4 months after the intervention ( $P<0.05$ ). The physical, emotional, social/family, additional attention, function, and total scores of the observation group were higher than those of the control group and the chemotherapy group 4 months after the intervention ( $P<0.05$ ). **Conclusion:** The self-made Honghuang decoction combined with Baduanjin has a significant effect on the chemotherapy of elderly patients with breast tumors. It can relieve patients' negative emotions and fatigue, and improve the quality of life. It is worth promoting.

**Keywords** Honghuang decoction; Baduanjin; elderly patients; breast tumor; chemotherapy

乳腺由皮肤、乳腺腺体、脂肪及纤维组织组成, 乳腺癌是发生于乳腺腺上皮组织的恶性肿瘤, 其发病率及存活率均较高<sup>[1]</sup>。随着医学技术的发展, 乳腺癌已找到有效控制和缓解病情进展的医疗措施, 但不能仅依靠化疗等措施维持患者生命, 还需给予有效干预以提升患者生活质量, 缓解患者痛苦及负性情绪<sup>[2-3]</sup>。八段锦是中国传统健身气功, 其符合人体运动规律。患者在练习时能够充分放松身心, 起到舒展经络、促进气血流通、调理气血的效果<sup>[4]</sup>。化疗药物虽然能够有效杀灭癌细胞, 但其带来的不良反应会使患者机体已虚损的正气进一步损耗<sup>[5]</sup>。而自制红黄煎剂药方内含黄芪、红景天、制大黄等, 其具有益气活血、扶正抗癌的作用, 因而对于调节患者气机具有显著效果。本研究对江苏省中医院收治的老年乳腺肿瘤化疗患者给予自制红黄煎剂联合八段锦治疗, 拟对比单纯应用自制红黄煎剂的效果。

## 1 对象与方法

### 1.1 对象

选择2018年10月至2019年12月江苏省中医院收治的老年乳腺肿瘤化疗患者108例, 按随机数字表法均分为对照组与观察组, 另外选取单纯化疗患者54例, 作为化疗组。对照组年龄为60~79(69.27±6.55)岁; 小学16例, 中学27例, 大学11例; 观察组年龄为61~80(69.61±6.27)岁; 小学18例, 中学26例, 大学10例。化疗组年龄为60~78(68.36±6.29)岁; 小学17例, 中学25例, 大学12例。3组一般资料比较, 差异均无统计学意义(均 $P>0.05$ )。

纳入标准: 年龄均 $\geq 60$ 周岁; 均经病理组织

检验确诊为乳腺恶性肿瘤; TNM分期为I~III期; 均行乳腺癌改良根治术, 术后均接受化疗; 患者及其家属均签署知情同意书。排除标准: 合并严重内分泌系统疾病; 合并严重免疫抑制疾病; 合并严重心、肝、肾、肺等脏器功能衰竭; 存在精神异常; 合并其他恶性肿瘤; 存在认知功能障碍; 存在化疗禁忌证; 治疗依从性差; 拒绝配合此研究。本研究经江苏省中医院医学伦理委员会审核批准。

### 1.2 方法

患者均行蒽环类化疗药物方案(多西他赛75 mg/m<sup>2</sup>+多柔比星50 mg/m<sup>2</sup>+环磷酰胺500 mg/m<sup>2</sup>)化疗。对照组在化疗第1~14天口服自制红黄煎剂。药方如下: 黄芪30 g、红景天10 g、制大黄10 g、姜黄10 g。用水煎浓缩, 冷却后去除沉渣, 取上清液, 再定容至100 mL, 装入100 mL不透明包装袋中, 患者在服用时插入吸管口服。

观察组在对照组的基础上实施八段锦训练。

1) 具体动作。共8个动作, 首先调整呼吸, 取自然站姿, 双脚平行分开与肩同宽, 双手自然垂于体侧。第1个动作: 双手托天理三焦; 第2个动作: 双手左右开弓似射雕; 第3个动作: 调理脾胃臂单举; 第4个动作: 五劳七伤向后瞧; 第5个动作: 摇头摆臂去心火; 第6个动作: 双手攀足固肾腰; 第7个动作: 攢拳怒目增气力; 第8个动作: 背后七颠百病消。8个动作做完完毕后意守丹田片刻, 同时自然呼吸数十次, 每次练习时间为30 min。2) 练习方式。包括集体练习及个人练习。①集体练习是在住院期间由经八段锦训练的专人对患者进行指导, 并播放八段锦学习视频, 每周一、四将患者集中练习。②个人练习为患者出院后干预人

员向每位患者发放八段锦视频教学资料, 让其出院后回家自行早晚练习, 30 min/次。此外建立微信群, 患者每日签到打卡, 并可将自己练习时的视频、图片上传至微信群内, 让干预人员指出其需要改进之处, 且患者间在微信群内可相互交流居家练习心得和经验, 互相鼓励。此外, 干预人员每月实施电话随访, 掌握患者近期生活状况及心理情况, 嘱咐患者家属监督和鼓励患者, 提高患者练习依从性。

### 1.3 观察指标

1) 血清NO及SOD含量: 检测并记录两组化疗前、化疗第7、14天的血清一氧化氮(NO)及超氧化物歧化酶(SOD)含量, 进行比较分析。2) 负性情绪: 采用焦虑自评表(Self-Rating Anxiety Scale, SAS)、抑郁自评量表(Self-Rating Depression Scale, SDS)对两组干预前、干预4个月后负性情绪进行评价, SAS评分为50即存在焦虑, 评分越高焦虑越严重; SDS评分为53即存在抑郁, 评分越高抑郁越严重<sup>[6]</sup>。3) 疲乏程度: 采用简短疲乏量表(Brief Fatigue Inventory, BFI)对两组干预前、干预4个月后疲乏程度进行评价, 共9个条目, 每个条目0~10分, 前3个条目为一般疲乏、现在疲乏、最疲乏, 评分越高则疲乏越严重<sup>[7]</sup>。4) 生活质量: 采用中文版乳腺癌生活质量测定量表对两组干预前、干预4个月后生活质量进行评价, 包含生理、情感、社会/家庭、附加关注、功能5个维度, 共39个条目, 每

个维度0~4分, 评分越高则生活质量越高<sup>[8]</sup>。

### 1.4 统计学处理

采用SPSS 22.0统计学软件进行数据分析, 两组化疗前后血清NO、SOD含量、负性情绪、疲乏程度及生活质量均以均数±标准差( $\bar{x} \pm s$ )表示, 采用t检验。 $P < 0.05$ 为差异有统计学意义。

## 2 结果

### 2.1 血清NO及SOD含量

3组化疗第7、14天的NO含量、SOD含量与对照组比较, 差异均无统计学意义(均 $P > 0.05$ , 表1)。

### 2.2 负性情绪

观察组干预4个月后SAS、SDS评分均低于对照组及化疗组, 差异有统计学意义(均 $P < 0.05$ , 表2)。

### 2.3 疲乏程度

观察组干预4个月后一般疲乏、现在疲乏、最疲乏及总分均低于对照组及化疗组, 差异均有统计学意义(均 $P < 0.05$ , 表3)。

### 2.4 生活质量

观察组干预4个月后生理、情感、社会/家庭、附加关注、功能及总分均高于对照组及化疗组, 差异均有统计学意义(均 $P < 0.05$ , 表4)。

表1 3组化疗前后血清NO及SOD含量比较( $n=54$ )

Table 1 Comparison of serum NO and SOD levels before and after chemotherapy in the 3 groups ( $n=54$ )

时间	组别	NO/( $\mu\text{mol}\cdot\text{L}^{-1}$ )	SOD/( $\text{U}\cdot\text{mL}^{-1}$ )
化疗前	化疗组	84.63 ± 11.51	66.24 ± 4.20
	对照组	82.17 ± 12.85	65.38 ± 3.15
	观察组	83.01 ± 13.38	65.51 ± 3.41
	F	0.333	0.206
	P	0.740	0.837
化疗第7天	化疗组	57.06 ± 12.42	67.14 ± 3.86
	对照组	56.17 ± 11.02	67.28 ± 3.26
	观察组	53.38 ± 10.01	68.01 ± 3.80
	F	1.377	1.071
	P	0.171	0.286
化疗第14天	化疗组	52.68 ± 8.96	68.63 ± 3.96
	对照组	52.01 ± 9.45	67.91 ± 4.01
	观察组	51.12 ± 9.06	68.28 ± 4.19
	F	0.500	0.469
	P	0.618	0.640





### 3 讨论

乳腺肿瘤患者通过化疗药物治疗虽可有效杀灭癌细胞,但同时化疗药物会流窜至患者各经络,损伤脾胃、痹阻气血,造成气血生化不足,心神失养,耗伤心阴,在化疗后期部分患者甚至出现阴损及阳、心脉瘀阻的情况<sup>[9-10]</sup>。而气虚与血瘀互为因果,气虚日久而至血行滞缓。患者血液流变学指标发生异常即可诊断为中医血瘀之证,主要为红细胞变形性降低、全血黏度上升、红细胞聚集性增强等<sup>[11]</sup>。化疗药物会使患者机体组织出现过氧化损伤,进而引发抗氧化酶水平降低、过氧化损伤、抗氧化能力降低,造成患者细胞代谢失调,免疫功能下降<sup>[12]</sup>。本研究结果显示:两组化疗第7、14天的NO含量、SOD含量的差异无统计学意义( $P>0.05$ ),但两组干预后NO含量、SOD含量均优于干预前。其原因主要为自制红黄煎剂药方中的黄芪、红景天、制大黄、姜黄等具有益气活血、扶正抗癌的效果,可有效促进患者机体抗氧化能力上升<sup>[13]</sup>。

在本研究中,两组干预后SAS、SDS评分均低于干预前,且观察组干预4个月后SAS、SDS评分均低于对照组( $P<0.05$ ),表明自制红黄煎剂联合八段锦应用于老年乳腺肿瘤化疗患者中可显著改善其负性情绪,尤其是八段锦练习可有效起到“调心”作用,帮助患者保持心静神凝,使患者能够将焦虑、抑郁等不良心理情绪充分释放出。此外,患者在八段锦练习过程中机体通过改变神经系统的控制,起到调节中枢的兴奋水平、提升代谢量、进而缓解各种负性情绪的作用<sup>[14-15]</sup>。本研究结果显示:观察组干预4个月后一般疲乏、现在疲乏、最疲乏及总分均低于对照组( $P<0.05$ )。分析其原因主要为:八段锦练习能够对患者外在形体实施有效舒展拉伸,促进机体内气机升降开合,从而舒展静脉,气血畅通全身,最终实现导气引体、调节机体气血的效果。且八段锦练习作为有氧运动,其对神经系统可起到微电刺激作用,促进患者大脑皮层有效放松,缓解机体肌肉紧张,最终起到缓解疲乏感的效果<sup>[16-17]</sup>。在本研究中,观察组干预后各维度生活质量评分均高于对照组( $P<0.05$ )。分析其原因主要为八段锦练习能够将中医经络学、康复学及生物力学等有效结合,患者在练习过程中做到调息、调身、调心,并寻找心与意结合、意与气结合、气与力结合的感知,促进身心气合为一体,帮助患者整体调节机体,引导身心处于平稳状态,充分激发内在生命活力,

最终有效改善生活质量<sup>[18-20]</sup>。

综上所述,自制红黄煎剂联合八段锦应用于老年乳腺肿瘤化疗患者效果显著,可缓解其负性情绪及疲乏程度,提升生活质量,值得在临床上推广应用。

### 参考文献

1. 马晓霞,孙静岚,郝楠,等.自我强化管理教育对中心静脉导管化疗乳腺癌病人自我带管管理能力的影响[J].临床外科杂志,2019,27(3):209-212.  
MA Xiaoxia, SUN Jinglan, HAO Nan, et al. Effect of self strengthening management education on self management ability of breast cancer patients undergoing central venous catheter chemotherapy[J]. Journal of Clinical Surgery, 2019, 27(3): 209-212.
2. 高俊,杨芳,陈长香.高低音频转换训练对乳腺癌化疗患者认知及记忆功能的影响[J].中国康复医学杂志,2018,33(7):789-793.  
GAO Jun, YANG Fang, CHEN Changxiang. Effect of high and low audio conversion training on cognitive and memory function of breast cancer patients undergoing chemotherapy[J]. Chinese Journal of Rehabilitation Medicine, 2018, 33(7): 789-793.
3. Bloomquist K, Adamsen L, Hayes SC, et al. Heavy-load resistance exercise during chemotherapy in physically inactive breast cancer survivors at risk for lymphedema: a randomized trial[J]. Acta Oncol, 2019, 58(12): 1667-1675.
4. Wang J, Shih TT, Yen RF. Multiparametric evaluation of treatment response to neoadjuvant chemotherapy in breast cancer using integrated PET/MR[J]. Clin Nucl Med, 2017, 42(7): 506-513.
5. Aksoy SO, Sevinc Aİ, Ünal M, et al. Management of the axilla with sentinel lymph node biopsy after neoadjuvant chemotherapy for breast cancer: A single-center study[J]. Medicine (Baltimore), 2020, 99(49): e23538.
6. 杜萍,周峥,陆瑶,等.有氧运动对乳腺癌患者化疗期间携氧能力及生活质量的临床疗效[J].中国康复,2019,34(11):596-598.  
DU Ping, ZHOU Zheng, LU Yao, et al. Clinical effect of aerobic exercise on oxygen carrying capacity and quality of life of breast cancer patients during chemotherapy[J]. Chinese Journal of Rehabilitation, 2019, 34(11): 596-598.
7. 吴晓晴,李娟,卢雯平.中药联合化疗治疗晚期乳腺癌随机对照试验的Meta分析[J].中国医药,2019,14(7):1023-1028.  
WU Xiaoqing, LI Juan, LU Wenping. Meta analysis of randomized controlled trials of traditional Chinese medicine combined with chemotherapy in the treatment of advanced breast cancer[J]. China Medicine, 2019, 14(7): 1023-1028.
8. Wang Q, Li C, Tang P, et al. A Minimal lncRNA-mRNA signature predicts sensitivity to neoadjuvant chemotherapy in triple-negative

- breast cancer[J]. *Cell Physiol Biochem*, 2018, 48(6): 2539-2548.
9. Phillips SM, Welch WA, Fanning J, et al. Daily physical activity and symptom reporting in breast cancer patients undergoing chemotherapy: an intensive longitudinal examination[J]. *Cancer Epidemiol Biomarkers Prev*, 2020, 29(12): 2608-2616.
  10. Moghaddam Tabrizi F, Alizadeh S, Barjasteh S. Managerial self-efficacy for chemotherapy-related symptoms and related risk factors in women with breast cancer[J]. *Asian Pac J Cancer Prev*, 2017, 18(6): 1549-1553.
  11. D'Hondt C, Vanhoeij M, Van Moer E, et al. Fertility preservation does not delay the initiation of chemotherapy in breast cancer patients treated with adjuvant or neo-adjuvant chemotherapy[J]. *Breast Cancer Res Treat*, 2020, 184(2): 433-444.
  12. 周异华, 吴玲, 曹宇, 等. 基于配偶支持的护理干预对乳腺癌术后患者心理状态、化疗依从性和生活质量的影响[J]. *中国社会医学杂志*, 2019, 36(2): 154-157.  
ZHOU Yihua, WU Ling, CAO Yu, et al. Effect of nursing intervention based on spouse support on psychological state, chemotherapy compliance and quality of life of breast cancer patients after operation[J]. *Chinese Journal of Social Medicine*, 2019, 36(2): 154-157.
  13. Reeder-Hayes KE, Mayer SE, Olshan AF, et al. Race and delays in breast cancer treatment across the care continuum in the Carolina Breast Cancer Study[J]. *Cancer*, 2019, 125(22): 3985-3992.
  14. Zhu J, Ebert L, Liu X, et al. A mobile application of breast cancer e-support program versus routine Care in the treatment of Chinese women with breast cancer undergoing chemotherapy: study protocol for a randomized controlled trial[J]. *BMC Cancer*, 2017, 17(1): 291.
  15. Wallerstedt SM, Nilsson Ek A, Olofsson Bagge R, et al. Personalised medicine and the decision to withhold chemotherapy in early breast cancer with intermediate risk of recurrence - a systematic review and meta-analysis[J]. *Eur J Clin Pharmacol*, 2020, 76(9): 1199-1211.
  16. Bray VJ, Dhillon HM, Vardy JL. Systematic review of self-reported cognitive function in cancer patients following chemotherapy treatment[J]. *J Cancer Surviv*, 2018, 12(4): 537-559.
  17. 李涵冰, 冯晓芬, 曾媛媛, 等. 心智觉知训练对乳腺癌化疗患者自我效能、负性情绪及认知功能的影响[J]. *癌症进展*, 2019, 17(13): 1602-1604.  
LI Hanbing, FENG Xiaofen, ZENG Yuanyuan, et al. Effects of mental awareness training on self-efficacy, negative emotion and cognitive function of breast cancer patients undergoing chemotherapy[J]. *Oncology Progress*, 2019, 17(13): 1602-1604.
  18. Lee K, Kang I, Mack WJ, et al. Effects of high-intensity interval training on vascular endothelial function and vascular wall thickness in breast cancer patients receiving anthracycline-based chemotherapy: a randomized pilot study[J]. *Breast Cancer Res Treat*, 2019, 177(2): 477-485.
  19. Bland KA, Neil-Sztramko SE, Kirkham AA, et al. Predictors of attendance to an oncologist-referred exercise program for women with breast cancer[J]. *Support Care Cancer*, 2018, 26(9): 3297-3306.
  20. Baeksted CW, Nissen A, Knoop A, et al. Handling of symptomatic adverse events in breast cancer patients receiving adjuvant chemotherapy in a cluster randomized trial with electronic patient-reported outcomes as intervention[J]. *Breast J*, 2019, 25(6): 1295-1296.

本文引用: 倪婷, 孙莉, 高玲, 王娜, 李梦婕, 傅嘉欣, 薛静娴. 红黄煎剂联合八段锦对老年乳腺肿瘤化疗患者负性情绪、疲乏程度及生活质量的影响[J]. *临床与病理杂志*, 2021, 41(9): 2012-2017. doi: 10.3978/j.issn.2095-6959.2021.09.007

**Cite this article as:** NI Ting, SUN Li, GAO Ling, WANG Na, LI Mengjie, CHUAN Jiabin, XUE Jingxian. Effect of Honghuang decoction combined with Baduanjin on negative emotion, fatigue, and quality of life in elderly patients with breast cancer undergoing chemotherapy[J]. *Journal of Clinical and Pathological Research*, 2021, 41(9): 2012-2017. doi: 10.3978/j.issn.2095-6959.2021.09.007