谵妄评定方法修订及其信度、效度测试

李娟 邹义壮 冯锋 田玉瑛

【摘要】目的:研究适合国内临床使用的老年谵妄评定和辅助诊断量表。方法:对国际通用的谵妄评定方法(Confusion Assessment Method, CAM)进行修订,成为设有详细评分标准的谵妄评定方法中文修订版(CAM-CR)。通过临床现场测试,对其信度、结构效度和诊断效度进行评定,建立因子量表。将CAM-CR进行计算机网络编程,连接到门诊和病区的计算机终端。结果:应用CAM-CR的一致性系数为0.79。因子分析结果提示谵妄有行为障碍、意识障碍和认知障碍3个因子。应用26分作为谵妄的分界值时,敏感性为0.67,特异性为0.79,跨效度检验与临床符合率的Kappa值为0.83。P < 0.01。结论:CAM-CR具有满意的信度、结构效度和诊断效度,分别设置诊断分界值和筛查分界值,检查数据通过计算机网络进行处理。CAM-CR临床使用方便,可以作为临床老年谵妄评定和辅助诊断的工具。

【关键词】谵妄; 量表; 信度; 效度; 计算机诊断


Reversion of CAM for assisting the evaluation and diagnosis of delirium  Li Juan Zou Yizhuang Feng Feng et al. Beijing Hui Long Guan Hospital Beijing 100096

Abstract Objective: To develop a Chinese reversion of CAM-CR for assisting the evaluation and diagnosis of delirium in elderly. Method: The CAM-CR used the original 11 items of the CAM but developed 4 points evaluation for each item. The research data of 96 psychiatric inpatients including 48 patients with and 48 without delirium were examined and evaluated. Results were compared to the clinical diagnoses made by experienced senior geriatric psychiatrists. Results: The ICC between two examiners for the 11 items of CAM-CR was from 0.53 to 0.93. The factor analysis with varimax rotation generated 3 factors including behavior disorder, consciousness disorder and cognitive disorder. The sensitivity of the CAM-CR is 0.90 and the specificity is 0.94 when a cut off 22 was set by the nonparametric ROC analysis. The overall cross-validated Kappa was 0.83. Conclusion: Our study showed that the CAM-CR has satisfactory examiner’s reliability, structured validity and diagnostic validity. The computerized version could be used by clinicians to assist the recognition and diagnosis of delirium in elderly.

Key words: Delirium Scale Reliability Validity Computer diagnosis
对照组：由科主任查房排除谵妄，共例。男例，平均年龄(6.2 ± 0.6)岁，23例，平均受教育年限72.2 ± 2.0年；女例，平均年龄(5.8 ± 0.8)岁，20例，平均受教育年限(5.8 ± 0.8)年。两组以上各项差异均无显著性(均，*-*$)。

方法
量表的编制：在基础上，通过个途径来编制CAM-CR

1.2 CAM-CR
CAM-CR (11) CAM-CR (12) CAM-CR (13) CAM-CR (14)
CAM-CR (15) CAM-CR (16) CAM-CR (17) DSM-IV (18)

表

表1 CAM-CR 与临床诊断的均分值

表2 CAM-CR 敏感性和特异性

表3 CAM-CR 与临床诊断的均分值

表4 CAM-CR 敏感性和特异性

讨论
由于谵妄症状具有一过性、普遍性和波动大的特征，对谵妄的评估和诊断造成困难。国内外近年来对谵妄的研究十分重视，建立标准化的谵妄量表是谵妄的临床治疗和研究的基础。本研究结果显示，评定者间CAM-CR 各单项的一致性(0.93)。从分析结果看，量表使用者对意识障碍(0.74)评定的一致性略低于其它项目。我们认为在精神科范畴，意识障碍似乎有一个完整而明确的概念，然而在各个学派、各...

万方数据
种文献甚至是教科书上的描述却不尽相同，加之心理学、哲学等概念参杂，造成每个医生对意识障碍的理解和临床评价的不统一。今后应加强对上述症状界定，在使用、培训中作为重点。量表总分的一致性值为！#"$，因此从总体上讲，！&'(%量表具有较高的评定者间信度。

通过因子分析对！&'(%的结构效度进行了测试，证明行为障碍、意识障碍和认知障碍是谵妄的核心症状群。在因子分析中，使用了方差极大旋转，保证了因子间的相互独立。上述！*个因子反映了谵妄症状群的！*个最重要的维度，证实了！&'(%量表具有良好的结构效度。所有量表项目中，只有睡眠觉醒障碍没有进入！*个因子，说明它的结构效度存在问题。这也许是将睡眠觉醒障碍从！&'(%诊断标准中删除的原因。

诊断效度的检验以临床科主任的查房诊断作为金标准，对！&'(%进行跨效度检验。作为诊断量表，与临床诊断的总符合率为！#$"/#，符合率的%12332值为！!*，提示！&'(%具有良好诊断效度。从表*中可以看出，分界值66分的诊断效度要高于分界值6!分，因此，6!分分界值应该只用于谵妄的筛查，而不适合作为谵妄的辅助诊断。改变！&'(%的分界值后，可以适合不同的检查需要和场合，便于灵活应用。

在量表的编制过程中，我们尽量依据谵妄时的各种精神症状的类型、频度及特点对量表进行量化。尽管如此，在本研究中依旧有7例漏诊和*例误诊的病例。其中漏诊的7例属于中度痴呆，*例误诊的分别为精神分裂症、抑郁症及中度痴呆。由于这部分患者本身存在认知功能的缺损，加之合并谵妄，故使诊断复杂化。尤其是一部分谵妄患者先前就存在着痴呆，使谵妄的诊断更加困难。对病史的全面了解、临床观察、当前的精神检查及家庭成员尤其是护理人员提供的资料进行综合评定是提高该量表信度和效度的保证。研究表明，！&'(%的编制合理，具有较高的信度和效度，有望提高临床医生对谵妄的识别及诊断水平，也为国内对谵妄的进一步研究提供了重要的工具和方法。

参 考 文 献


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·临床研究·

精神分裂症患者性别差异
李相传 余西金 吕锋

【关键词】精神分裂症; 性别差异

中图分类号:D/L#Y*

文献标识码:X

文章编号:$!!7(*66!(##L

探讨精神分裂症性别差异,报告如下。

对象和方法
系近7年住院患者共6#L例,其中男$!*例,女$WL例,

均符合中国精神疾病分类方案与诊断标准第6版精神分裂

症诊断标准,排除合并精神发育迟滞、药物依赖、酒依赖、人
格障碍和严重躯体疾病。

对入组患者的年龄、性别、文化、职业、胎次、家族史、首

次发病年龄和病程等进行分析。

结果

发现男性患者文化程度较高,首次发病年龄早,偏执型

较多,病程较长,疗效较差;女性文化程度较低,首次发病年

龄较迟,病程较短,疗效较好(均5!Y!7)。而职业、胎次、

家族遗传史、阳性或阴性症状为主等男女差异均无显著性

(均Z!Y!7)。

讨论

本研究结果显示,男女在文化程度、首次发病年龄、病

程、疗效等存在差异与报道相吻合$!]

。但男女之间存在差异

的实质是什么?是否与激素有关,有待进一步深入探讨。

参 考 文 献

刘铁桥

国外医学精神病学分册,

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