

· 世界全科医学工作研究 ·



【编者按】 John Murtagh, 澳大利亚 Monash 大学全科医学系兼职教授和 Melbourne 大学的全科医学专家。1966 年毕业于 Monash 大学, 1986 年担任《Australian Family Physician》杂志主编, 1988 年获得医学博士学位, 1993 年被 Monash 大学聘为教授。1995 年, 鉴于他在医学教育、研究和著作方面的卓越贡献, 被授予澳大利亚勋章, 他的著作《Murtagh's General Practice》被奉为澳大利亚全科医生的“圣经”。其著作在中国也产生了巨大的影响。《Murtagh's General Practice》中译本已在 2010 年岁末出版发行。“澳大利亚 John Murtagh 全科病案研究”自 2008 年开始在《中国全科医学》杂志连续刊登以来, 受到了广大中国全科医生的关注和好评。Murtagh 教授每一个娓娓道来的病案都是他毕生宝贵工作经验的精华, 是为《中国全科医学》杂志专门撰写, 是中国全科医生前进的导航和指引。本期 John Murtagh 教授给我们讲述了一位强迫障碍病人的诊断和管理。澳大利亚 Monash 大学杨辉教授对本文进行了翻译点评, 以飨我国读者。在此衷心感谢 Murtagh 教授和担任本栏目翻译点评工作的杨辉教授对中国全科医学发展给予的大力支持和帮助!

澳大利亚 John Murtagh 全科病案研究 (五十二)

——一位完美主义的和焦虑的护士

John Murtagh, Hui Yang

【关键词】 强迫障碍; 焦虑障碍; 心理健康; 全科医学

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本案例讲的故事并不罕见。美国的研究证实强迫障碍 12 个月患病率为 1.2%, 终生患病率为 2.3%, 女性高于男性, 随着年龄的增长患病率逐渐降低。中国的研究结果与其相似, 北京市居民强迫障碍 12 个月患病率为 0.90% [95% CI (0.98, 1.82)], 终生患病率为 2.50% [95% CI (2.65, 4.11)]^[1]。焦虑障碍是人群中最常见的心理健康问题, 全科医生应该对包括强迫障碍在内的各种焦虑障碍 (如惊恐障碍、广场恐惧、社交恐惧、广泛性焦虑障碍等) 有所了解, 掌握基本的心理咨询方式, 并注意与心理健康专业人员配合进行病人管理。

1 背景

你是全科医学诊所的医生, 今天你有一位病人, 她是一位 30 岁的护士, 在一家大型医院的外科病房工作。她与医院的一位外科医生结婚, 有 1 岁和 4 岁的两个孩子。

2 病史

Kim Kong (化名) 来全科诊所的时候表现出很苦恼的样子。来看病前, 她遭到丈夫的辱骂。她丈夫说对

Kim 奇怪的习惯已经受够了, 他指责 Kim 是个“疯婆子”、“没长脑子”。事实上, 他把 Kim 当成“精神病”, 说她需要吃抗精神病药!

你把 Kim 带到诊室的另外一个房间, 进一步详细地询问她的情况。她的行为举止表现为高度焦虑和忧虑, 她被丈夫的高声辱骂吓得浑身发抖。

在最初她只是担心在护理工作的时候被病人传染而患肉疣。她也问过其他的医生, 医生们说没有什么证据能证明护理病人会传染上肉疣。不过她经常出现闯入性想法, 认为患肉疣的病人已经把病传染给她了。她感到很害怕, 担心自己被传染上更严重的疾病, 还可能会把这些病传染给孩子们, 或传染给其他病人。她每天洗手的次数超过了 25 次, 每次洗得非常认真, 以致于把手上的皮肤都洗破了。她每天要对厨房、厕所和浴室进行三次非常彻底的清洁。每次接触病人的时候, 她总是带着医用手套; 而且在做家务的时候也经常带同样的手套。最近两天, 她很害怕去医院上班, 请病假在家闭门不出。

Kim 形容自己是个完美主义者 (自我型完美主义, 即自己设置高于常人的或理想的标准, 并竭尽全力追求自己设置的标准)。她容不得自己家里有半点灰尘。在上高中和大学的过程中, 她一定要保证自己的学业成绩

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注: 文后附英文来稿原文

是最优秀的。在每次考试之前她都显得特别焦虑和紧张,不过每次她都能取得全班最好的成绩。她跟你说,现在最担心的是孩子们的健康,她害怕自己把“病菌”带给孩子,或传染给其他人家的孩子。她非常担心那个上幼儿园的4岁的孩子,哪怕有轻微的问题,甚至有轻微的感冒,她也会让孩子留在家里。

在你跟她结束谈话前,她说:“大夫,我明白也知道自己的行为是不正常的。不过我希望你告诉我,我不是傻子,我没有变成疯子”。

3 提问

- 3.1 你的初步诊断是什么?
- 3.2 你怎样给病人提供咨询,告诉她诊断,并让她理解这是什么问题?
- 3.3 你怎样管理这样的病人?

4 解答

4.1 初步诊断 初步诊断是强迫障碍 (obsessive-compulsive disorder, OCD),其主要特征是强迫观念和强迫行为^[2]。强迫观念是反复出现的闯入性想法,这种想法无法忽视、拒绝和解释。强迫行为则是重复出现的一些行动,这些行动是刻板的、过分的、不适宜的(比如反复地核查、清洁、计数,反复地重复某些词,反复想象对立面)。强迫行为可以暂时地减少因强迫观念造成的焦虑,特别是有强迫障碍的人往往明显地表现出对能触发强迫想法的物体或场景的逃避行为。

4.2 对病人的辅导 全科医生要用富有同情心的态度和讲究措辞的语言为病人提供咨询和辅导。在与病人谈话的过程中,要采用平静的说话方式,并在话语中充满安慰。你可以在征得她同意的情况下,请她丈夫一起来诊所,给他们夫妻俩一起来解释这是什么问题。

你可以清晰地告诉病人,她可能有强迫障碍。这是一种心理健康问题,而且有完美主义人格的人往往存在这个问题(人格是指一种根深蒂固有复杂形式的心理特征,它基本上是没有意识的,不能轻易改变的,并在人所有的功能方面都能自动地表现出来)。在给病人提供心理咨询的过程中,你应该给病人提供下面的信息内容^[3]。

- 跟病人解释,强迫障碍是一种焦虑障碍(焦虑障碍是一组以过度和持续的紧张、担心、害怕、恐惧、唤起等为特征的疾病,焦虑障碍与病人此时此地面临的威胁没有关系)。
- 安慰她,她没有变疯;不过她现在处于一种非常焦虑的状态;告诉她,焦虑是人类常见的问题。
- 跟病人解释:正常的焦虑和关联是一种适应性反应。

·跟病人解释:只有在焦虑非常严重并影响到人的功能状态时,才被称为焦虑障碍。

·给病人讲解强迫观念和强迫行为的概念。强迫观念是反复出现的和挥之不去的想法(比如认为护理的时候被病人传染肉疣);这些突如其来的想法或影像并不是真实的,给病人带来很大的紧张或压力。强迫行为是人在面对强迫思维的时候,认为应该采取的重复性行为,或者一种心理上认为应该做的事情(比如反复地按照某个机械的顺序和预订的时间洗手)。病人认为必须严格地和固执地采取某种行为,才能预防或降低所面临的紧张或压力,或避免发生可怕的情况。你要跟病人强调,在事实上,强迫观念与强迫行为并没有关联(比如反复洗手与预防传染肉疣并没有关系)。

·跟病人解释,她对孩子健康的担心,表现为对传染或感染的恐惧。这种害怕是没有现实依据的,但这也不是精神病性问题或妄想,因为她自己也认为自己的做法是不正常的。

·安慰病人,告诉她经过治疗,可以改善她的焦虑和功能状态。

4.3 对病人的管理 对强迫障碍病人的管理,要遵循如下原则。

- 明确告诉病人诊断。
- 让病人理解诊断,即强迫障碍的原因。
- 让病人接受诊断,并对治疗采取正确态度。
- 采用病人能理解的语言和词汇,给病人提供教育。
- 与病人一起合作,制定强迫障碍的管理方案。

Kim需要持续性的心理辅导服务,并需要转诊给心理健康专家,请心理学专家或精神病学专家进行治疗和用药。治疗方案包括放松策略、针对强迫观念的认知行为治疗、针对强迫行为的暴露疗法和反应预防措施。安慰病人,告诉她5-羟色胺再摄取抑制剂(SSRIs)是一种有效的治疗药物^[3-4]。

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Case Studies of John Murtagh (52)

—A Perfectionist and Anxious Nurse

John Murtagh, Hui Yang

[Key words] Obsessive compulsive disorder; Anxiety disorder; Mental health; General practice

1 Forewords

The obsessive compulsive disorder is common mental health problem. In US study, the 12 month prevalence is 1.2%, and life time prevalence is 2.3%. A recent epidemiological survey in Beijing suggests 12 month prevalence 0.90% and life time prevalence 2.50%^[1]. The obsessive compulsive disorder is one of anxiety disorders which the most common mental problem in population. General practitioners need to have knowledge of the disorder and also cooperate with mental health specialists for patient management.

2 Background

Kim Kong is a 30 year old nurse who works in the surgical ward of a major hospital. She is married to a surgeon from the same hospital and has two children aged 1 and 4 years.

3 History

She presented to the clinic in a distressed state after being verbally abused by her husband who claimed that he had been driven to frustration by the weird habits of Kim. He accused her of being 'a crazy woman' and 'off her head'. In fact he called her a schizophrenic and said that she needed anti-psychotic medication!

Kim was ushered into a separate cubicle and questioned about her problem. Her demeanor was that of a very anxious and depressed person who was shocked by the sudden outburst from her husband.

This particular episode developed after she was worried that she had acquired 'warts' in her work as a nurse. She had consulted other doctors who could not find evidence of any specific wart virus infection. However she has been experiencing frequent intrusive thoughts that she has picked up an infection from a patient who had warts. She feels fearful that she could pick up the infection and cause her to be seriously ill and pass it onto her children or patients. She has excoriated hands from numerous hand washings each day - sometimes up to 25 times. She cleans the kitchen, toilets and bathroom three times a day. She wears plastic gloves when handling patients and often around the home. In the past two days she was fearful of going to work and took sick days off work.

In the past she said that she has always been a 'perfectionist' and always wanted the house to be tidy. While studying at high school and university she ensured that her work was perfect and became very anxious around exam time but was always a high achiever. She said that she worries about the health of her children and concerned about them catching 'germs' from herself or other children. She worries about her four-year old child at kindergarten and keeps him home with even the slightest sign of a cold.

She finishes the interview with the comment 'Doctor I realise and know that my behaviour is not normal but tell me I'm not mad or going crazy'.

4 Questions

- 4.1 What is your provisional diagnosis?
- 4.2 How would you counsel the patient about the diagnosis and understanding of the problem?
- 4.3 How would you manage this situation?

5 Suggested answers

5.1 Provisional diagnosis Obsessive compulsive disorder (OCD) is likely the provisional diagnosis^[2]. The key feature of OCD is the presence of obsessions and/or compulsions. Obsessions are recurrent intrusive thoughts that cannot be ignored, resisted or reasoned away. Compulsions are repetitive actions that are performed in a stereotyped way and that are excessive and inappropriate. Compulsive acts temporarily reduce the anxiety caused by the obsessions. Individuals with OCD often also exhibit marked avoidance of objects or situations that may trigger the obsessional thoughts.

5.2 Counsel the patient It is important to handle the situation with compassion and diplomacy. After speaking to Kim in a calm and reassuring manner it would be appropriate with her permission to see her husband and explain the problem.

Inform the patient that she has OCD which is a feature of people with a perfectionist personality^[3].

- Explain that OCD is an anxiety disorder.
- Reassure her that she's not going crazy, but that she is very anxious which is a common human problem.
- Explain normal anxiety and relevance as an adaptive response.
- Explain that anxiety disorders are when anxiety becomes so severe

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that a person's functioning is affected.

• Explain that obsessions are recurrent and persistent thoughts, impulses or images that are inappropriate and cause marked distress and that compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession or according to rules that must be rigidly applied and that the acts are aimed at preventing or reducing distress, or preventing a dreaded situation. However they are not realistically connected.

• Explain that the anxiety about the well being of her children has found expression in fear of infection or contamination. The fear has no basis in reality but is not psychotic or delusional because she is aware that is irrational.

• Reassure her that with treatment her anxiety and functioning are likely to improve.

5.3 Management plan The principles of management are as follows.

- Tell the patient the diagnosis.
- Establish the patient's knowledge of the diagnosis.
- Establish the patient's attitude to the diagnosis and management.
- Educate the patient about the diagnosis without using jargon.

• Develop a management plan in collaboration with the patient.

She needs ongoing counselling and referral to a mental health specialist - psychologist or psychiatrist for therapy and medication. Therapy will be based on relaxation strategies, cognitive behaviour therapy for obsessions and exposure and response prevention for compulsions. Reassure her that medication with SSRI anti-depressant medication is an effective option^[3-4].

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• 读者服务 •

《中国全科医学》杂志远程稿件处理系统成功更新

《中国全科医学》杂志远程稿件处理系统已成功更新, 于2014年1月1日上线运行。该系统作为《中国全科医学》杂志网站的重要组成部分, 是面向作者、审稿专家的重要窗口, 有助于作者、编者、审稿专家间的交流和互动。

欢迎新老作者使用新的远程投稿系统进行在线投稿, 在线投稿的具体操作步骤如下:

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