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博士学位论文

干眼问卷调查表的研制、评估及应用

Development , assessment and application of dry eye questionnaire

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摘要

干眼是由于泪液的量或质或流体动力学异常引起的泪膜不稳定和(或)眼表损害,从而导致眼部不适症状及视功能障碍的一类疾病。目前,世界范围内的干眼发病率大约在 5.5% 33.7%,女性高于男性,老年人高于青年人,亚洲人高于其他人种。现有的流行病学研究显示,我国的干眼发病率与亚洲其他国家类似,较美国及欧洲高(其发病率约在 21% 30%)。近年来,我国的干眼发病率呈逐渐上升态势,在眼科临床中,干眼已成为最常见的,影响生活质量的重要眼表疾病之一。

目前尚无国际公认的干眼诊断标准,但是在各种诊断标准中,干眼症状都为必需条件。因此,评估干眼患者的症状及影响因素,量化干眼患者的主观感受、疾病严重程度、生存质量,对于干眼的诊断和治疗都具有重要价值。

干眼问卷调查表因其操作简单、非侵入性、重复性好的特点,已成为干眼临床诊疗和相关科学研究的重要工具,国外有十几种有关干眼的问卷调查表已被开发验证,广泛应用于干眼诊断、流行病学调查及临床试验。我国目前尚未开发自己的干眼问卷,故直接翻译国外问卷用于临床或科研使用,而且对此类翻译问卷的性能评估和比较研究较少。常用的问卷表主要有眼表疾病指数量表(Ocular Surface Disease Index, OSDI)、McMonnies干眼病史问卷调查表等。此类干眼问卷为西方人所设计,研究和评估对象以西方人为对象,应用于中国人群时,存在试验人群、疾病背景以及社会文化背景的差异,加之不同干眼检查方法和诊断标准的应用,就使其信度、效度以及对干眼的诊断价值发生变化。因此,研制适合我国人群的干眼问卷调查表显得迫切而必要。

本人博士研究生阶段的系列研究中,研制开发出适合于国人使用习惯和疾病背景的干眼问卷调查表,并采用此问卷调查表在眼科门诊受试者中进行评估,并与目前较常使用的 OSDI 问卷进行对比。通过两种问卷的信度和效度评价,敏感度和特异度比较,诊断价值比对,证明在我国人群中干眼问卷调查表较 OSDI 问卷具有更好的干眼诊断价值。

将干眼问卷调查表用于大样本量的中国人群中,结合临床诊断,验证此问 卷调查表的可靠性和有效性,确定诊断阈值以及所对应的敏感度和特异度。经 此次研究,证实了干眼问卷调查表能够快速、准确评估干眼症状,诊断干眼,明确干眼发病的危险因素,进一步证实了干眼问卷调查表可用于干眼的流行病学研究和筛查。

将干眼问卷调查表应用于湿房镜治疗干眼的临床疗效评估,通过此问卷量 化分析,能够明确患者经治疗后的哪些症状得到缓解,以及缓解症状的影响因 素,问卷评分与临床诊断指标的改善相关性高,证实了干眼问卷调查表能够准 确评估湿房镜治疗干眼的疗效,可用于临床试验研究和疗效评估。

干眼问卷调查表的研发,可应用于临床诊断,益于建立我国干眼临床诊疗规范;可应用于流行病学调查,有助于了解我国干眼患病人群的特点;可进行干眼患病率的调查及干眼诱发、危险因素等内容的研究;还可应用于干眼疗效评估,能够准确量化患者症状及临床体征的改善,便于临床医师建立完整的治疗视图;作为干眼筛查应用时,可节省医疗成本和医疗资源,方便高危人群自查,做到对干眼疾病的早期发现,能够进行早期干预和早期治疗。

第一章 干眼问卷调查表的研制及评估

目的 研制适用于中国人群的干眼问卷调查表并评价其临床应用价值。

方法 经查阅分析国内外干眼文献资料并结合临床实践,设计适合我国干眼人群的问卷调查表,并进行语言表达和文化背景因素的调适优化。招募 160 名受试者(干眼组 78 例,非干眼组 82 例)对此干眼问卷调查表和眼表疾病指数(OSDI)问卷进行作答,并进行裂隙灯眼部检查、泪膜破裂时间、角膜荧光素染色评分、泪液分泌试验、睑板腺评估等干眼相关临床检查。根据问卷调查结果和临床检查结果用因子分析方法对原问卷进行优化;用克朗巴赫系数 α 评价所设计干眼问卷调查表和 OSDI 问卷内部一致性信度,计算分半信度;通过因子分析评价结构效度,Spearman 相关分析评价同时效度;应用方差分析及秩和检验的多重比较评价判别效度;通过计算受试者工作特征曲线下面积(AUC)比较两种问卷对干眼诊断的准确度。

结果 通过因子分析将初始问卷优化为 12 道题的干眼问卷调查表,干眼问卷应答率为 100%, OSDI 应答率为 91.25%; 干眼问卷调查表和 OSDI 问卷的克朗巴赫α 系数分别为 0.794 和 0.925, 分半信度为 0.783 和 0.922; 因子分析表明两份问卷结构效度良好; 两问卷评分结果高度正相关 (r=0.812, p<0.01), 两种问卷分

别与干眼各临床检查指标有相关性,且干眼问卷与体征总分相关性较 OSDI 问卷 更高 (r 分别为 0.613 和 0.605, p<0.01); 干眼问卷评分对干眼组与非干眼组的 判别效度良好 (p<0.01); 当干眼问卷评分诊断阈值为 7 时对应的敏感度和特异度分别为 83.33%与 70.73%,其 AUC 值为 0.814,大于 OSDI 问卷的 0.772(P<0.01)。

结论 研制的干眼问卷调查表更符合我国人群的使用习惯,信度、效度及特异度、敏感度均较高,在国人干眼临床诊断中较 OSDI 问卷显示出更好的诊断价值。

第二章 干眼调查问卷表可靠性和有效性的评估

目的 评估干眼调查问卷表的可靠性和有效性。

方法 招募 2146 名受试者 (干眼组 1066 例,对照组 1080 例)对干眼问卷调查表 进行作答,并进行裂隙灯眼部检查、泪膜破裂时间、角膜荧光素染色评分、泪液 分泌试验、睑板腺评估等干眼相关临床检查。用克朗巴赫系数α评价所设计干眼 问卷调查表内部一致性信度, 计算分半信度: 通过因子分析评价结构效度, Spearman 相关分析评价关联效度;应用方差分析及秩和检验的多重比较评价判 别效度;通过计算受试者工作特征曲线下面积(AUC)对干眼诊断的准确度, 确定诊断阈值,以及所对应的敏感度、特异度。以是否患有干眼为因变量,干眼 调查问卷的每道题为自变量,建立二分类多变量 logistic 回归模型, LR 分析方法 得到置信区间在95%的偏回归系数及其标准误、Wald x²、自由度、P 值,及 OR 值,分析问卷每题与干眼发生的危险概率,验证干眼发病的危险因素及突出症状。 结果 本次问卷调查应答率为 100%; 干眼问卷调查表克朗巴赫系数 α 为 0.816, 分半信度 Spearman-Brown 系数为 0.706 (均>0.7),内部一致性较好;两次问卷 组内相关系数 ICC 值为 0.89 (>0.8),表明重测信度良好;因子分析表明两份问 卷结构效度良好; 干眼问卷调查表与干眼各临床检查指标有相关性, (p 均< 0.01); 干眼问卷评分对干眼组与对照组的判别效度良好(p<0.01); 当干眼问卷 评分诊断阈值为 8.5 时对应的敏感度为 99.1%, 特异度为 93.7%, 其 AUC 值为 0.985(P 值<0.01)。二分类多变量 logistic 回归模型方程结果显示 P 值均<0.05, 即模型拟合优度改变具有统计学意义,问卷设计合理,问题均是干眼发生的危险 因素及突出症状。

结论 干眼问卷调查表信度、效度及特异度、敏感度均较高,是一种可靠、有效

的干眼诊断工具,亦适用于干眼流行病学研究和筛查。

第三章 应用干眼问卷调查表评价湿房镜治疗干眼的临床疗效

目的 应用干眼问卷调查表评估湿房镜治疗轻中度干眼的临床疗效。

方法 自身对照临床研究。连续收集 2012 年 11 月-2013 年 6 月期间门诊就诊的 轻中度干眼患者 56 例(56 只眼),填写干眼问卷调查表、OSDI 问卷,并进行角膜荧光染色、泪液分泌试验(Schirmer I test)和泪膜破裂时间(tear break-up time,TBUT)测定。予配戴湿房镜一周后再次检查,内容同上。采用自身对照的配对 t 检验或秩和检验对治疗前后的数据进行统计学分析,并用秩和相关检验方法分析干眼问卷调查表分别与角膜荧光染色、泪液分泌试验、泪膜破裂时间和 OSDI 问卷的相关性。

结果 共有 56 例(56 只眼)干眼患者进入本研究,配戴湿房镜一周后,干眼问卷调查表(Z=-6.328,P<0.01)及 OSDI 问卷(Z=-6.313,P<0.01)较治疗前改善有统计学意义;角膜荧光染色(Z=-5.978,P<0.01)明显减轻、泪膜破裂时间(TBUT)明显增加(T=11.402,P<0.01),差异具统计学意义。分析干眼问卷调查表每道问题戴镜前后差异,其中问题 3(Z=-4.437,P<0.01)、问题 5(Z=-5.596,P<0.01)、问题 7(Z=-6.05,P<0.01)、问题 8(Z=-4.587,P<0.01)、问题 10(Z=-3.66,P<0.01)、问题 11(Z=-2.636,P<0.01),在戴镜前后差异具有统计学意义。戴镜前后干眼问卷调查表总分差值和 TBUT 差值呈负相关(r=-0.716,p<0.01),和 OSDI 问卷差值呈正相关(r=0.409,p<0.01)。

结论 干眼问卷调查表能够有效评估湿房镜治疗轻中度干眼的临床疗效,量化分析经治疗后患者的哪些症状得到缓解,以及缓解症状的影响因素,是评估治疗干眼疗效的有效方法之一。

Abstract

Dry eye is a multifactorial disease of the tears and ocular surface that results in symptoms of discomfort, visual disturbance, and tear film instability with potential damage to the ocular surface. It is accompanied by increased osmolarity of the tear film and inflammation of the ocular surface. At present, the worldwide incidence of dry eye about 5.5% ~ 33.7%, with women more than men, old people than young people, asians than any other race. According to our country existing epidemiological studies have shown that the incidence of dry eye in China is similar to other Asian countries, higher than the United States and Europe, its incidence is about 21% ~ 30%. In recent years, the incidence of dry eye in China is gradually rise. In ophthalmologic clinical, dry eye has become one of the most common and one of the important ocular surface disease affecting the quality of life

There is no internationally recognized standard of dry eye diagnosis, but dry eye symptoms is the necessary condition in the different diagnostic criteria. Therefore, the evaluation of patients with dry eye symptoms and influencing factors, quantify the subjective feeling of patients with dry eye, the severity of disease, quality of survival, has important value for the diagnosis and treatment of dry eye.

Dry eye questionnaires because of its simple operation, non-invasive and good repeatability, has become a dry eye in clinical diagnosis and treatment of important tools and related scientific research, there are more than ten foreign questionnaire has been developed to verify about dry eye, widely used in dry eye diagnosis, epidemiological investigation and clinical trials. Because our country has yet to develop their own dry eye questionnaires, clinical or scientific research questionnaire still is given priority to with direct translation foreign questionnaire, and questionnaire for such translation performance evaluation and comparative study is also very few. Commonly used include Ocular Surface Disease Index scale (Ocular Surface diseases, Index, OSDI), McMonnies dry eye history questionnaire, etc. Such a questionnaire

designed for westerners, questionnaire research and assessment of this also with western people as object, when applied to the people, because of its population, disease background and social and cultural differences in background, combined with different dry eye examination method and the application of diagnostic criteria, its reliability and validity and value to the diagnosis of dry eye will change too. Therefore, it is necessary to develop suitable for dry eye questionnaires of population in our country, to provide important tools for dry eye clinical and research in China.

The series research in my Ph.D, developed the suitable for people to use habits and dry eye disease background questionnaire, and adopt the questionnaire to evaluate in ophthalmic clinic subjects, and with the current commonly used OSDI questionnaire were compared. Through two questionnaire reliability and validity of evaluation, sensitivity and speciality rate comparison, diagnostic value, prove that dry eye questionnaire in our country crowd the OSDI questionnaire has better diagnostic value of dry eye.

Then, dry eye questionnaire was applied to large sample size of China's population test, combined with the clinical diagnosis, as well as the degree of sensitivity, specific questionnaire diagnosis threshold, further confirmed the reliability and effectiveness of dry eye survey questionnaire, confirmed that the dry eye questionnaires can be used in the epidemiological studies of dry eye and screening.

Dry eye questionnaire was applied to evaluate the clinical effects of moisture chamber glasses in the treatment of dry eye, through the quantitative analysis of this questionnaire, can determine what symptoms after treatment in patients were alleviated, as well as the influence factors of relieve symptoms, questionnaire score high correlation with the improvement of the clinical diagnosis index and confirmed the dry eye questionnaires can accurately assess wet room the curative effect of treatment of dry eye lens, can be used in clinical trials and curative effect evaluation.

Dry eye of questionnaire research and development, can be applied to clinical diagnosis, beneficial to establish our country dry eye clinical diagnosis and treatment norms; Can be applied to epidemiological investigation, help to understand the characteristics of dry eye patient population in China; Dry eye prevalence survey and

dry eye can be induced, risk factors, such as the content of study; Can also be applied to the dry eye curative effect evaluation, able to accurately quantify the improvement of the patient's symptoms and clinical signs, is advantageous for the clinician to establish a complete treatment of view; As dry eye screening applications, saves medical cost and medical resources, convenient and high-risk groups introspection, do early detection of dry eye disease, early intervention and early treatment.

Part I Development and assessment of dry eye questionnaire

Objective To develop and assess a new dry eye questionnaire applicable to Chinese population.

Methods Based on literature review and clinical practice, a dry eye questionnaire was developed and optimized to apply to Chinese dry eye patients in the language expression and culture background. Participants (78 patients with dry eye and 82 controls) completed the dry eye questionnaire and OSDI questionnaire, and an ophthalmic examination including slit lamp examination, tear breakup time, fluorescein staining, Schirmer I test and meibomian gland assessment. The original questionnaire was optimized with factor analysis according to the answers from respondents and clinical evaluations. The Cronbach α and intraclass correlation coefficient (ICC) were used to evaluate the internal consistency reliability and test-retest reliability. Factor analysis was used to assess the construct validity, concurrent validity was obtained by Spearman correlation analysis and discriminant validity was obtained by ANOVA and Wilcoxon rank sum test. Receiver operator characteristics curves were generated to identify the sensitivity and specificity of each questionnaire for diagnosis of dry eye.

Results The questionnaire was optimized to 12 items by factor analysis. The response rates from respondents to dry eye questionnaire and the OSDI were 100% and 91.25% respectively. The Cronbach a of dry eye questionnaire and the OSDI were 0.794 and 0.925 respectively, whilst the ICC of both questionnaires were 0.99, indicating good to excellent reliability. The factor analysis suggested that these two questionnaires had good construct validity. The Spearman correlation analysis indicated that the dry eye

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