

암환자의 삶의 질에 대한 연구*

김광일** · 소형석*** · 민성길***†

A Study on Quality of Life of Cancer Patients*

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■ 국문 초록

연구목적 :

방 법 :

58 , 202 , 229
 (WHOQOL) , 가 ,

결 과 :

가 .
 가 .
 가 .

결 론 :

중심 단어 :

서 론

가 가²⁾ 3

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가 1980 , .

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&

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5)6) 가 가 58
 (well - being) 가
 202
 7)8) 229
 9)10) (outcome variable) 가 (WHOQOL)
 가 가 16) 100
 15) 가 15
 WHOQOL (domain)
 (general QOL), (facet)
 (health - related QOL), (disease - (physical domain),
 specific QOL) 가 (psychological domain), (independ-
 ent domain), (social relationships),
 11) WHO (environmental domain), (spiritual do-
 main) 6 (domain) 24
 (facet)
 가 12) WHO 4
 (facet) 4
 13)14) 가 17)
 가 15) 가
 가 (Chi - squire test) t - test
 (domain, facet)
 (analysis of covariance : ANCOVA)
 (least squ-
 are mean)
 연구 방법
 1. 연구 대상
 (path analysis)
 SAS , 0.05

결 과

1. 인구 사회학적 자료

125 (54.6%), 32 (55.2%), 115 (56.9%), 87 (43.1%) (Chi - square=0.25, p>0.05).

104 (45.4%), 26 (44.8%) (43.1%)

46.5 (± 13.5), 30.7 (± 11.7), 36.2 (± 12.9) (ANOVA) 가 (p<0.0001).

가 108 (47.4%), 110 (52.6%), 가 46 (80.7%), 11 (19.4%) 가

107 (53.5%), 93 (46.5%) (Chi - square=22.06, p<0.001).

가 165 (71.8%), 가 65 (28.3%), 가 12 (20.7%), 가 46 (79.3%)

가 110 (55.0%), 가 90 (45.0%) (Chi - square=62.94, p<0.001)(1).

2. 암환자군, 일반 환자군과 정상인군의 삶의 질 중점 비교

82.8 ± 10.9 , 71.1 ± 11.2 , 79.5 ± 11.8 가 (F=21.39, p<0.0001) (ANCOVA)

(least squares means) 71.7 , 79.5 , 82.8 가 (F=16.37, p<0.0001)(2).

3. 세 군간의 삶의 질 하부 척도 비교

(overall quality of life) (F=16.18, p<0.0001), (facet 1)(F=37.35, p<0.0001), (facet 2)(F=18.10, p<0.0001), (facet 3)(F=4.93, p<0.01), (facet 8)(F=6.76, p<0.005), (facet 9)(F=27.30, p<0.0001), (facet 10)(F=17.68, p<0.0001), (facet 11)(F=82.73, p<0.0001), (facet 12)(F=20.58, p<0.0001), (facet 13)(F=3.36, p<0.05), (facet 16)(F=6.38, p<0.005), (facet 18)(F=3.17, p<0.05), 가 (facet 19)(F=3.31,

Table 1. Sociodemographic characteristics of 3 groups

Variables	Cancer patients	Other physically ill patients	Normal group	
	No. of subject (%)	No. of subject (%)	No. of subject (%)	
Sex*	Male	32 (55.2)	115 (56.9)	125 (54.6)
	Female	26 (44.8)	87 (43.1)	104 (45.4)
Age**	Mean(year)	46.5	36.2	30.7
	SD	13.5	12.9	11.7
Education†	<High school	46 (80.7)	107 (53.5)	108 (47.4)
	2-year college	3 (5.3)	18 (9.0)	18 (7.9)
	University	7 (12.3)	51 (25.5)	69 (30.3)
	Post-graduate	1 (1.8)	24 (12.0)	33 (14.5)
Marriage‡	Single	11 (19.0)	100 (50.0)	163 (70.9)
	Married	43 (74.1)	85 (42.5)	63 (27.4)
	Living as married	3 (5.2)	5 (2.5)	2 (0.9)
	Separated(Divorced)	1 (1.7)	10 (5.0)	2 (0.9)
Total	229 (100)	58 (100)	202 (100)	

* : Chi-square=0.25, p>0.05, ** : ANOVA, comparisons significant 0.05, † : Chi-square=22.06, p<0.001, ‡ : Chi-square=62.94, p<0.001

p<0.05), / / (facet 24)(F=3.20, p<0.05), (domain 1)(F=27.09, p<0.0001), (domain 2)(F=3.92, p<0.05), (domain 3)(F=53.80, p<0.0001), (domain 5)(F=5.52, p<0.005), (domain 6)(F=3.20, p<0.05) (2).

(overall quality of life ; p<0.0001), (facet 1 ; p<0.0001), (facet 2 ; p<0.0001), (facet 9 ; p<0.0001), (facet 10 ; p<0.0001), (facet 11 ; p<0.0001), (facet 12 ; p<0.0001), (domain 1 ; p<0.0001), (domain 3 ; p<0.0001)

Table 2. Facet & domain scores : adjusted scores for age, sex & patients status with ANCOVA

	Cancer patients	General medical disease patients	Healthy
	LS mean ± Std err	LS mean ± Std err	LS mean ± Std err
Overall QOL ¶	11.20 ± 0.40**‡	12.45 ± 0.20‡	13.57 ± 0.19
Facet 1 pain ¶	11.88 ± 0.42**‡	9.75 ± 0.21 ‡	8.05 ± 0.20
Facet 2 energy ¶	10.71 ± 0.41**‡	12.33 ± 0.20‡	13.38 ± 0.19
Facet 3 sleep ¶	14.14 ± 0.49†	14.67 ± 0.24‡	15.57 ± 0.23
Facet 4 feel	11.37 ± 0.43	11.47 ± 0.22	12.15 ± 0.21
Facet 5 think	12.48 ± 0.40	12.43 ± 0.20	12.82 ± 0.19
Facet 6 esteem	12.45 ± 0.43	12.97 ± 0.21	13.31 ± 0.20
Facet 7 body	13.55 ± 0.45	13.63 ± 0.23	14.03 ± 0.22
Facet 8 neg ¶	11.49 ± 0.51 ‡	10.72 ± 0.25‡	9.68 ± 0.24
Facet 9 mobil ¶	14.40 ± 0.40**‡	16.71 ± 0.20‡	17.71 ± 0.19
Facet 10 activ ¶	12.43 ± 0.42**‡	14.38 ± 0.21 ‡	15.27 ± 0.20
Facet 11 medic ¶	11.29 ± 0.42**‡	7.68 ± 0.21 ‡	5.34 ± 0.20
Facet 12 work ¶	11.56 ± 0.47**‡	14.34 ± 0.23†	15.00 ± 0.22
Facet 13 relat ¶	13.05 ± 0.35†	13.56 ± 0.17	14.01 ± 0.67
Facet 14 supp	12.20 ± 0.33	11.46 ± 0.17	11.49 ± 0.16
Facet 15 sex	12.43 ± 0.43	12.86 ± 0.21	12.91 ± 0.21
Facet 16 safety ¶	12.07 ± 0.42‡	12.79 ± 0.21 ‡	13.57 ± 0.20
Facet 17 home	11.66 ± 0.46	12.40 ± 0.23	12.75 ± 0.22
Facet 18 finan ¶	11.51 ± 0.49†	12.02 ± 0.24†	12.71 ± 0.23
Facet 19 servic ¶	11.16 ± 0.36†	11.79 ± 0.18	12.15 ± 0.71
Facet 20 inform	11.13 ± 0.41	11.69 ± 0.20	12.08 ± 0.20
Facet 21 leisur	9.47 ± 0.46	10.19 ± 0.23	10.64 ± 0.22
Facet 22 envir	12.69 ± 0.43	12.71 ± 0.21	13.32 ± 0.20
Facet 23 transp	13.34 ± 0.47	14.18 ± 0.23	14.34 ± 0.23
Facet 24 spirit ¶	10.98 ± 0.61*‡	12.48 ± 0.31	12.75 ± 0.29
Domain 1 physic ¶	36.93 ± 1.03**‡	41.26 ± 0.51 ‡	44.88 ± 0.49
Domain 2 psycho ¶	62.36 ± 1.70†	63.76 ± 0.85†	66.64 ± 0.82
Domain 3 indep ¶	51.00 ± 1.33**‡	61.93 ± 0.66‡	66.61 ± 0.63
Domain 4 social	37.54 ± 0.86	37.78 ± 0.43	38.33 ± 0.43
Domain 5 envir ¶	92.96 ± 2.45‡	97.84 ± 1.19†	101.57 ± 1.15
Domain 6 spirit ¶	10.98 ± 0.61*‡	12.48 ± 0.31	12.75 ± 0.29
Total ¶	71.74 ± 1.71**‡	79.53 ± 0.84‡	82.85 ± 0.73

Total=domain1 score/3+domain2 score/5+domain3 score/4+domain4 score/3+domain5 score/8+domain6 score
 ¶ p<0.05 : significantly different among three groups
 *p<0.05, ***p<0.01 : compared with other medically ill patients
 † p<0.05, ‡ p<0.01 : compare with healthy control

가 (p>0.05) (facet 3), (facet 8), (facet 13), (facet 16), (facet 18), (facet 19), (domain 2), (domain 5) 가 가 (facet 13 ; p<0.05), 가 (facet 19 ; p<0.05) 24 (domain 6) (p<0.05) (2).

4. 전반적인 삶의 질(Overall QOL)에 영향을 미치는 영역(Domain)

(overall QOL) (domain 1), (domain 2), (domain 4), (domain 5) r - squared 0.83 (domain 2) (domain 3), (do-

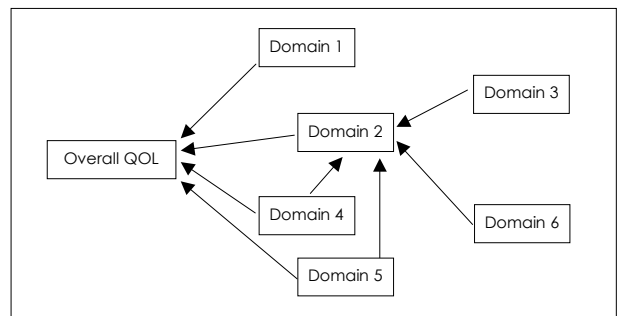


Fig. 1. Path analysis of the cancer patient group.
 Overall QOL=0.61 domain2+0.12 domain1+0.09 domain4 +0.42 E2
 Domain2=0.26 domain3+0.15 domain4+0.41 domain5 +0.11 domain6+0.69 E1

main 4), (domain 5), (domain 6) (facet 6), (facet 7), (fa-
r-squared 0.53 (1). cet 14), (facet 15)

고찰

(1982)²⁵⁾ 120 Linn

가 가

가 가 18)

가

19)

(facet 8), (facet 13),
(facet 16), (facet 18),
가 (facet 19), (domain 2),
(domain 5)
가

(domain 6)

가

가

가

가

(overall QOL), (domain 1),
(domain 3), (facet 1),
(facet 2), (facet 9),
(facet 10), (facet 11),
(facet 12)

Dianne (1988)²⁰⁾ Hjermsstad

(1998)¹⁹⁾ WHO-
QOL 21)

가

가

가

WHO 17)

가

(facet 1), (fa-
cet 2), (facet 3), (facet 6),
(facet 7), (facet 8), (facet 9),
(facet 10), (facet 11),
(facet 12), (facet 14),
(facet 15), (facet 18), (fa-
cet 19), (facet 23), / / (fa-
cet 24)

(overall QOL)

(cancer module)

가

22-24)

9)28)

가

가

가

(heterogeneity)
가

WHOQOL

23)가

WHOQOL

17) WHOQOL

가

참고문헌

- 1) World Health Organization(1993) : WHOQOL Study Protocol. WHO(MNH/PSF/93.9). WHO, Geneva
- 2) Campbell A(1976) : Subjective measures of well-being. Am Psychol 31 (2) : 117-124.
- 3) Guyatt GH, Feeny DH, Patrick DL(1993) : Measuring Health-related Quality of Life. Ann Intern Med 118 : 622-629
- 4) 최영희(1997) : 정신과 영역에서 삶의 질에 관한 고찰. 신경정신의학 36 : 19-31
- 5) Lansky SB, List MA, Ritter-Sterr C(1986) : Psychosocial consequences of cure. Cancer 58 (2 Suppl) : 529-533
- 6) Richard JL, Anthony FD(1988) : Quality of life of cancer patients. Oncology 45 : 1-7, 1988
- 7) Coates A, Gebiski V, Bishop JF, Jeal PN, Woods RL, Snyder R, Tattersall MH, Harvey V, Gill G(1987) : Improving the quality of life during chemotherapy for advanced breast cancer. N Engl J Med 317 : 1490-1495
- 8) Patricia AJ, Jack L, Jessie S(1991) : Quality of life assessment : An independent prognostic variable for survival in lung cancer. Cancer 67 : 3131-3135
- 9) Derogatis LR(1986) : Psychology in cancer medicine : A Perspective and Overview. J Consult Clin Psychol 54 : 632-638
- 10) Ganz PA(1994) : Quality of life and the patient with cancer : Individual and Policy Implications. Cancer 74 : 1445-1452
- 11) Cull AM(1997) : Cancer-specific quality of life questionnaires : The state of the art in Europe. Eur J Cancer 33 (suppl) : 3-7
- 12) The WHOQOL group(1998) : Development of the World Health Organization WHOQOL-BREF quality of life assessment. Psychol Med 28 : 551-558
- 13) Orley J, Kuyken W(1994) : Quality of life assessment : international perspectives. Heidelberg, Springer Verlag, pp41-57
- 14) Szabo S on behalf of the WHOQOL group(1996) : The World Health Organization Quality of Life (WHOQOL) assessment instrument. In Spilker B, ed. in quality of life and pharmacoconomics in clinical trials. 2nd ed. New York, Philadelphia, Lippincott-Raven Publishers, pp355-362
- 15) 민성길, 김광일, 서신영, 김동기(2000) : 한국판 세계보건기구 삶의 질 척도(WHOQOL)의 개발. 신경정신의학 39 : 78-87
- 16) World Health Organization(1995a) : Introduction and Background. Field Trial WHOQOL-100, Feb. 1995. MNH/PSF/95.1A. WHO, Geneva
- 17) World Health Organization(1995g) : Meeting on the Application of the WHOQOL to People with Cancer, Nagasaki, Japan, 13-15 June 1995. MNH/PSF/95.6. WHO, Geneva
- 18) Lanham RJ, DiGiannantonio AF(1988) : Quality-of-Life of Cancer Patients. Oncology 45 : 1-7
- 19) Hjermastad MJ, Fayers PM, Bjordal K, Kaasa S(1998) : Using reference data on quality of life-the importance of adjusting for age and gender, exemplified by the EORTC QLO-C30(+3). Eur J Cancer 34 : 1381-1389
- 20) Dianne M, Finkelstein, Barrie R, Cassileth, Philip D, Bonomi, John C, Ruckdeschel, Ediz Z, Ezdinli, Wolter JM(1988) : A pilot study of the functional living index-cancer(FLIC) Scale for the assessment of quality of life for metastatic lung cancer patients. Am J Clin Oncol 11 : 630-633
- 21) Tazaki M, Nakane Y, Endo T, Kakikawa F, Kano K, Kawano H, Kuriyama K, Kuroko K, Miyaoka E, Ohta H, Okamoto N, Shiratori S, Takamiya S, Tanemura K, Tsuchiya R(1998) : Results of a Qualitative and Field Study Using the WHOQOL Instrument for Cancer Patients. Jpn J Clin Oncol 28 : 134-141
- 22) Schipper H, Clinch J, McMurray A, Levitt M(1984) : Measuring the quality of life of cancer patients : the functional living index-cancer : development and validation. J Clin Oncol 2 :

472-483

- 23) Aaronson NK, Bullinger M, Ahmedzai S(1988b) : A modular approach to quality-of- life assessment in cancer clinical trials. *Recent Results Cancer Res* 111 : 231-249
- 24) Ganz PA, Schaag AC, Lee JJ, Sims MS(1992) : The CareS a generic measures of health-related quality of life for patients

with cancer. *Qual Life Res* 1 : 19-29

- 25) Linn MW, Linn BS, Harris R(1982) : Effects of counseling for late stage cancer patients. *Cancer* 49 : 1048-1055
- 26) Andersen BL(1992) : Psychological interventions for cancer patients to enhance the quality of life. *J Consult Clin Psychol* 60 : 552-568

■ ABSTRACT

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A Study on Quality of Life of Cancer Patients

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Objectives : This study was purposed to evaluate the quality of life of cancer patients and compare it with those of general medical patients group & healthy group.

Method : Quality of life was evaluated in 58 patients with cancers in pulmonary or gastrointestinal system, 202 patients with general medical diseases in pulmonary or GI system and 228 healthy persons. Data of 3 groups were compared with analysis of covariance.

Results : The WHOQOL score was lowest in the cancer patient group and was followed by the patients of other general medical diseases and the healthy persons. Especially QOL score of cancer patients were subjectly lower in the physical domain, the psychological domain, the independence domain, the environmental domain, the spiritual domain, while scores of the social domain showed no difference. Among these domains, the scores of the physical domain and the independence domain were lowest in cancer patients. The domains of which scores were not different between general internal patients and cancer patients were the psychological domain and the environmental domain. QOL of spiritual domain was lower in cancer patients than general patients. The path analysis suggests that the psychological quality of life is the most important in quality of life.

Conclusion : These results show that the quality of life of cancer patients was lower than not only healthy persons but also general medical patients and suggest that cancer patients need more specialized helps in physical pain, independency, spiritual problems, and finally psychological problem.

KEY WORDS : Quality of life · Cancer patient.