

研究業績 英文表記

和文	
表題	ヒト T 細胞白血病ウイルス 1 型キャリア支援に向けた実態調査
著者名	滝 麻衣
所属	洛和会京都健診センター 看護部長
英文	
Title	Fact-finding Survey to Support Carriers of Human T-Cell Leukemia Virus Type 1
Author	Mai Taki
Affiliation	Director of the Health Education and Guidance Department, Rakuwakai Healthcare Center
Abstract	<p>Objective The purpose of this study was to conduct a health-related quality of life (HRQOL) survey of HTLV-1-infected carriers of human T-cell leukemia virus type 1 (HTLV-1) as a stepping stone toward establishing a carrier support system for comprehensive HTLV-1 control measures. Methods: The subjects were 120 carriers under observation at an outpatient clinic specializing in HTLV-1 in the Kansai region who were able to provide cooperation for the survey within a 1-year period from November 2017. The survey items included basic demographics, questions regarding the circumstances and feelings of being diagnosed as a carrier, and the MOS Short-Form 36-Item Health Survey Ver. 2 (hereafter SF-36) for HRQOL measurement. Frequency analyses of the obtained responses were tabulated using Excel, and t-tests using R were conducted for HRQOL mean scores and comparisons among variables. Results Of the 53 valid responses, 84.9% were female and 35.8% were in their 50s. The most common reason for learning of the carrier status was "notification after blood donation" (47.2%), followed by "antenatal checkup" (28.3%). Other responses included preoperative testing or being recommended testing due to the onset of a related disease in a family member. Most respondents consulted family members, partners, or health care providers after carrier diagnosis, while 18.9% said they could not consult anyone. 96.2% said they wanted to consult a physician, and "professional knowledge" was the most common HTLV-1-related information they needed. Overall HRQOL scores tended to be lower in women than in men, and overall health ($p < 0.05$), vitality ($p < 0.01$), mental health ($p < 0.05$), and mental health ($p < 0.01$) were significantly lower in women under age 50 than in national norms for women over age 50 and healthy adult women. Conclusions The large proportion of female respondents was consistent with the national gender ratio. The majority of respondents needed "information on the onset and treatment of related diseases" by "physicians," possibly due to carriers' experience of not being able to obtain the information they expected from the consultation service or ignorance of the role of clinical psychologists, who are not involved in general practice. Women under 50 years old in HRQOL scores.</p>
keyword	HTLV-I Infections; Quality of life; RHQOL; Carrier status; Referral and consultation; Information storage and retrieval

※本データの英文表記は実際の論文上の表記とは異なります。