

Skala fungsional penyakit Parkinson dengan mempergunakan skala-penilaian terpadu di Rumah sakit Cipto Mangunkusumo Jakarta

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Abstrak

Latar Belakang

Meningkatnya pertumbuhan populasi usia lanjut, mengharuskan untuk memberikan perhatian besar kepada penyakit degeneratif atau penyakit dengan awitan usia lanjut. Penyakit Parkinson merupakan salah satu penyakit degeneratif tersebut.

Obyektif

Menyediakan data dasar penderita penyakit Parkinson sesuai pokok-pokok pada SPTPP (Skala Penilaian Terpadu Penyakit Parkinson)

Metoda

Merupakan penelitian deskriptif cross sectional dengan subyek penderita penyakit Parkinson yang berobat ke poliklinik saraf RSCM, dalam kurun waktu Oktober-Desember 2005. Pengolahan data dengan menggunakan SPSS versi 10.0

Hasil Penelitian

Terdapat 42 subyek yang masuk kriteria inklusi, dengan perbandingan laki-laki dan perempuan yang hampir sama (1,03:1), rata-rata berusia 63,62 tahun (stand dev 10,95), sebagian besar tidal(bekerja dan tinggal bersama keluarga. Usia awitan sakit rata-rata 57,55 tahun (stan dev 9,92) dengan durasi sakit rata-rata 6,10 tahun (stand dev 5,23). Levodopa dan antikolinergik merupakan obat anti Parkinson yang paling banyak dipergunakan oleh subyek (97,63% dan 80,97%), yaitu dalam bentuk kombinasi keduanya.

Rata-rata hasil pemeriksaan SPTPP adalah skor sub skala I 2,98 (stand dev 2,77), skor sub skala II 14,10 (stand dev 9,76), skor sub skala III 17,93 (stand dev 11,02), sub skala IV 3,02 (stand dev 3,27). Rata-rata derajat keparahan subyek adalah stadium 2,417 menurut skala Hoehn-Yahr, dan-rata-rata skala Schwab-England adalah 71,43% (stand dev 22,59)

Gejala kardinal terbanyak pada subyek adalah rigiditas dan bradikinesia; sedangkan subyek dengan skala schwab-England rendah memiliki skor instabilitas postural dan bradikinesia yang tinggi. Gejala motorik yang berhubungan dengan terapi yang terbanyak adalah freezing, diikuti fluktuasi klinis dan distonia. Gangguan mentasi-intelektual merupakan gejala non motorik yang meicolok pada subyek.

Aktifitas utama sehari-hari yang paling banyak terganggu adalah mengenakan baju dan berjalan. Mengenakan baju juga gangguan yang paling banyak memerlukan bantuan orang lain. Terdapat kecenderungan antara durasi sakit dan SPTPP; semakin lama durasi sakit semakin besar skor SPTPP dan

Hoehn-Yahr serta semakin rendah skor Skala Schwab-England. Di samping itu terdapat pula kecenderungan antara hasil pemeriksaan gejala motorik dan hasil pemeriksaan kemampuan subyek.

Kesimpulan

Adanya trend bahwa semakin lama durasi sakit semakin berat gangguan mental, perilaku dan mood; semakin berat gejala motorik, semakin tinggi derajat keparahan serta semakin banyak komplikasi pengobatan. Semakin lama durasi sakit juga menunjukkan semakin berat ketidakmampuan melakukan aktifitas sehari-hari dan semakin besar ketergantungan pada orang lain. Terdapat trend bahwa semakin berat gejala motorik dan semakin parah derajat sakit semakin buruk fungsi subyek penelitian. Terdapat asumsi pada status gejala motorik yang sama, subyek menunjukkan fungsi aktifitas sehari-hari yang lebih buruk dibanding subyek penelitian lain di luar negeri.

Background

The increasing number of elderly people necessitates considerable attention to degenerative disease or late-age onset disease; Parkinson disease constitutes one of the degenerative disease

Objective

To provide basic data on Parkinson patients based on UPDRS (Unified Parkinson Disease Rating Scale = SPTPP Skala Penilaian Terpadu Penyakit Parkinson)

Method

A descriptive cross-sectional study that involved Parkinson patients that presented to the outpatient clinic of RSCM from October to December 2005. SPSS version 10,0 was used for the data processing

Result

42 subjects met the inclusion criteria with the almost similar ratio of male - female patients (1.03 : 1), with the mean age 63,62 (stand deviation 10.95) and most of them were unemployed and lived with their families. The mean morbid age was 57.55 (stand dev 9.92) with the mean morbid duration 6.10 years (stand dev 5.23), Levodopa and anticholinergic agent were the most common medicines taken by subjects (97.63% and 80.97%) in the combination therapy.

The mean result of UPDRS 1 SPTPP examination were sub-scale I score 2.98 (stand dev 2.77), sub-scale II score 14.10 (stand dev 9.76), sub-scale III score 17.93 (stand dev 11.02) and sub-scale IV score 3.02 (stand dev 3.27). The mean severity degree of the subjects was at stage 2.417 based on I-Hoehn-Yahr scale and the mean Schwab-England scale was 71.43% (stand dev 22.59)

The most frequently found cardinal symptom in the subjects were rigidity and bradykinesia; whereas subjects with low Schwab-England scale had high postural instability and bradykinesia score. The most common motoric symptom found correlated with the therapy were freezing; clinical fluctuation and dystonia. Mental - intellectual disturbance was the most conspicuous non -- motoric symptom in subjects

The most disturbed daily activities were putting on clothing and walking. Putting on clothing was the activity that need most help from the most significant members of the family.

There was a trend between the morbid duration and UPDRS 1 SPTPP; the longer the morbid duration, the higher the SPTPP Hoehn-Yahr score were and the lower the Schwab-England scale was. In addition to that, there was a propensity between the motoric symptom assessment and the examination result of the subject's performance.

Conclusion

There was a trend that showed the longer the morbid duration was, the more severe the mental, behavior and mood disturbances were; the more severe the motoric symptom, the higher the severity degree was as well as the higher need for the treatment of complications. The more prolonged morbid duration also revealed the more serious disability of conducting every day activities and the higher dependence on other people. There was propensity for the worse function of the trial subjects due to the more severe motoric symptom and higher degree of disease severity. There has been some assumption that at the same status of motoric symptom, the subjects showed worse function of daily activities compared with other trial subjects in other countries.</i>