

Pengaruh depresi terhadap perbaikan infeksi ulkus kaki diabetik = The influence of depression on diabetic foot ulcer infection improvement

Arshita Auliana, author

Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=20403826&lokasi=lokal>

Abstrak

[ABSTRAK

Latar Belakang: Pasien DM dengan ulkus kaki lebih banyak yang mengalami depresi dan memiliki kualitas hidup yang buruk. Dalam tatalaksana ulkus kaki diabetik perlu diperhatikan faktor psikososial karena diperkirakan dapat mempengaruhi penyembuhan luka melalui induksi gangguan keseimbangan neuroendokrin-imun. Beberapa penelitian mengenai pengaruh depresi pada proses penyembuhan ulkus diabetik telah dilakukan dengan hasil yang masih kontroversial.

Tujuan: Mengetahui pengaruh depresi terhadap proses perbaikan infeksi ulkus kaki diabetik, serta tingkat depresi pada pasien ulkus kaki diabetik rawat inap.

Metode: Observasional, kohort prospektif, terhadap 95 pasien ulkus kaki diabetik terinfeksi yang dirawat di RSCM dan RS jejaring dalam kurun waktu penelitian, terbagi 2 kelompok yaitu kelompok depresi dan kelompok tidak depresi. Data klinis, penilaian depresi, dan data laboratorium diambil saat pasien masuk rumah sakit kemudian dinilai perbaikan infeksi ulkus kaki diabetik dalam 21 hari masa perawatan. Dilakukan analisis bivariat dengan uji Chi-square berdasarkan batas kemaknaan (α) sebesar 5% dan analisis multivariat.

Hasil: Dari 95 subyek penelitian, 38 orang (40%) masuk dalam kelompok tidak depresi, sedangkan kelompok depresi terdiri atas 57 orang (60%). Subyek perempuan jumlahnya dominan pada kelompok depresi (70%). Komorbid terbanyak adalah hipertensi, dengan angka komorbiditas dan penyakit kardiovaskular lebih tinggi pada kelompok depresi. Malnutrisi dan obesitas juga lebih banyak pada kelompok depresi (64,9% dan 31,6%), demikian pula dengan kontrol glikemik yang buruk (73,7%). Sebagian besar pasien (73,7%) yang masuk dalam kelompok depresi memiliki depresi ringan. Pada kelompok depresi 40,4% mengalami perbaikan infeksi dalam 21 hari masa perawatan, sedangkan pada kelompok tidak depresi 68,4%.

Simpulan: Depresi cenderung meningkatkan risiko atau kemungkinan tidak terjadinya perbaikan infeksi ulkus kaki diabetik, walaupun setelah dilakukan penyesuaian terhadap variabel perancu, hasil tersebut tidak bermakna secara statistik (adjusted OR 2,429 dengan IK 95% 0,890-6,632). Lebih banyak subjek dengan depresi sedang yang tidak mengalami perbaikan infeksi ulkus kaki diabetik dibandingkan dengan subjek dengan depresi ringan (93,3% dan 47,6%).

<hr>

ABSTRACT

Background: Patients with diabetic foot ulcers are more depressed and have a poor quality of life. In the

management of diabetic foot ulcers, psychosocial factors need to be considered because it can influence wound healing through induction of neuroendocrine-immune balance disorders. Several studies on the effect of depression in diabetic ulcer healing process has been carried out with results that are still controversial.

Objective: To investigate the effect of depression on diabetic foot ulcer infection healing process, as well as the level of depression in patients with diabetic foot ulcers.

Methods: Observational, prospective cohort, of the 95 patients with infected diabetic foot ulcers treated at Cipto Mangunkusumo hospital and networking hospitals within the study, divided into 2 groups: group of depressed and non-depressed group. Clinical data, assessment of depression, and laboratory data were taken on admission to hospital then we assessed improvements infection of diabetic foot ulcers in 21 days of treatment. Bivariate analysis performed using Chi-square test based on the limit of significance (α) of 5%, also does multivariate analysis.

Results: Of the 95 subjects, 40% was not depressed, while the depressed group consisted of 60%. Female subjects was dominant in the depressed group (66,7%). Most comorbid was hypertension, with a number of comorbidities and disease cardiovascular higher in depressed group. Malnutrition and obesity are also higher in the depression group (64,9% and 31,6%), as well as poor glycemic control (73,7%). Most patients (73,7%) included in the depressed group had mild depression. In the depressed group, 40,4% experienced improvement in 21-day period of treatment, whereas in the non-depressed group 68,4%.

Conclusion: Depression tends to increase diabetic foot ulcer infection risk to not improved, although after adjustment of confounding variables the result was not statistically significant (adjusted OR 2,429 with CI95% 0,890-6,632). More subjects with moderate depression who did not experience improvement when compared to subjects with mild depression did not experience improvement (93,3% and 47,6%).

;Background: Patients with diabetic foot ulcers are more depressed and have a poor quality of life. In the management of diabetic foot ulcers, psychosocial factors need to be considered because it can influence wound healing through induction of neuroendocrine-immune balance disorders. Several studies on the effect of depression in diabetic ulcer healing process has been carried out with results that are still controversial.

Objective: To investigate the effect of depression on diabetic foot ulcer infection healing process, as well as the level of depression in patients with diabetic foot ulcers.

Methods: Observational, prospective cohort, of the 95 patients with infected diabetic foot ulcers treated at Cipto Mangunkusumo hospital and networking hospitals within the study, divided into 2 groups: group of depressed and non-depressed group. Clinical data, assessment of depression, and laboratory data were taken on admission to hospital then we assessed improvements infection of diabetic foot ulcers in 21 days of treatment. Bivariate analysis performed using Chi-square test based on the limit of significance (α) of 5%, also does multivariate analysis.

Results: Of the 95 subjects, 40% was not depressed, while the depressed group consisted of 60%. Female subjects was dominant in the depressed group (66,7%). Most comorbid was hypertension, with a number of

comorbidities and disease cardiovascular higher in depressed group. Malnutrition and obesity are also higher in the depression group (64,9% and 31,6%), as well as poor glycemic control (73,7%). Most patients (73,7%) included in the depressed group had mild depression. In the depressed group, 40,4% experienced improvement in 21-day period of treatment, whereas in the non-depressed group 68,4%.

Conclusion: Depression tends to increase diabetic foot ulcer infection risk to not improved, although after adjustment of confounding variables the result was not statistically significant (adjusted OR 2,429 with CI95% 0,890-6,632). More subjects with moderate depression who did not experience improvement when compared to subjects with mild depression did not experience improvement (93,3% and 47,6%).

;Background: Patients with diabetic foot ulcers are more depressed and have a poor quality of life. In the management of diabetic foot ulcers, psychosocial factors need to be considered because it can influence wound healing through induction of neuroendocrine-immune balance disorders. Several studies on the effect of depression in diabetic ulcer healing process has been carried out with results that are still controversial.

Objective: To investigate the effect of depression on diabetic foot ulcer infection healing process, as well as the level of depression in patients with diabetic foot ulcers.

Methods: Observational, prospective cohort, of the 95 patients with infected diabetic foot ulcers treated at Cipto Mangunkusumo hospital and networking hospitals within the study, divided into 2 groups: group of depressed and non-depressed group. Clinical data, assessment of depression, and laboratory data were taken on admission to hospital then we assessed improvements infection of diabetic foot ulcers in 21 days of treatment. Bivariate analysis performed using Chi-square test based on the limit of significance (α ;) of 5%, also does multivariate analysis.

Results: Of the 95 subjects, 40% was not depressed, while the depressed group consisted of 60%. Female subjects was dominant in the depressed group (66,7%). Most comorbid was hypertension, with a number of comorbidities and disease cardiovascular higher in depressed group. Malnutrition and obesity are also higher in the depression group (64,9% and 31,6%), as well as poor glycemic control (73,7%). Most patients (73,7%) included in the depressed group had mild depression. In the depressed group, 40,4% experienced improvement in 21-day period of treatment, whereas in the non-depressed group 68,4%.

Conclusion: Depression tends to increase diabetic foot ulcer infection risk to not improved, although after adjustment of confounding variables the result was not statistically significant (adjusted OR 2,429 with CI95% 0,890-6,632). More subjects with moderate depression who did not experience improvement when compared to subjects with mild depression did not experience improvement (93,3% and 47,6%).

, Background: Patients with diabetic foot ulcers are more depressed and have a poor quality of life. In the management of diabetic foot ulcers, psychosocial factors need to be considered because it can influence wound healing through induction of neuroendocrine-immune balance disorders. Several studies on the effect of depression in diabetic ulcer healing process has been carried out with results that are still controversial.

Objective: To investigate the effect of depression on diabetic foot ulcer infection healing process, as well as the level of depression in patients with diabetic foot ulcers.

Methods: Observational, prospective cohort, of the 95 patients with infected diabetic foot ulcers treated at Cipto Mangunkusumo hospital and networking hospitals within the study, divided into 2 groups: group of depressed and non-depressed group. Clinical data, assessment of depression, and laboratory data were taken on admission to hospital then we assessed improvements infection of diabetic foot ulcers in 21 days of treatment. Bivariate analysis performed using Chi-square test based on the limit of significance (α) of 5%, also does multivariate analysis.

Results: Of the 95 subjects, 40% was not depressed, while the depressed group consisted of 60%. Female subjects was dominant in the depressed group (66,7%). Most comorbid was hypertension, with a number of comorbidities and disease cardiovascular higher in depressed group. Malnutrition and obesity are also higher in the depression group (64,9% and 31,6%), as well as poor glycemic control (73,7%). Most patients (73,7%) included in the depressed group had mild depression. In the depressed group, 40,4% experienced improvement in 21-day period of treatment, whereas in the non-depressed group 68,4%.

Conclusion: Depression tends to increase diabetic foot ulcer infection risk to not improved, although after adjustment of confounding variables the result was not statistically significant (adjusted OR 2,429 with CI95% 0,890-6,632). More subjects with moderate depression who did not experience improvement when compared to subjects with mild depression did not experience improvement (93,3% and 47,6%).

]