

Faktor-faktor prediktor mortalitas pasien HIV/AIDS rawat inap = Predictors of mortality among hospitalized patients with HIV/AIDS

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Abstrak

Latar Belakang: Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) adalah masalah besar yang mengancam Indonesia dan banyak negara di seluruh dunia. Pengetahuan tentang karakteristik dan prediktor mortalitas dapat membantu dalam penatalaksanaan pasien. Penelitian terdahulu mengenai faktor-faktor prediktor mortalitas di Indonesia belum ada.

Tujuan: Mengetahui faktor-faktor prediktor mortalitas pasien HIV/AIDS dewasa yang dirawat inap di Rumah Sakit Cipto Mangunkusumo (RSCM).

Metode: Penelitian ini merupakan studi kohort retrospektif pada pasien rawat inap dewasa RSCM yang didiagnosis HIV/AIDS selama tahun 2011-2013. Data klinis dan laboratorium beserta status luaran (meninggal atau hidup) dan penyebab mortalitas selama perawatan diperoleh dari rekam medis. Analisis bivariat menggunakan uji Chi-Square dilakukan pada tujuh variabel prognostik, yaitu jenis kelamin laki-laki, tidak dari rumah sakit rujukan, tidak pernah/putus terapi antiretroviral (ARV), stadium klinis WHO IV, kadar hemoglobin <10 g/dL, kadar eGFR <60 mL/min/1,73 m² dan kadar CD4+ 200 sel/μL. Variabel yang memenuhi syarat akan disertakan pada analisis multivariat dengan regresi logistik.

Hasil: Dari 606 pasien HIV/AIDS dewasa yang dirawat inap (median usia 32 tahun; laki-laki 64,2%), sebanyak 122 (20,1%) baru terdiagnosis HIV selama rawat dan 251 (41,5%) dalam terapi ARV. Median lama rawat adalah 11 (rentang 2 sampai 75) hari. Sebanyak 425 (70,1%) pasien dirawat karena infeksi oportunistik. Mortalitas selama perawatan sebesar 23,4% dengan mayoritas (92,3%) penyebabnya terkait AIDS. Prediktor independen mortalitas yang bermakna adalah stadium klinis WHO IV (OR=6,440; IK 95% 3,701 sampai 11,203), kadar hemoglobin <10 g/dL (OR=1,542; IK 95% 1,015 sampai 2,343) dan kadar eGFR <60 mL/min/1,73 m² (OR=3,414; IK 95% 1,821 sampai 6,402).

Simpulan: Proporsi mortalitas selama perawatan sebesar 23,4%. Stadium klinis WHO IV, kadar hemoglobin <10 g/dL dan kadar eGFR <60 mL/min/1,73 m² merupakan prediktor independen mortalitas pasien HIV/AIDS dewasa saat rawat inap.

.....Background: Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) is a big problem that threatening in Indonesia and many countries in the world. The knowledge on the characteristics and prediction of outcome were important for patients management. There are no studies on the predictors of mortality in Indonesia.

Objective: To determine the predictors of mortality in hospitalized adult patients with HIV/AIDS in Cipto Mangunkusumo Hospital, Jakarta, Indonesia.

Methods: We performed a retrospective cohort study among hospitalized adult patients with HIV/AIDS in Cipto Mangunkusumo Hospital between 2011-2013. Data on clinical, laboratory, outcome (mortality) and causes of death during hospitalization were gathered from medical records. Bivariate analysis using Chi-Square test were used on the seven prognostic factors (male sex, not came from referral hospital, never/ever received antiretroviral therapy (ART), WHO clinical stage IV, hemoglobin level <10 g/dL, eGFR level <60

mL/min/1.73 m² and CD4⁺ count 200 cell/ μ L). Multivariate logistic regression analysis was performed to identify independent predictors of mortality.

Results: Among 606 hospitalized HIV/AIDS patients (median age 32 years; 64.2% males), 122 (20.1%) were newly diagnosed with HIV infection during the hospitalization and 251 (41.5%) on ART. Median length of stay was 11 (range 2 to 75) days. There were 425 (70.1%) patients being hospitalized due to opportunistic infection. In-hospital mortality rate was 23.4% with majority (92.3%) due to AIDS-related illnesses. The independent predictors of mortality in multivariate analysis were WHO clinical stage IV (OR=6.440; 95% CI 3.701 to 11.203), hemoglobin level <10 g/dL (OR=1.542; 95% CI 1.015 to 2.343) and eGFR level <60 mL/min/1.73 m² (OR=3.414; 95% CI 1.821 to 6.402).

Conclusions: In-hospital mortality rate was 23.4%. WHO clinical stage IV, hemoglobin level <10 g/dL and eGFR level <60 mL/min/1.73 m² were the independent predictors of in-hospital mortality among hospitalized patients with HIV/AIDS.