

Kesulitan makan pada anak palsy serebral prevalensi faktor risiko dan pengaruh intervensi = Feeding difficulties in children with cerebral palsy prevalence risk factor and intervention

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Abstrak

Palsy serebral PS adalah gangguan fungsi motorik dan postur akibat gangguan perkembangan otak Anak PS sering mengalami kesulitan makan yang disebabkan gangguan tersebut Anak dengan gangguan fungsi motorik yang berat akan lebih besar kemungkinan mengalami kesulitan makan Kesulitan makan akan menyebabkan capaian kalori berkurang yang dapat mengakibatkan terjadinya malnutrisi Tujuan Mengetahui prevalensi faktor risiko skala GMFCS dengan kesulitan makan pada anak PS serta pengaruh intervensi Metode Penelitian ini merupakan studi potong lintang terhadap pasien palsy serebral yang datang di poliklinik neurologi anak RSUD Dr Moewardi pada Januari sampai September 2015 Anak PS akan diperiksa skala GMFCS status gizi dan kesulitan makan Skala GMFCS diukur menggunakan instrument pengukuran Gross Motor Function Measure 88 GMFM 88 Status gizi antropometri diukur menggunakan kurva CDC NCHS 2000 Pasien PS dengan tipe spastik kuadriplegi dilakukan pengukuran antropometri ulang menggunakan kurva Krick Penentuan status gizi berdasarkan kriteria klasifikasi Waterlow Capaian kalori diukur dengan analisis diet recall selama 3 hari dan dinilai cukup apabila memenuhi 13 9 kkal cm TB 10 Kesulitan makan dinilai dari anamnesis pemeriksaan fisik dan observasi kemampuan makan Hasil Didapatkan 80 anak PS pada penelitian ini sebagian besar subjek adalah PS tipe spastik 96 dengan tipe spastik kuadriplegi dan spastik diplegi dan mempunyai skala GMFCS V Prevalensi malnutrisi pada anak PS sebesar 68 Tujuh puluh delapan persen diantaranya mengalami kesulitan makan 30 dari yang menderita kesulitan makan adalah anak PS dengan skala GMFCS V Simpulan Prevalensi gizi kurang pada anak PS di RSUD Dr Moewardi sebesar 68 dan prevalensi gizi buruk sebesar 10 Skala GMFCS dan tipe PS spastik merupakan faktor risiko kesulitan makan pada anak PS Pemberian terapi oromotor dan postural berpengaruh secara signifikan memperbaiki kelainan oromotor dan kontrol postur.

Background Cerebral palsy CP is a motor and postural disorder due to an insult on the developing brain Children with CP often have feeding difficulties due to their disabilities Children with severe motor impairment are likely to experience greater feeding difficulties This results in inadequate calorie intake which finally leads to malnutrition **Objective** To determine the prevalence and the relationship between the GMFCS and feeding difficulties in CP **Methods** A cross sectional study was done from January to September 2015 in the neurology pediatric outpatient clinic of Dr Moewardi Hospital Children with CP underwent the GMFCS scale nutritional and feeding difficulties assessment The GMFCS was evaluated by Gross Motor Function Measure 88 GMFM 88 Nutritional status was determined by the ratio of body weight to body height standardized to CDC NCHS 2000 growth curve and were classified based on Waterlow Spastic quadriplegics CP patients were also compared to CP growth curve of Krick Calorie intake was evaluated by dietary analysis and defined as adequate if it reached 13 9 kkal cm BH 10 Feeding difficulties assessment included history taking physical examination and observation of feeding skill in the outpatient clinic **Results** Eighty children with CP were included in this study most of them were spastic type 96 mainly spastic quadriplegic and diplegic CP and were in GMFCS level V Malnutrition was found in 78 subject

Feeding difficulties were found in 78 subject 30 with GMFCS level V Conclusion The prevalence of undernourished and severe malnutrition in children with CP is 68 and 10 respectively The GMFCS scale and CP with spastic type are risc factor for feeding difficulties in children with CP The effect of oromotor and postural theraphy on improvement of oromotor and postural control are significant.</i>