

Manfaat program rehabilitasi jantung fase II pada sindrom koroner akut terhadap kualitas hidup = Benefis of phase II cardiac rehabilitation program in acute coronary syndrome on quality of life

Asri Muttaqin, author

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Abstrak

Tesis ini disusun untuk mengetahui manfaat program rehabilitasi jantung fase II pada SKA terhadap kualitas hidup. Desain: prospektif kohort. Subjek: stabil, mengikuti program rehabilitasi jantung fase II (SOP rehabilitasi medik divisi kardiovaskuler RSCM). Subjek (n=26) mengisi kuesioner demografi dan riwayat penyakit jantungnya. Kualitas hidup sebelum, minggu ke-4, selesai rehabilitasi jantung fase II dinilai dengan SF-36. Karakteristik subjek: usia 64 (44-81) tahun; jenis kelamin laki-laki (69.2%), perempuan (30.8%); pendidikan SLTA/ sederajat (46.2%), perguruan tinggi (38.5%), SLTP/ sederajat (11.5%), SD (3.8%); intervensi PCI (69.2%), CABG (30.2%); hipertensi dislipidemia (84.6%), DM (34.6%); risiko kardiovaskuler tinggi (57.7%), sedang (34.6%), rendah (7.7%); tidak merokok (53.8%), perokok berat (26.9%), sedang (15.4%) dan ringan (3.8%). Skor kualitas hidup sebelum, setelah 4 minggu, setelah selesai mengikuti fase II program rehabilitasi jantung: fungsi fisik 68.27 ± 16.4 , 83.65 ± 10.6 , 95(80-100); peranan fisik 37.5(0-100), 75(0-100), 100(50-100); emosi 66(0-100), 66(0-100), 100(66-100); energi $77.5(35-95)$, 80.58 ± 10.5 , 90(60-100); jiwa 94(60-100), 96(60-100), 96(72-100); sosial 88(50-100), 88(63-100), 100(87-100); nyeri 72.73 ± 21.3 , 90(45-100), 100(67-100); kesehatan umum 66.92 ± 13 , 72.5 ± 14.4 , 90(45-100). Analisis statistik: analisis univariat, bivariat, multivariat, uji proporsi. Kesimpulan: skor kualitas hidup meningkat bermakna sebelum, 4 minggu, selesai rehabilitasi jantung fase II pada skala fungsi fisik ($p=0.000$); peranan fisik ($p=0.001$, $p=0.02$, $p=0.000$); energi ($p=0.009$, $p=0.005$, $p=0.001$); nyeri ($p=0.05$, $p=0.03$, $p=0.000$); kesehatan umum ($p=0.045$, $p=0.000$, $p=0.000$).

.....The purpose of this thesis is to find phase II cardiac rehabilitation program's benefit in ACS on quality of life. Design: prospective cohort. Subjects: stable, participated in phase II cardiac rehabilitation program (Cardiovascular Division, Medical Rehabilitation Polyclinic, RSCM). Subjects (n=26) filled demographic questionnaires and heart disease histories. Quality of life were assessed using SF-36: before, 4th week, complete phase II cardiac rehabilitation. Subjects characteristics: age 64(44-81) years; male (69.2%), female (30.8%); education: senior high school/ equivalent (46.2%), college (38.5%), junior/ equivalent (11.5%), elementary school (3.8%); interventions: PCI (69.2%), CABG (30.2%); hypertension dyslipidemia (84.6%), DM (34.6%) cardiovascular risk: high (57.7%), moderate (34.6%), low (7.7%); smoking: none (53.8%), heavy (26.9%), moderate (15.4%), light (3.8%). SF-36 scores: before, after 4 weeks, complete phase II cardiac rehabilitation program: physical function 68.27 ± 16.4 , 83.65 ± 10.6 , 95(80-100); physical roles 37.5(0-100), 75(0-100), 100(50-100); emotional 66(0-100), 66(0-100), 100(66-100); energy $77.5(35-95)$, 80.58 ± 10.5 , 90(60-100); mental 94(60-100), 96(60-100), 96(72-100); social 88(50-100), 88(63-100), 100(87-100); pain 72.73 ± 21.3 , 90(45-100), 100(67-100); general health 66.92 ± 13 , 72.5 ± 14.4 , 90(45-100). Statistical analysis: univariate analysis, bivariate, multivariate, proportion testing. Conclusion: quality of life score increased significantly before, after 4 weeks, complete phase II cardiac rehabilitation on scale: physical function ($p=0.000$); physical role ($p=0.001$, $p=0.02$, $p=0.000$); energy ($p=0.009$, $p=0.005$, $p=0.001$); pain ($p=0.05$, $p=0.03$, $p=0.000$); general health ($p=0.045$, $p=0.000$, $p=0.000$).