

Pengaruh Dispnea Terhadap Kesintasan 1 Tahun Pasien Penyakit Progresif Di Rumah Sakit Cipto Mangunkusumo = Effect of Dyspnea on the 1-Year Survival of Patients with Progressive Disease at Cipto Mangunkusumo Hospital

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Abstrak

Latar belakang : Dispnea sebagai sensasi subjektif yang dialami pasien merupakan penanda adanya penyakit dasar yang perlu didiagnosis dan ditatalaksana, khususnya pada pasien dengan penyakit progresif. Studi sebelumnya telah menunjukkan bahwa keluhan dispnea saat admisi berkaitan dengan peningkatan mortalitas pasien.

Tujuan : Mengetahui pengaruh dispnea terhadap kesintasan 1 tahun pada pasien dengan penyakit progresif di RSCM

Metode : Studi kohort retrospektif dilakukan dengan menelusuri rekam medik 155 pasien dengan penyakit progresif yang dirawat inap di RSCM selama bulan Agustus 2018 hingga Desember 2019. Sampel penelitian ada pasien dewasa usia 18 tahun ke atas yang didiagnosa PPOK, gagal jantung, keganasan atau CVD. Data identitas, keluhan dispnea dan kesintasan dikumpulkan melalui rekam medis kemudian dianalisis menggunakan analisis multivariat dan grafik Kaplan Meier menggunakan perangkat SPSS.

Hasil : Pada penelitian ini didapatkan kesintasan subjek dengan penyakit progresif yang dirawat di RSCM pada bulan Agustus 2018 hingga Desember 2019 sebesar 34,8% dengan mean survival sebesar 163 hari dan median survival sebesar 72 hari. Sebanyak 49% subjek memiliki keluhan dispnea. Kesintasan subjek dengan dispnea sebesar 11%, dengan mean dan median survival sebesar 115 hari dan 29 hari. Dispnea berhubungan secara signifikan terhadap kesintasan dengan nilai $p < 0,05$ dan adjusted HR 1,928 (95% CI: 1,225 – 3,03). Pada subgroup analysis kelompok subjek gagal jantung, keganasan, dan CVD, didapatkan dispnea berhubungan dengan kesintasan dengan nilai $p < 0,05$ dan nilai HR masing-masing 16,59 (95% CI: 2,20 – 124,73), 2,18 (95% CI: 1,33 – 3,58), dan 2,90 (95% CI: 1,34 – 6,28).

.....Background: Dispnea as a subjective sensation is a sign of certain underlying disease which need to be diagnosed and treated to prevent the mortality, especially in patients with progressive disease. Previous study has shown that patients with dispnea at admission have higer mortality.

Objective: To determine the association between dyspnea with 1 year survival in patients with progressive disease who were admitted to RSCM.

Methods: A retrospective cohort study was conducted by tracing the medical records of 155 patients with progressive disease who were hospitalized at RSCM during August 2018 until December 2019. Recruited subjects were adults patients who 18 years above diagnosed with COPD, heart failure, malignancy or CVD. Identity, dispnea, and survival data were collected through medical records. Statistical analysis was conducted by using multivariate and Kaplan Meier analysis using SPSS software.

Results: In this study, the survival rate of patients with progressive disease who were admitted to RSCM in August 2018-December 2019 was 34.8% with a mean survival of 163 days and a median survival of 72 days. Among the patients 49% had dispnea. The survival rate of patients with dispnea was 11% with a mean survival of 115 days and a median survival of 29 days.. Dyspnea was significantly associated with survival

with $p < 0,05$ and adjusted HR 1.928 (95% CI: 1.225 - 3.03). In the subgroup analysis of heart failure, malignancy, and CVD, dispnea was associated with survival with $p < 0,05$ and the HR value for every group 16,59 (95% CI: 2,20 – 124,73), 2,18 (95% CI: 1,33 – 3,58), and 2,90 (95% CI: 1,34 – 6,28).