

Terapi Medik Gizi dan Perbaikan Kadar Vitamin D terhadap Status Gizi dan Kualitas Hidup Pasien Autoimun = Medical Nutrition Therapy and Improvement of Vitamin D Serum on Nutritional Status and Quality of Life of Autoimmune Disease Patient

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Abstrak

Defisiensi vitamin D sering terjadi pada penyakit autoimun, termasuk pemfigus vulgaris (PV) dan systemic lupus erythematosus (SLE). Sementara itu, terapi nutrisi dan suplementasi vitamin D masih belum rutin dilakukan dalam tata laksana PV dan SLE. Serial kasus ini melaporkan terapi nutrisi dan suplementasi vitamin D pada empat kasus penyakit autoimun yang mengalami kekambuhan. Serial kasus terdiri atas dua pasien laki-laki PV dan dua pasien perempuan SLE dengan defisiensi vitamin D yang putus obat akibat pandemi corona virus disease 2019 (COVID-19). Keempat pasien mengalami malnutrisi berat secara klinis, karena penurunan asupan makanan dan berat badan dengan berbagai komplikasi obat immunosupresan jangka panjang, yaitu meningkatnya risiko infeksi, sepsis, sarkopenia, deposisi lemak, diabetes mellitus diinduksi steroid, dislipidemia, hipertensi, dan depresi. Asupan energi secara bertahap ditingkatkan secara enteral melalui nasogatric tube (NGT) dan/atau rute oral untuk memenuhi kebutuhan energi dan protein total. Kebutuhan energi total menggunakan Formula Harris-Benedict dengan faktor stres yang disesuaikan dengan profil klinis dan metabolik masing-masing pasien. Kebutuhan protein ditetapkan 1,5–2,0 g/kg BB/hari untuk pasien PV dan 0,8–1,2 g/kg BB/hari untuk pasien SLE dengan keterlibatan ginjal. Lemak dan karbohidrat (KH) disesuaikan dengan komposisi seimbang, yaitu 45–60% KH, 25 g serat, dan <5% added sugar serta 25–30% lemak dengan <7% asam lemak jenuh, ~20% asam lemak tak jenuh tunggal, dan ~ 10% asam lemak tak jenuh jamak. Dua pasien PV mengalami insufisiensi (16,4 ng/mL dan 22,1 ng/mL) dan dua pasien SLE mengalami defisiensi (6,6 ng/mL dan 9,1 ng/mL). Keempat pasien mendapatkan kolekalsiferol 6000 IU/hari selama 8 minggu berturut-turut. Setelah 1 bulan suplementasi vitamin D dan terapi nutrisi adekuat, serum vitamin D serta status nutrisi dan skor Karnofsky meningkat. Kualitas hidup yang dinilai dengan Dermatology Life Quality Index (DLQI) untuk pasien PV dan Lupus quality of life (LupusQoL) untuk pasien SLE juga meningkat. Serial kasus ini menyimpulkan bahwa tata laksana komprehensif yang menyertakan terapi nutrisi adekuat dan evaluasi serum vitamin D dapat meningkatkan kondisi klinis dan metabolik, status gizi, kapasitas fungsional, dan kualitas hidup pasien autoimun kambuh.

.....Vitamin D deficiency is common in autoimmune disease, including pemphigus vulgaris (PV) and systemic lupus erythematosus (SLE). Meanwhile, nutrition therapy and vitamin D supplementation are still not routines in comprehensive management of PV and SLE. In this case series, we report nutrition therapy and vitamin D supplementation of four cases of relapse autoimmune disease. This series consist of two males of PV and two females of SLE with vitamin D deficiency that dropped out of treatment due to corona virus disease 2019 (COVID-19) pandemic. Patients became clinically severe malnutrition because of reduced food intake and body weight with various long-term immunosuppressant drug complications, ie increased risk of infections, sepsis, sarcopenia, fat deposition, steroid induced diabetes mellitus, dyslipidemia, hypertension, and depression. Energy intake was gradually increased enterally via nasogatric tube (NGT) and/or oral route to meet total energy and protein requirement. Total energy requirement was

calculated by Harris-Benedict Formula with stress factor adjusted by clinical and metabolic profile of each patient. Protein requirement set by 1.5–2.0 g/kg BW/day for PV and 0.8–1.2 g/kg BW/day for SLE with renal involvement. Fat and carbohydrate (CHO) were tailored by balance composition, ie 45–60% CHO, 25 g fiber, and <5% added sugar and 25–30% fat with <7% saturated fatty acid, ~20% monounsaturated fatty acid, and ~10% polyunsaturated fatty acid. Two PV patients were insufficiency (16.4 ng/mL and 22.1 ng/mL) and two SLE patients were deficiency (6.6 ng/mL and 9.1 ng/mL). Cholecalciferol 6000 IU/day was prescribed for 8 weeks. After 1 month vitamin D supplementation and an adequate nutrition therapy, serum vitamin D was increased as well as nutritional state and Karnofsky's score. Dermatology Life Quality Index (DLQI) for PV and LupusQoL for SLE were also enhanced. Finally, comprehensive management along with an adequate nutrition therapy and vitamin D evaluation improved clinical and metabolic condition, nutritional status, functional capacity, and quality of life of relapse autoimmune patient.