

Korelasi frekuensi kunjungan dengan berat badan dan kekuatan genggam tangan pasien kanker kepala leher yang menjalani kemoradiasi = Correlation between frequency of visit to clinical nutrition outpatient clinic and body weight and handgrip strenght on head and neck cancer patients undergoing chemoradiation

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Abstrak

Latar belakang: Pasien kanker kepala leher (KKL) yang mendapatkan kemoradiasi berisiko mengalami malnutrisi dan meningkat hingga 88 % saat akhir kemoradiasi. Efek samping kemoradiasi berupa xerostomia, mukositis, mual atau muntah menambah penurunan status nutrisi dan kapasitas fungsional. Monitoring status nutrisi melalui penilaian berat badan (BB) dan kekuatan genggam tangan (KGT) sebagai cara sederhana dan minimal invasif dibandingkan alat pemeriksaan lain seperti pengukur komposisi tubuh dan Dual Energy X-Ray Absorptiometry (DEXA). Belum diketahui frekuensi kunjungan optimal ke poli gizi selama menjalani kemoradiasi.

Metode: Penelitian ini menggunakan metode potong lintang, dilakukan di Radioterapi RSCM (IPTOR RSUPNCM). Penelitian ini bertujuan melihat korelasi frekuensi kunjungan pasien KKL yang menjalani kemoradiasi terhadap BB dan KGT, dengan kriteria inklusi adalah pasien KKL dewasa, usia 19 hingga 59 tahun, yang menjalani kemoradiasi pada 10 fraksi terakhir, dan bersedia masuk dalam penelitian.

Pengukuran BB menggunakan timbangan merk Omron® Karada-HBF-375, kekuatan genggam tangan menggunakan Jamar® handgrip pada tangan kanan dominan subjek.

Hasil: Rerata BB $55,65 \pm 12,34$ kg, rerata KGT $29,24 \pm 10,74$ kg, dan rerata frekuensi 1 kali. Rerata asupan energi $1225,96 \pm 501,22$ kkal, protein median 41 g, rerata lemak $33,5 \pm 18,8$ g dan KH $182,2 \pm 78,3$ g. Korelasi antara frekuensi kunjungan terhadap BB ($r=0,61$, $p=0,66$) dan KGT ($r=0,06$, $p=0,64$).

Kesimpulan: Tidak terdapat korelasi antara frekuensi kunjungan terhadap BB dan KGT.

.....Background: Head and neck cancer patients who get chemoradiated are at risk of malnutrition and an increase in malnutrition of up to 88% at the end of chemoradiation. Side effects of chemoradiation in the form of xerostomia, mucositis, nausea or vomiting add to the decrease : Luana Lidwina in nutritional status and functional capacity. Monitoring nutritional status, one of which is carried out by assessing body weight (BW) and hand-holding strength (HGS). BW and HGS assessments are a simple and minimally invasive way for people with head and neck cancer (HNC) compared to other examination tools such as body composition measuring devices, Dual Energy X-Ray Absorptiometry (DEXA), and require high costs. It is not yet known the frequency of optimal visits of HNC patients to the nutrition poly during the moradiation period.

Methods: This study used the cross section method, conducted in RSCM Radiotherapy (IPTOR RSUPNCM). This study aims to see a correlation between the frequency of visits by HNC patients undergoing morbidity to BW and HGS. Subjects included as inclusion criteria were adult HNC patients, ages 19 to 59, who underwent chemoradiation in the last 10 fractions, and were willing to enter the study to be taken. BW measurements using omron® Karada- HBF-375 brand scales, hand grip strength using Jamar® handgrip on the dominant right hand of the subject.

Result: The weight of the subjects had an average of 55.65 ± 12.34 kg, HGS had an average of 29.24 ± 10.74 kg, and an average frequency of 1 time. Average energy intake 1225.96 ± 501.22 kcal, median protein 41 g, average fat 33.5 ± 18.8 g and KH 182.2 ± 78.3 g. Correlation between the frequency of visits to BW ($r = 0.61$, $p = 0.66$) and HGS ($r = 0.06$, $p = 0.64$).

Conclusion: There was no correlation between the frequency of visits to BB and KGT.