

Feritin serum laki-laki usia 35 tahun atau lebih dan faktor-faktor yang berhubungan di Kecamatan Mampang Prapatan

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Abstrak

Bahan dan Metode : Desain cross sektional pada 99 subyek laki-laki tahun yang dipilih secara simple random sampling dari sampel MONICA Jakarta III. Data yang dikumpulkan meliputi data umum subyek, asupan makanan, antropometri, tekanan darah, EKG dan pemeriksaan laboratorium darah. Uji statistik yang digunakan adalah uji X², Fisher dan Kolmogorov-Smimov, Mann Whitney dan korelasi Pearson / Spearman rank.

Hasil : Kadar feritin serum ≥ 200 $\mu\text{g/L}$ terdapat pada 8,1% subyek. Asupan besi total 4,81 mg (1,59-13,24 mg/hari), besi hem 0,21 mg (0-1,22 mg/had), 93,9% asupan besi kurang 1 AKG. Terdapat 13,1% dengan IMT >27 kg/m^2 , 20,2% dengan Lpe ≥ 94 cm dan rasio Lpe/Lpa $\geq 0,95$; 34,3% dengan tekanan darah $>149/90$ mm Hg, Kadar kolesterol total abnormal 41,4% (≥ 200 mg/dL); kolesterol HDL abnormal 63,6% (≤ 40 mg/dL); kolesterol LDL abnormal 52,5% (≥ 130 mg/dL); trigliserida abnormal 11,1% (≥ 200 mg/dL); gula puasa abnormal 5,1% (≥ 126 mg/dL). Kebiasaan merokok pada 54,5% subyek. Tidak terdapat korelasi bermakna antara asupan besi total ($r=-0,038$) dan besi hem ($r=0,027$) dengan feritin serum. Rasio Odds kasar antara feritin serum dengan PJK (diagnostik EKG) 5,5 kali (CI. 0,87-34,33). Pada uji statistik didapat perbedaan bermakna median feritin serum pada subyek diabetes dengan non diabetes ($p=0,001$) dan subyek dengan kelebihan lemak tubuh dengan subyek dengan lemak tubuh normal (Lpe dengan $p=0,009$; Lpe/Lpa dengan $p=0,047$).

Kesimpulan: Didapatkan hubungan tidak bermakna antara feritin serum dengan asupan zat gizi. Terdapat hubungan moderat antara feritin serum dengan risiko PJK. Subyek dengan feritin serum ≥ 200 $\mu\text{g/L}$ mempunyai kecenderungan risiko 5,5 kali menderita PJK (diagnostik EKG) dibandingkan subyek dengan feritin serum <200 $\mu\text{g/L}$,

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Serum ferritin in men 35 years old or over and its relating factors at Mampang Prapatan
Methods : A cross sectional study had been carried out of on 99 subjects age 35 years selected using simple random sampling method from MONICA Jakarta's III sample. Data collected consist of socio-economic state, dietary intake, anthropometric, laboratory, blood pressure and electrocardiogram examination. Statistical analysis was performed by X², Fisher, Kolmogorov-Smimov, Mann-Whitney, and Pearson/ Spearman rank correlation.

Result : Serum ferritin ≥ 200 $\mu\text{g/L}$ was found in 8,1% subjects. Total iron intake 4,81 mg (1,59-13,24 mg/day), heme iron 0,21 mg (0-1,22 mg/day), 93,9% of iron intake below the RDA. There were 13,1% subjects with BMI >27 kg/m^2 ; 20,2% with AC ≥ 94 cm and WHR $\geq 0,95$; 34,5% with blood pressure $>140/90$ mm Hg. Abnormal total cholesterol level 41,4% (≥ 200 mg/dL); abnormal HDL cholesterol 63,6% (≤ 40 mg/dL); abnormal LDL cholesterol 52,5% (≥ 130 mg/dL); abnormal triglyceride 1,1% (≥ 200 mg/dL);

abnormal fasting glucose 5,1% (≥ 126 mg/dL); 54,5% had smoking habits. Lack association between total iron ($r=-0,038$) and heme iron ($r=0,027$) with serum ferritin. Men with ferritin serum ≥ 1200 $\mu\text{g/L}$ had an crude odds ratio 5,5 fold suffer from CHD (according to ECG diagnostic) compare to subjects with ferritin serum < 200 $\mu\text{g/L}$ (CI. 0,87-34,33). Statistical analysis showed significant difference of serum ferritin median in diabetic and non diabetic subjects ($p=1,001$), overfatness subjects and normo fatness subjects (AC with. $p<0,009$ and WHR with $p=0,047$).

Conclusion : There is no significant relationship between serum ferritin level and dietary intake. Bivariate analysis found moderate relationship between serum ferritin and CHD. Men with serum ferritin ≥ 1200 $\mu\text{g/L}$ had a crude odds ratio 5,5 fold suffer from CHD (according to ECG diagnostic) compare to the subjects with serum ferritin < 200 $\mu\text{g/L}$.