

# Pengaruh Stres Pada Infark Miokard Akut Selama Perawatan Intensif

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## Abstrak

Stres sebagai salah satu faktor risiko PJK belum mendapat perhatian sebagaimana faktor risiko PJK lain. Stres dapat mencetuskan sindrom koroner akut seperti Infark Mioakard Akut (IMA) dan mempengaruhi terjadinya komplikasi lebih lanjut selama perawatan, namun masih kurang menjadikan perhatian.

Tujuan penelitian untuk mengetahui pengaruh stres terhadap terjadinya komplikasi IMA selama perawatan.

Bahan dan Cara : penderita yang dirawat di ICCU RSUPNCM 1990-1997 dengan kohort historiakal.

Hasil : Stres merupakan prediktor yang independen terhadap terjadinya komplikasi pada penderita IMA selama perawatan intensif. (RR 2,17, p 0,02 ,CI 1,33 - 3,53). Komplikasi aritmia merupakan komplikasi yang terbanyak pada IMA dengan pajanan stres dan berbeda bermakna secara statistik. (p 0,03 ).

Komplikasi lain seperti prolong chest pain, pericarditis (sindrom Dressler), gagal jantung, syok kardiogenik sampai dengan kematian juga lebih tinggi pada penderita IMA, dengan stres selama perawatan intensif.

Kesimpulan stres sebagai prediktor independen terhadap terjadinya komplikasi IMA selama perawatan intensif perlu mendapat perhatian sebagai mana faktor klinis lain seperti hipertensi dan diabetes melitus, sehingga morbiditas dan mortalitas IMA dapat lebih diturunkan.

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The Influence of Stress on Acute Myocardial Infarction during Intensive Care  
It has been known that stress is one of many risk factors for coronary heart disease. Stress may also become a trigger factor to acute coronary syndrome such as event of Acute Myocardial Infarction (AMI) and further complications during intensive care. However most clinicians have still less concern to stress in the relation to these cardiac events.

The objective of this study is to determine the influence of stress on acute myocardial infarction during intensive care. The study was performed in January, 1998-December 1998 using historical cohort design.

Populations of the study consist of patients hospitalized in Intensive Coronary Care Unit (ICCU), Ciptomangunkusumo Hospital, Jakarta, Indonesia.

We observed 160 cases of AMI exposed to stress and 160 cases of AMI unexposed to stress. Totally 320 cases of AMI hospitalized in ICCU were included in the study.

The result of this study indicated that the complications of AMI exposed to stress about 2 times higher

compared to AMI which were unexposed to stress during intensive care, (p 0.002; CI 1.33 -3.53 ). The proportion of arrhythmia on AMI with stress 32 (20 %) was higher than AMI without stress 18 (11 %) and statistically significant, (p <0,005 ). Other complications on AMI with stress such as heart failure, Dressler syndrome and mortality were also higher compared to AMI without stress.

The conclusion of this study suggested that stress is one of independent predictor to AMI complications during intensive care. Stress needs more attentions to reduce morbidity and mortality during intensive care of AMI.