

Status Gizi pada Anak Dengan Penyakit Ginjal Kronik yang Menjalani Hemodialisis dan Faktor yang Berhubungan = Nutritional Status in Children with End-Stage Renal Disease Undergo Hemodialysis and Other Related Factors

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Abstrak

Latar belakang: Penyakit ginjal kronik menyebabkan beberapa perubahan fungsi tubuh dalam memetabolisme nutrisi. Hal ini menyebabkan ditemukannya kasus malnutrisi pada pasien PGK khususnya pada stadium akhir yang menjalani hemodialisis. Ini tentu perlu menjadi perhatian karena nutrisi sangat penting bagi pertumbuhan anak. Oleh karena itu, penelitian ini dilakukan untuk mencari pengaruh hemodialisis dan faktor yang berpengaruh lainnya terhadap status gizi anak. Metode: Penelitian dilakukan dengan desain potong lintang dengan mengambil data sekunder berupa stadium penyakit, durasi penyakit, faktor etiologi primer, komorbiditas dari rekam medis. Data status gizi anak diperoleh dengan mengukur berat badan serta tinggi, lingkaran lengan atas lalu dimasukkan ke aplikasi WHO Anthro. Data demografi, seperti tingkat pendidikan ayah & ibu, status ekonomi keluarga, usia, dan jenis kelamin diperoleh dengan pengisian Case Report Form (CRF). Terdapat sebanyak 20 responden yang memenuhi kriteria inklusi dan eksklusi dari penelitian ini. Hasil: Rerata penilaian status gizi dilihat dari indeks massa tubuh menurut umur menunjukkan hasil $-2 \text{ SD} < x < 1 \text{ SD}$ dengan interpretasi gizi baik dan $x < -2 \text{ SD}$ (perawakan pendek) dilihat dari tinggi badan menurut umur. Berdasarkan analisis bivariat, tidak ditemukan adanya pengaruh signifikan antara durasi hemodialisis, frekuensi hemodialisis, etiologi, usia, jenis kelamin, dan komorbiditas ($p > 0.05$) pada anak dengan gagal ginjal kronik yang sedang menjalani hemodialisis terhadap status gizinya.

Kesimpulan: Status gizi pada anak PGK yang menjalani hemodialisis dinilai berdasarkan indeks massa tubuh dan tinggi badan menurut usia ditemukan hasil rata-rata gizi baik namun berperawakan pendek. Tidak ditemukan pengaruh durasi, frekuensi, etiologi, usia, jenis kelamin, dan komorbiditas pada anak dengan gagal ginjal kronik yang sedang menjalani hemodialisis terhadap status gizinya.

.....Introduction: Chronic kidney disease causes several changes in the body's function in metabolizing nutrients. This has led to the discovery of cases of malnutrition in CKD patients, especially in ESRD patients undergoing hemodialysis. This certainly needs to be a concern because nutrition is very important for children's growth. Therefore, this study was conducted to find out the effect of hemodialysis and other influencing factors on the nutritional status of children. Method: The study was conducted with a cross-sectional design by taking secondary data in the form of disease stage, duration of disease, primary etiologic factors, and comorbidities from medical records. Data on the nutritional status of children was obtained by measuring weight and height,

and upper arm circumference and then entered into the WHO Anthro application. Demographic data, such as the education level of the father & mother, family economic status, age, and gender were obtained by filling out the Case Report Form (CRF). 20 respondents met the inclusion and exclusion criteria of this study.

Result: The average nutritional status assessment seen from the body mass index according to age showed results of $-2 \text{ SD} < x < 1 \text{ SD}$ with good nutrition interpretation and $x < -2 \text{ SD}$ (short stature) in terms of height

according to age. Based on bivariate analysis, there was no significant effect between duration of hemodialysis, frequency of hemodialysis, etiology, age, sex, and comorbidities ($p>0.05$) in children with chronic kidney failure who were undergoing hemodialysis on their nutritional status. Conclusion: The nutritional status of CKD children undergoing hemodialysis was assessed based on body mass index and height according to age. The average results were good nutrition but short stature. There was no effect of duration, frequency, etiology, age, gender, and comorbidities in children with chronic renal failure undergoing hemodialysis on their nutritional status.