

Sistem skoring untuk penapisan lean non alcoholic fatty liver disease pada populasi dewasa di Jakarta = Development of scoring system for screening lean non alcoholic fatty liver disease in adult population in Jakarta

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Abstrak

Latar Belakang. Lean NAFLD lebih sering ditemukan di negara Asia dan prevalensinya di Indonesia masih belum diketahui. Tingginya prevalensi, asimtomatik dan baru bergejala setelah timbul komplikasi, dan tingginya mortalitas lean NAFLD menjadikan perlunya deteksi dini pada populasi dewasa dengan IMT <23 kg/m². Skrining pada populasi umum tidak direkomendasikan karena meningkatkan biaya kesehatan.

Tujuan. Membuat sistem skoring untuk penapisan lean NAFLD pada populasi dewasa di Jakarta.

Metode. Studi ini menggunakan desain potong lintang dari laporan pemeriksaan kesehatan individu dewasa >18 tahun dengan IMT <23 kg/m² yang melakukan pemeriksaan kesehatan di klinik. Parameter yang dianalisis antara lain usia, jenis kelamin, lingkaran pinggang, kadar GDP, kolesterol total, HDL, LDL, trigliserida, AST, ALT, dan asam urat. Variabel dengan nilai p <0,25 dilanjutkan ke analisis multivariat untuk pembuatan sistem skoring.

Hasil. Sebanyak 276 individu diikutsertakan pada penelitian ini dan didapatkan prevalensi lean NAFLD sebesar 9,8%. Lean NAFLD lebih banyak ditemukan pada laki-laki dan memiliki karakteristik usia lebih tua, IMT, lingkaran pinggang, kadar GDP, ALT, dan trigliserida lebih tinggi dibanding lean tanpa NAFLD.

Analisis bivariat mendapatkan jenis kelamin laki-laki, usia 45 tahun, kadar GDP 100 mg/dL, ALT 35 U/L, dan trigliserida 150 mg/dL berhubungan dengan lean NAFLD. Sistem skoring melibatkan 4 parameter yaitu laki-laki, kadar GDP 100 mg/dL, ALT 35 U/L, dan trigliserida 150 mg/dL dengan masing-masing bernilai 1 poin. Model skoring ini memiliki sensitivitas 44,4%, spesifisitas 84,3%, dan AUROC 0,74.

Kesimpulan. Parameter jenis kelamin, kadar GDP, ALT, dan trigliserida dapat digunakan sebagai sistem skoring dengan performans menengah untuk penapisan lean NAFLD dewasa.

....**Background.** Lean NAFLD is commonly found in Asian countries and its prevalence in Indonesia is still unknown. The high prevalence, asymptomatic until complications occur, and the high mortality of lean NAFLD makes it necessary for early detection in adult with BMI <23 kg/m². Screening in general population is not recommended due to the high cost burden.

Aim. To develop a scoring system for screening lean NAFLD in adults in Jakarta **Methods.** A cross-sectional study design was conducted from medical examination reports from individual >18 years old and BMI <23 kg/m² who performed medical check up at the clinic. Several parameters including age, gender, waist circumference (WC), fasting blood glucose (FBG), total cholesterol (TC), HDL, LDL, triglycerides (TG), AST, ALT, and uric acid (UA) were analyzed in this study. Variabels with p-value <0.25 were included in multivariate analysis for the development of scoring systems.

Results. A total of 276 people were enrolled in this study. Prevalence of lean NAFLD is 9.8%. Lean NAFLD are more commonly found in men and have older age, higher BMI, WC, GDP, ALT, and TG levels than lean non-NAFLD. In bivariate analysis, male sex, age 45 years, FBG 100 mg/dL, ALT 35 U/L, and TG 150 mg/dL are associated with lean NAFLD. The scoring system involves four parameters including male,

FBG 100 mg/dL, ALT 35 U/L, and TG 150 mg/dL, worth 1 point each. This model has sensitivity 44.4%, specificity 84.3%, and AUROC 0.74.

Conclusion. Parameters including gender, FBG, ALT, and TG levels can be used as a scoring system with moderate performance for screening lean NAFLD in adults.