

Karakteristik Gangguan Menelan pada Pasien Stroke Berdasarkan Hasil Kuesioner EAT-10 dan FEES = The Characteristics of Swallowing Disorder in Stroke Patients Based on The Results of EAT-10 Questionnaire and FEES

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Abstrak

Latar Belakang Salah satu komplikasi yang paling sering terjadi dari stroke adalah PSD (post-stroke dysphagia). Hingga saat ini, belum banyak penelitian yang dilakukan untuk membandingkan karakteristik klinis disfagia pada pasien stroke iskemik dan hemoragik dengan kuesioner EAT-10 (eating assessment test-10) dan FEES (flexible endoscopic examination of swallowing). Oleh karena itu, penelitian ini bertujuan untuk meneliti berbagai karakteristik klinis dari disfagia pada pasien stroke dengan kuesioner EAT-10 dan FEES. Metode Data rekam medis 50 pasien stroke dengan disfagia di Poli Endoskopi RSCM diambil secara konsekutif. Jenis stroke dan lesi otak dikonfirmasi dengan melihat hasil pemeriksaan radiologi (CT scan kepala). Hasil anamnesis dan pemeriksaan FEES dicatat untuk kemudian dianalisis secara statistik. Hasil Kondisi PSD lebih banyak ditemukan pada pasien lanjut usia (62%). Pasien stroke dalam studi ini paling banyak mengalami lesi pada area supratentorial, yaitu sejumlah 60%. Hasil uji statistik menunjukkan bahwa tidak terdapat perbedaan yang signifikan secara statistik dalam karakteristik disfagia pada pasien stroke iskemik dan hemoragik berdasarkan pemeriksaan fisik dan FEES ($p > 0,05$). Namun, terdapat perbedaan bermakna dalam skor residu pada pasien stroke dengan lesi infratentorial dan supratentorial ($p = 0,034$). Kesimpulan Masalah penurunan berat badan dan nyeri saat menelan paling jarang dialami pasien stroke menurut kuesioner EAT-10. Terdapat 80% pasien stroke yang mengalami kebocoran pra-menelan dan 32% pasien yang mengalami aspirasi. Tidak terdapat perbedaan bermakna pada karakteristik disfagia antara pasien stroke iskemik dan hemoragik berdasarkan kuesioner EAT-10 dan FEES. Variabel standing secretion dialami oleh 88,9% pasien stroke lesi infratentorial. Sejumlah 50% pasien stroke lesi supratentorial tidak memiliki masalah penetrasi dan aspirasi.

.....Introduction One of the most frequent complications of stroke is post-stroke dysphagia. There have not been many studies conducted to compare the characteristics of dysphagia in ischemic and hemorrhagic stroke patients based on EAT-10 (eating assessment test-10) and FEES (flexible endoscopic examination of swallowing). Hence, this study aims to examine various clinical characteristics of dysphagia in stroke patients based on EAT-10 and FEES. Method Medical record data of 50 stroke patients from Poli Endoskopi RSCM were collected consecutively. Stroke types and lesions were confirmed by looking at radiological examinations. The results of history taking and FEES were written down to be analyzed statistically. Results Post-stroke dysphagia occurs more often in older patients (62%). In this study, the most prevalent location of lesions in stroke patients was lesions in supratentorial area (60%). There was no significant difference in dysphagia characteristics between ischemic and hemorrhagic stroke patients based on EAT-10 and FEES ($p > 0,05$). However, there was a significant difference in residual scores between stroke patients with supratentorial lesions and infratentorial lesions ($p = 0,034$). Conclusion Weight loss and pain during swallowing were the least problems experienced by stroke patients according to the EAT-10 questionnaire. There were 80% of stroke patients who experienced pre-swallowing leakage and 32% of them experienced

aspiration. There was no significant difference in dysphagia characteristics between ischemic and hemorrhagic stroke patients based on the EAT-10 questionnaire and FEES. Standing secretion was experienced by 88.9% of infratentorial lesion stroke patients. Half of supratentorial lesion stroke patients did not have penetration and aspiration.