

Efektivitas dan Evaluasi Ekonomi Terapi Tawa pada Depresi Lanjut Usia di Panti Werdha Tahun 2024 = Effectiveness and Economic Evaluation of Laughter Therapy on Elderly Depression in Nursing Home in 2024

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Abstrak

Latar Belakang: Depresi merupakan masalah kesehatan mental yang sering terjadi pada lansia dengan persentase sebesar 12%-16%. Depresi dapat menurunkan fungsi kehidupan sehari-hari dan menurunkan kualitas hidup. Tujuan penelitian ini adalah mengetahui efektivitas terapi tawa dalam menurunkan depresi dan meningkatkan kualitas hidup pada lanjut usia serta evaluasi ekonominya.

Metode: Penelitian ini merupakan penelitian true experimental dan times series dengan menggunakan desain crossover pada terapi tawa dan terapi puzzle. Lokasi penelitian dilakukan di Panti Werdha Jakarta Timur. Populasi lansia adalah 250 orang dengan jumlah subjek penelitian sebanyak 86 orang yang dipilih menggunakan proporsional random sampling dan randomisasi untuk dijadikan dua kelompok. Pengumpulan data menggunakan kuesioner Geriatric Depression Scale (GDS) dan Older People's Quality of Life (OPQOL) modifikasi. Analisis data untuk menilai efektifitas menggunakan uji Different in Different (DID) dan menilai efektifitas biaya menggunakan ICER.

Hasil: Terdapat pengaruh terapi tawa terhadap depresi diawal intervensi sebelum crossover secara statistik ($p=0,011$), sehingga terapi tawa menurunkan depresi lebih besar dibandingkan terapi puzzle. Setelah crossover tidak terdapat perbedaan terapi tawa dan terapi puzzle sama-sama dapat menurunkan depresi ($P=0,347$). Pada skor OPQOL tidak terdapat perbedaan pengaruh intervensi terapi tawa dan terapi puzzle secara statistik baik sebelum crossover ($p=0,581$) maupun setelah crossover ($p=0,140$), sehingga terapi tawa dan terapi puzzle sama-sama dapat meningkatkan kualitas hidup. Pada efektifitas biaya, terapi tawa lebih efektif (65,1%) dibandingkan terapi puzzle (37,2%) dalam menurunkan tingkat/kategori depresi. Untuk peningkatan efektivitas penurunan tingkat atau kategori depresi sebesar 1% pada kelompok terapi tawa diperlukan tambahan biaya sebesar Rp 5.640,-. Nilai tersebut dianggap sepadan (Worth spent) menurut para klinisi dan memiliki efektivitas penurunan tingkat atau kategori depresi dan efektivitas biaya dibandingkan terapi puzzle dalam menurunkan depresi.

Kesimpulan: Terapi tawa dan terapi puzzle memiliki pengaruh pada penurunan tingkat/kategori depresi dan peningkatan kualitas hidup pada lansia namun pengaruh penurunan tingkat/kategori depresi pada terapi tawa lebih banyak dibandingkan dengan terapi puzzle. Biaya yang dikeluarkan sepadan (Worth spent) dengan penurunan tingkat/kategori depresi.

Saran: Melakukan advokasi kepada Kementerian Sosial, Dinas Sosial, dan Panti Werdha agar dapat menambahkan program terapi tawa dalam upaya meningkatkan kesehatan lanjut usia khususnya menurunkan depresi.

.....Background: Depression is a mental health problem that often occurs in people over 65 years old with a percentage of 12%-16%. Depression can decrease the functioning of daily life. The purpose of this study is to determine the effectiveness and cost of laughter therapy in reducing depression and improving the quality of life in the elderly and its economic evaluation.

Method: This study uses a crossover design and true experimental research with a time series. The location of the research was carried out at the East Jakarta Nursing Home. The elderly population was 250 with the number of 86 research subjects selected using proportional random sampling and randomization. Data were collected using modified Geriatric Depression Scale (GDS) and Older People's Quality of Life (OPQOL) questionnaires. Data analysis used the Different in Different (DID) test and the calculation of the cost-effectiveness of laughter therapy and puzzle therapy.

Results: There was a statistically significant effect of laughter therapy on depression at the beginning of the intervention before crossover ($p=0.011$), so that laughter therapy reduced depression more than puzzle therapy. After crossover, there was no difference between laughter therapy and puzzle therapy, both of which could reduce depression ($P=0.347$). In the OPQOL score, there was no statistically different effect of laughter therapy and puzzle therapy interventions both before the crossover ($p=0.581$) and after the crossover ($p=0.140$), so that laughter therapy and puzzle therapy could both improve the quality of life. In terms of cost-effectiveness, laughter therapy more effective (65.1%) than puzzle therapy (37.2%) in lowering the level/category of depression. For an increase in the effectiveness of reducing the level or category of depression by 1% in the laughter therapy group, an additional cost of Rp 5,640 is required, and the value is considered worth spent according to the clinicians and has the effectiveness of reducing the level or category of depression and cost-effectiveness compared to puzzle therapy in reducing depression.

Conclusion: The effect of depression reduction on laughter therapy was more than puzzle therapy at the beginning of the intervention before the crossover. Laughter and puzzle therapy has an effect on improving the quality of life in the elderly. The costs incurred are commensurate with the decrease in the level/category of depression.

Suggestion: Advocate to the Ministry of Social Affairs, Social Services, and Nursing Homes so that they can add a laughter therapy program in an effort to improve the health of the elderly, especially to reduce depression.