

Sindrom koroner akut pada pasien DM Tipe-2 dan pasien bukan DM di RSCM: Perbandingan karakteristik klinis dan komplikasinya = Acute coronary syndrome in type-2 diabetes mellitus and non diabetic patients in Ciptomangunkusumo Hospital: Comparison of clinical characteristics and compliacations

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Abstrak

Latar Belakang: Studi epidemiologi menunjukkan bahwa DM merupakan salah satu faktor dalam proses terjadinya aterosklerosis dan mempengaruhi secara nyata kesaltdan dan kematian akibat PIK. Dibandingkan dengan penderita bukan DM, penderita DM 2-4 kali lebih banyak menderita P3K dan 2-4 kali lebih banyak mengalami kematian jangka pendek setelah menderita serangan infark miokard akut Dewabrata mendapati 23,2% penderita infark miokard akut yang di rawat di RSCM selama periode 1994-1999. Data di Indonesia tersebut belum banyak menggambarkan bagaimana karakteristik penderita DM tersebut saat terbukti menderita infark miokard akut. Dengan demikian, gambaran penderita DM yang mengalami sindrom koroner akut merupakan hal yang penting untuk diketahui, baik karakteristik klinis maupun komplikasi yang muncul akibat SICA tersebut.

Tujuan. Penelitian ini ingin mengetahui prevalensi SKA pada penderita DM tipe-2. Penelitian ini juga ingin mengetahui karakteristik klinis dan komplikasi SKA pada penderita DM tipe-2 serta perbandingannya dengan penderita bukan DM. Metodologi. Studi potong lintang retrospektif untuk mengetahui prevalensi dan karakteristik klinis serta studi kohort retrospektif untuk mengetahui perbandingan komplikasi SKA pada penderita DM tipe-2 dan penderita bukan DM, terhadap penderita yang dirawat di ICCU RSCM periode 1 Januari 2001 s.d. 31 Desember 2005.

Hasil. Didapatkan data: Prevalensi SKA penderita DM tipe-2: 34,2%. Awitan nyeri penderita DM lebih lama, 70,7% vs 53,4%, $p=0,001$; IK 95%; DR=2,259 (1,372-3,719). Nyeri dada tidak khas, didapati penderita DM lebih banyak, 17,3% vs 9,8% $p=0,041$; IK 95%; OR=1,713 (1,019-2,881). Komplikasi: Gagal jantung: penderita DM tipe-2 lebih banyak: 39,35% vs 16,8%, $p=0,001$; IK 95%; RR=3,213 (1,992-5,182). Untuk komplikasi syok kardiogenik, didapati penderita DM tipe-2 lebih banyak, 16,2% vs 8,9%, $p=0,031$; IK 95%; RR=1,983 (1,057-3,721). Sedangkan komplikasi kematian didapati penderita DM tipe-2 lebih banyak, 17,3% vs 6,3%, dengan $p=0,001$; IK 95%; RR= 3,116 (1,556-6,239).

Simpulan. Didapatkan perbedaan karakteristik klinis SKA antara penderita DM tipe-2 dengan penderita SKA bukan DM. Awitan nyeri lebih lama dan keluhan nyeri dada yang tidak khas, lebih banyak didapati Dada penderita DM tipe-2. Didapatkan juga perbedaan dalam hal komplikasi SKA. Kejadian gagal jantung, syok kardiogenik dan kematian didapatkan lebih tinggi pada penderita DM tipe-2.

Background. Epidemiologic studies revealed diabetes mellitus (DM) as one of the factors involved in atherosclerosis process. DM also influence morbidity and mortality-related to coronary artery disease (CAD). Compared to non diabetic patients, type -2 DM patients suffer CAD 2-4 times more often and had

increased short term mortality rate due to acute myocardial infarction 2-4 times more likely. During 1994-1999, Dewabrata found 23.2% of all acute myocardial infarction patients was diabetic patients treated in ICCU Cipto Mangunkusumo hospital. Unfortunately these data did not describe the clinical characteristic and complication ACS in type -2 DM patients. Therefore it is important to know the clinical characteristics and ACS related complications in type-2 DM patients.

Objectives. To know the prevalence of type-2 DM among ACS patients, to learn clinical characteristics and ACS related complications in type-2 DM compared to non diabetic patients.

Methods. A cross sectional retrospective study was performed to know the prevalence of ACS in type -2 DM patients and their clinical characteristics_ A retrospective cohort study was performed to compare the differences in ACS related complications in type -2 DM and non diabetic patients who were hospitalized in ICCU Cipto Mangunkusumo hospital during 5 years period (January 1st, 200I December 31st, 2005).

Results. Prevalence of Type-2 DM among ACS patients : 34.2%. The onset of chest pain in type-2 DM patients was longer, 70.7% vs 53.4%, $p=0.401$; CI 95%; OR=2.259 (1.372-3.719). Aypical chest pain were often in type-2 DM patients, 17.3% vs 9.8%; $p= 0.041$; CI 95%; OR 1.713 (L019 2.881). Heart failure as complications were more often found in type-2 DM patients, 39.35% vs 16.8%, $p=0.001$; CI 95%; RR=3.213 (1.992-5.182), cardiogenic shock were more often found in type-2 DM patients, 16.2% vs 8.9%, $p= 0.031$; CI 95%; RR 1.983 (1.057-3.721), and death were more often found in type-2 DM patients, 17.3% vs 6.3%, $p= 0.001$; CI 95%; RR= 3.116 (L556-6.239).

Conclusions. There are differences in clinical characteristics of ACS between type-2 DM patients and non diabetic patients; which are longer onset of chestpain and atypical chestpain more often in type-2 DM patients. There are also differences in complications related ACS between Type-2 DM patients and non diabetic patients; heart failure, cardiogenic shock, and death more often in Type-2 DM patients.