

ABSTRAK

HUBUNGAN KOMORBIDITAS EPILEPSI PADA PASIEN EPILEPSI ANAK TERHADAP DURASI TERAPI DI INSTALASI ANAK RSUP DR. SARDJITO YOGYAKARTA TAHUN 2020-2022

Latar Belakang: Epilepsi merupakan gangguan sistem elektrik saraf pusat yang menyebabkan minimal dua kejang berulang tanpa provokasi dalam waktu lebih dari 24 jam. Komorbid epilepsi yang bervariasi seringkali ditemukan pada pasien epilepsi anak, seperti gangguan kognitif, gangguan tidur, gangguan emosi dan psikis, dan lain-lain, serta dapat muncul sebagai akibat dari epilepsi atau penyebab epilepsi. Hal ini tentu akan mempengaruhi luaran terapi epilepsi pasien. Namun, penelitian terkait pengaruh adanya komorbid epilepsi terhadap luaran terapi epilepsi anak, terutama durasi terapi epilepsi, di Indonesia masih sedikit.

Tujuan: mengetahui hubungan komorbiditas epilepsi anak terhadap durasi terapi epilepsi di Instalasi Kesehatan Anak RSUP Dr. Sardjito.

Metode: Penelitian dengan metode *cross-sectional* menggunakan data sekunder rekam medis RSUP Dr. Sardjito di Instalasi Catatan Medik RSUP Dr. Sardjito periode Januari 2020-Desember 2022. Sampel berupa pasien anak (usia 0-18 tahun) yang terdiagnosis epilepsi, baik yang memiliki komorbid maupun tidak memiliki komorbid. Komorbid epilepsi, berupa komorbid neurologis (CP, kelainan struktur otak, GDD, dan ASD/ADHD/DI (selain GDD)) dilihat hubungannya dengan durasi terapi epilepsi dengan metode analisis bivariat. Onset usia kejang, frekuensi kejang, tipe kejang, dan jenis terapi (monoterapi dan politerapi) diperhatikan pengaruhnya terhadap durasi terapi epilepsi dengan metode analisis multivariat.

Hasil: Total 108 subjek dimasukkan ke dalam analisis, 29 subjek tidak memiliki komorbid neurologis epilepsi, 79 subjek memiliki komorbid neurologis; 20 subjek menerima terapi OAE > 5 tahun, 41 subjek menerima terapi OAE 2-5 tahun, 47 subjek menerima terapi OAE < 2 tahun. Tidak ada hubungan yang signifikan dalam analisis bivariat antara komorbid neurologis epilepsi dan durasi terapi epilepsi ($p = 0,832$). Berdasarkan hasil analisis multivariat, frekuensi kejang ($t = 3,904$, $p < 0,001$) dan jenis terapi ($t = -3,041$, $p = 0,003$) memiliki hubungan yang signifikan secara parsial terhadap durasi terapi epilepsi. Seluruh variabel bebas memiliki hubungan yang signifikan secara simultan terhadap durasi terapi epilepsi ($F = 4,213$, $p = 0,002$).

Kesimpulan: Komorbid epilepsi tidak mempengaruhi durasi terapi epilepsi secara signifikan. Frekuensi kejang dan jenis terapi (monoterapi dan politerapi) merupakan faktor yang mempengaruhi durasi pengobatan epilepsi secara signifikan.

Kata kunci: epilepsi, kejang, anak, komorbid, durasi terapi epilepsi

ABSTRACT

THE RELATIONSHIP OF EPILEPSY COMORBIDITY IN CHILDHOOD EPILEPSY PATIENTS AND THE DURATION OF EPILEPSY THERAPY AT THE CHILDREN'S INSTALLATION OF SARDJITO HOSPITAL YOGYAKARTA, 2020-2022

Background: Epilepsy is a disorder of the central nervous electrical system that causes at least two recurrent seizures without provocation in more than 24 hours. Various epilepsy comorbidities are often found in pediatric epilepsy patients, such as cognitive disorders, sleep disorders, emotional and psychological disorders, etc., and can arise as a result of epilepsy or causes of epilepsy. This will certainly affect the outcome of the patient's epilepsy therapy. However, there are only a few researches in Indonesia regarding the influence of comorbid epilepsy on the outcomes of children's epilepsy therapy, especially the duration of epilepsy therapy.

Objective: to determine the relationship between childhood epilepsy comorbidities and the duration of epilepsy therapy at the Children's Health Installation at RSUP Dr. Sardjito.

Method: Research using a cross-sectional method using secondary data from medical records RSUP Dr. Sardjito at the Medical Records Installation Dr. RSUP. Sardjito for the period January 2020-December 2022. The sample consisted of pediatric patients (aged 0-18 years) diagnosed with epilepsy, both with and without comorbidities. Epilepsy comorbidities, in the form of neurological comorbidities (CP, brain structure abnormalities, GDD, and ASD/ADHD/DI [other than GDD]) were seen in relation to the duration of epilepsy therapy using bivariate analysis methods. The age of seizure onset, seizure frequency, seizure type, and type of therapy (monotherapy and polytherapy) were examined for their influence on the duration of epilepsy therapy using the multivariate analysis method.

Results: A total of 108 subjects were included in the analysis, 29 subjects did not have neurological comorbid epilepsy, 79 subjects had neurological comorbidities; 20 subjects received AED therapy > 5 years, 41 subjects received AED therapy 2-5 years, 47 subjects received AED therapy < 2 years. There was no significant association in bivariate analysis between neurological comorbid epilepsy and duration of epilepsy therapy ($p = 0.832$). Based on the results of multivariate analysis, seizure frequency ($t = 3.904$, $p < 0.001$) and type of therapy ($t = -3.041$, $p = 0.003$) had a partially significant relationship with the duration of epilepsy therapy. All independent variables had a significant relationship simultaneously with the duration of epilepsy therapy ($F = 3.213$, $p = 0.002$).

Conclusion: Comorbid epilepsy does not significantly influence the duration of epilepsy therapy. Seizure frequency and type of therapy (monotherapy and polytherapy) are factors that significantly influence the duration of epilepsy treatment.

Key words: epilepsy, seizures, children, comorbidities, duration of epilepsy therapy