

HUBUNGAN PENURUNAN BERAT BADAN KRITIS PASCA KEMORADIOTERAPI DENGAN KEJADIAN DISFAGIA BERDASARKAN *EATING ASSESMENT TOOL* (EAT-10) PADA PASIEN KANKER KEPALA LEHER DI RSUP DR. SARDJITO YOGYAKARTA

INTISARI

Pendahuluan : Kanker Kepala Leher (KKL) merupakan penyakit keganasan mematikan yang umum dengan tatalaksana meliputi pembedahan, radioterapi, kemoterapi, terapi target, dan imunoterapi yang pada umumnya diberikan secara kombinasi. Kebanyakan pasien KKL pasca kemoradioterapi mengalami penurunan berat badan kritis. Penurunan massa dan fungsi otot akibat penurunan berat badan kritis pasca kemoradioterapi berkontribusi terhadap kejadian disfagia. Penurunan berat badan dan disfagia merupakan efek samping dari kemoradioterapi yang saling memberikan dampak satu sama lain yang perlu diperhatikan dalam deteksi dini agar mengurangi resiko malnutrisi dan penurunan kualitas hidup.

Tujuan : Mengkaji hubungan penurunan berat badan kritis pasca kemoradioterapi dengan kejadian disfagia berdasarkan *Eating Assesment Tool* (EAT-10) pada pasien KKL di RSUP Dr. Sardjito.

Metode : Penelitian ini analitik observasional dengan rancangan *cross sectional*. Variabel bebas adalah penurunan berat badan kritis pasca kemoradioterapi sedangkan variabel terikat adalah kejadian disfagia berdasarkan EAT-10. Analisis bivariat menggunakan *uji chi square* dan bila tidak memenuhi syarat dilanjutkan *uji fischer exact*. Analisis multivariat menggunakan *uji regresi logistik*. Analisis statistik dilakukan dengan nilai signifikansi $p < 0,05$ dan interval kepercayaan (IK) 95%.

Hasil: Subjek meliputi 66 pasien. Mayoritas pasien adalah laki-laki (69,70%), pasien berusia ≥ 50 tahun (56,06%), lokasi kanker terbanyak adalah nasofaring (77,27%), stadium terbanyak adalah IV (60,61%), keluhan perubahan rasa saat makan (63,64%), perubahan selera makan (89,39%), keengganan untuk makan (93,93%) dan prevalensi penurunan berat badan kritis pasien adalah 78,79% dengan perbedaan signifikan sebelum dan setelah kemoradioterapi ($p : 0.01$). Perubahan rasa saat makan dan xerostomia berhubungan signifikan dengan penurunan berat badan kritis. Penurunan berat badan kritis dan perubahan rasa saat makan memiliki hubungan signifikan dengan kejadian disfagia. Terdapat hubungan signifikan antara penurunan berat badan kritis pasca kemoradioterapi dan kejadian disfagia pada pasien KKL, dengan prevalensi kejadian 2,15 ($p : 0,01$).

Kesimpulan: Terdapat hubungan signifikan baik secara statistik maupun klinis antara penurunan berat badan kritis pasca kemoradioterapi dengan kejadian disfagia pada pasien kanker kepala dan leher di RSUP Dr. Sardjito.

Kata Kunci : Penurunan berat badan kritis, Disfagia, EAT-10

CORRELATION BETWEEN CRITICAL WEIGHT LOSS POST CHEMORADIOTHERAPY AND INCIDENCE OF DYSPHAGIA BASED ON EATING ASSESSMENT TOOL (EAT-10) IN HEAD AND NECK CANCER PATIENTS AT DR. SARDJITO GENERAL HOSPITAL YOGYAKARTA

ABSTRACT

Introduction: Head and Neck Cancer (HNC) is a commonly lethal malignancy that typically managed through a combination of surgery, radiotherapy, chemotherapy, targeted therapy, and immunotherapy. Post-chemoradiotherapy, most HNC patients experience Critical Weight Loss. The loss of mass and muscle function due to critical weight loss post-chemoradiotherapy contributes to dysphagia incidence. Critical Weight Loss and dysphagia are side effects of chemoradiotherapy that mutually impact each other, necessitating early detection to reduce the risk of malnutrition and decreased quality of life.

Objective: To examine the correlation between critical weight loss post-chemoradiotherapy and incidence of dysphagia based on the Eating Assessment Tool (EAT-10) in HNC patients at Dr. Sardjito General Hospital.

Method: This study was an observational analytical study with a cross-sectional design. The independent variable was Critical Weight Loss post-chemoradiotherapy, while the dependent variable was the incidence of dysphagia based on EAT-10. Bivariate analysis was conducted using the chi-square test, and if the conditions were not met, the Fisher's exact test was employed. Multivariate analysis used logistic regression. Statistical analysis was performed with a significance level of $p < 0.05$ and a confidence interval (CI) of 95%.

Results: Among the 66 patients, the majority were male (69.70%) and aged ≥ 50 years (56.06%). Nasopharyngeal cancer was the most common (77.27%), mostly at stage IV (60.61%). Complaints included changes in taste while eating (63.64%), changes in appetite (89.39%), and reluctance to eat (93.93%). The prevalence of Critical Weight Loss was 78.79%, with a significant difference pre and post-chemoradiotherapy ($p: 0.01$). Changes in taste and xerostomia correlated significantly with Critical Weight Loss. Both of Critical Weight Loss and changes in taste were significantly associated with dysphagia. A significant correlation existed between Critical Weight Loss post-chemoradiotherapy and dysphagia incidence (prevalence ratio: 2.15, $p: 0.01$).

Conclusion : There is a significant relationship, both statistically and clinically, between critical weight loss post-chemoradiotherapy and incidence of dysphagia in head and neck cancer patients at Dr. Sardjito General Hospital.

Keywords: Critical weight loss, Dysphagia, EAT-10