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**SCOPING REVIEW PEDOMAN HIPERTENSI DAN DIABETES MELITUS TIPE 2 : ANALISIS MENURUT LIMA TINGKAT
PENCEGAHAN DI LAYANAN PRIMER**
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INTISARI

Latar Belakang: Hipertensi (HT) dan Diabetes Melitus Tipe 2 (DMT2) merupakan penyebab utama morbiditas, mortalitas, dan disabilitas di Indonesia. Berbagai pedoman praktik klinik (PPK) telah diterbitkan, namun penyajian rekomendasi sepanjang lintasan pencegahan dari promosi kesehatan hingga rehabilitasi belum selalu terstruktur komprehensif, khususnya untuk layanan primer.

Tujuan: Memetakan rekomendasi pedoman HT dan DMT2 internasional dan nasional ke dalam kerangka Lima Tingkat Pencegahan (*Leavell & Clark*) serta mengidentifikasi area konsensus, variasi, dan kesenjangan yang relevan bagi praktik di fasilitas kesehatan tingkat pertama (FKTP).

Metode: *Scoping review* dilakukan mengikuti kerangka *Arksey & O'Malley* dan pedoman PRISMA-ScR. Pencarian pedoman HT dan/atau DMT2 dewasa (2020–Juni 2025) dilakukan di PubMed, *Guidelines International Network* (GIN), dan sumber manual dari organisasi profesi serta institusi. Rekomendasi yang memenuhi kriteria layanan primer diekstraksi, dikategorikan ke dalam lima domain pencegahan, dan disintesis secara naratif.

Hasil: Sembilan pedoman (enam HT, tiga DMT2) memenuhi kriteria inklusi. Seluruhnya memuat rekomendasi pada lima tingkat pencegahan, dengan kepadatan tertinggi pada Promosi Kesehatan, Deteksi Dini & Penanganan Segera, serta Pembatasan Kecacatan. Terdapat konsensus kuat mengenai intervensi gaya hidup dan skrining komplikasi, namun terlihat divergensi pada ambang batas inisiasi terapi dan target klinis tertentu. Domain Rehabilitasi menunjukkan cakupan rekomendasi paling terbatas.

Kesimpulan: Kerangka Lima Tingkat Pencegahan bermanfaat untuk menata dan membandingkan rekomendasi pedoman HT dan DMT2 di layanan primer, sekaligus menyoroti lemahnya aspek rehabilitasi dan dukungan jangka panjang. Temuan ini memperkuat peran Dokter Spesialis Kedokteran Keluarga Layanan Primer sebagai koordinator perawatan kronis yang komprehensif, berkesinambungan, dan berpusat pada pasien di FKTP.

Kata Kunci: Hipertensi; Diabetes Melitus Tipe 2; Layanan Primer; Lima Tingkat Pencegahan; *Scoping Review*

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ABSTRACT

Background *: Hypertension (HT) and type 2 diabetes mellitus (T2DM) are major contributors to morbidity, mortality and disability in Indonesia. Multiple clinical practice guidelines (CPGs) exist, but their recommendations are often organised by single diseases and pharmacotherapy, with limited integration across the full prevention continuum in primary care.*

Objectives : *To map recommendations from international and national HT and T2DM CPGs onto the Five Levels of Prevention (Leavell & Clark) and to identify areas of consensus, divergence and gaps relevant for primary care in Indonesia.*

Methods : *We conducted a scoping review following Arksey and O'Malley's framework and reported according to PRISMA-ScR. CPGs for HT and/or T2DM in adults, published between 2020 and June 2025 and containing recommendations applicable to primary care, were searched in PubMed, the Guidelines International Network Library and through manual searches of professional and institutional websites. Recommendations were extracted, categorised into five domains (Health Promotion, Specific Protection, Early Diagnosis & Prompt Treatment, Disability Limitation and Rehabilitation) and synthesised narratively.*

Results : *Nine CPGs met the inclusion criteria (six HT and three T2DM). All contained recommendations spanning several prevention levels, with the greatest density in Health Promotion, Early Diagnosis & Prompt Treatment and Disability Limitation. There was strong consensus on lifestyle interventions and routine screening for vascular and microvascular complications, but substantial divergence in diagnostic thresholds and treatment initiation for HT, as well as in glycaemic targets for older adults and those with multimorbidity. Rehabilitation was consistently the least developed domain.*

Conclusions : *The Five Levels of Prevention provide a useful lens to structure and compare HT and T2DM recommendations for primary care, highlighting both robust evidence areas and neglected domains such as rehabilitation and long-term support. These findings reinforce the role of Family Medicine specialists as coordinators of comprehensive, patient-centred chronic care in Indonesian primary care settings.*

Keywords*: Hypertension; Type 2 Diabetes Mellitus; Primary Care; Five Levels of Prevention; Scoping Review.*