INTISARI

Faktor Risiko Gagal Konversi BTA Pada Pengobatan Pasein TB paru Fase Intensif di Kota Yogyakarta

Latar Belakang : Tuberkulosis merupakan penyakti infeksi yang disebabkan oleh kuman *Mycobacterium tuberculosis* dan sampai saat ini masih menjadi masalah kesehatan di dunia. Indonesia merupakan salah satu negara dengan beban TB yang tinggi (1,02 juta) di dunia. Konversi BTA pada akhir pengobatan fase intensif merupakan salah satu indikator program kinerja pengobatan tuberkulosis dan mengetahui respon pasien terhadap pengobatan TB.

Tujuan : Menentukan faktor risiko yang berhubungan dengan kegagalan konversi BTA setelah pengobatan TB fase intensif .

Metode : Penelitian ini merupakan penelitian cross sectional pada data kasus TB paru berdasarkan formulir TB-01 di Kota Yogyakarta tahun 2011-2016. Data dikumpulkan dan dianalisa bivariable dan multivariable untuk menentukan faktor risiko gagal konversi.

Hasil : Dari 722 pasien TB paru, sebanyak 152 (21,1%) pasien adalah gagal konversi setelah akhir pengobatan fase intensif dengan rata-rata umur adalah 41 tahun dan sebanyak 58,5% adalah laki-laki. Faktor yang berhubungan dengan gagal konversi setelah pengobatan fase intensif adalah jenis kelamin laki-laki (p = 0,028; OR = 1,539; 95% CI = 1.046 -2.266), umur (p = 0,020 ; OR = 1,546; 95% CI = 1,070-2,234), gradasi BTA 2+ dan 3+ (p = 0,001; OR = 2,175; 95% CI = 1,362 -3,473 dan p = 0,000; OR = 2,249; 95% CI = 1,462 -3,461), ketidakteraturan menelan obat (p = 0,000; OR = 59,137; 95% CI = 28,461-122,876). Analisa menunjukkan gradasi BTA sebelum pengobatan 2+ dan 3+ (p = 0,017; OR = 2,027; 95% CI = 1,137-3,614 dan p = 0,011; OR = 1,994; 95% CI = 1,169-3,404) dan ketidakteraturan pengobatan fase intensif (p = 0,000; OR = 57,154; 95% CI = 27.367-119.363) sebagai faktor yang secara bermakna berhubungan dengan gagal konversi.

Kesimpulan : Gagal konversi setelah 2 bulan pengobatan berhubungan dengan jenis kelamin laki-laki, umur yang lebih tua, gradasi BTA sebelum pengobatan yang lebih tinggi dan ketidakteraturan pengobatan TB. Pasien dengan gagal konversi setelah 2 bulan pengobatan harus mendapatkan perawatan yang maksimal untuk pencegahan gagal pengobatan.

Kata Kunci : Faktor risiko, Tuberkulosis paru, gagal konversi BTA, Yogyakarta.

ABSTRACT

The Risk Factors of Sputum Non-Conversion at Intensive Phase of Treatment among Pulmonary Tuberculosis Patients in Yogyakarta District

Background: Tuberculosis is an infectious disease caused by the bacillus *Mycobacterium tuberculosis* and remains a major global health problem. Indonesia was a country with the highest burden of TB disease (1,02 million) in the world. Sputum smear conversion at the end of the intensive phase of tuberculosis treatment is an indicator of anti tuberculosis program performance and patients' response to treatment.

Objective : To determine factors associated with sputum smear non-conversion at the end of the intensive phase treatment

Methods : This cross sectional study was obtained in data of smear-positive pulmonary tuberculosis cases from the TB-01 register in Yogyakarta City from 2011 to 2016. Data was subjected to bivariable and multivariable used to determine the factors of sputum smear non-conversion.

Result : Of 772 pulmonary tuberculosis patients, one hundred and fifty two (21,1 %) patients were identified as non-conversion at the end of the intensive phase of treatment with the mean age was 41 years and 58,5 % were male. The following factors were associated with sputum smear non-conversion after 2 months of intensive treatment : male (p = 0,028; OR = 1,539; 95% CI = 1.046 - 2.266), Pre-treatment smears graded 2+ and 3+ (p = 0,001; OR = 2,175; 95% CI = 1,362 -3,473 and p = 0,000; OR = 2,249; 95% CI = 1,462 -3,461), age ≥50 (p = 0,020 ; OR = 1,546 ; 95% CI = 1,070-2,234), nonadherence to tuberculosis after 2 months of intensive treatment (p = 0,000; OR = 59,137; 95% CI = 28,461-122,876). The analysis indicated that pre-treatment smears graded 2+ and 3+ (p = 0,017; OR = 2,027; 95% CI = 1,137-3,614 and p = 0,011; OR = 1,994; 95% CI = 1,169-3,404) and nonadherent to tuberculosis after 2 months of intensive treatment (p = 0,000; OR = 57,154; 95% CI = 27.367-119.363) were significant factors associated with sputum smear non-conversion.

Conclusions : Non-conversion of sputum smears at two months of treatment is significantly associated with male gender, older age, higher bacillary load and nonadherence to tuberculosis after 2 months of intensive treatment. Patients with these factors non-conversion after two months of treatment should be given a fully supervised treatment to prevent in treatment default.

Keywords : Risk factors, pulmonary tuberculosis, Sputum smear non conversion, Yogyakarta.