

INTISARI

Latar Belakang: Penyakit kardiovaskular merupakan penyakit tidak menular yang menyebabkan kematian nomor satu di dunia. Penyakit kardiovaskular meliputi penyakit jantung koroner, gagal jantung, hipertensi dan stroke. Penyakit kardiovaskular dapat menyebabkan kecacatan dan berdampak pada kualitas hidup terkait kesehatan. Penilaian kualitas hidup terkait kesehatan sangat berguna dalam menentukan manajemen terkait penyakit yang diderita dan untuk mengukur atau mengevaluasi tujuan yang telah tercapai.

Tujuan Penelitian: Untuk mengidentifikasi gambaran kualitas hidup pada pasien dengan penyakit kardiovaskular di Puskesmas Mlati, Yogyakarta.

Metode: Penelitian deskriptif kuantitatif dengan desain *cross-sectional*. Penelitian dilakukan pada pasien dengan penyakit kardiovaskular yang berada di wilayah Puskesmas Mlati, Sleman, Yogyakarta. Pengambilan sampel menggunakan teknik *multistage cluster sampling*. Data diambil menggunakan kuesioner *Medical Outcome Study 12-Item Short-Form Second-Version* (MOS SF-12v2). Analisis data menggunakan tabel distribusi frekuensi terdiri dari rerata, standar deviasi dan frekuensi.

Hasil: Terdapat 109 orang yang terlibat, hanya 107 responden yang berpartisipasi. Jumlah responden per-penyakit, hipertensi ($n = 97$), gagal jantung ($n = 13$), dan penyakit jantung koroner ($n = 7$). Gambaran demografi meliputi, mayoritas usia ≥ 45 tahun; perempuan (63,6 %), pendidikan terakhir SMP (30,8%), tidak bekerja (66%), pendapatan rendah (78,5%) dan menikah (72,9%). Skor kualitas hidup PCS $42 \pm 9,88$ dan MCS $56 \pm 9,87$. Skor kualitas hidup per sub-domain VT $61,67 \pm 10,76$ dan GH $35,19 \pm 7,31$ menduduki nilai tertinggi dan terendah.

Kesimpulan: Skor kualitas hidup lebih tinggi pada domain mental (MCS) daripada fisik (PCS). Skor kualitas hidup paling tinggi pada sub domain VT dan terendah pada GH.

Kata Kunci: fisik, kualitas hidup, mental, penyakit kardiovaskular

ABSTRACT

Background: Cardiovascular diseases (CVDs) are non-communicable diseases which cause the leading death in the world. They consist of coronary heart disease, heart failure, hypertension and stroke. They are known as CVDs which can make disability and affect quality of life. Assessment of quality of life is useful in determining management related to illness and in measuring or evaluating the disease status.

Purpose: To identify quality of life on patients with CVDs in Mlati, Yogyakarta

Method: Descriptive quantitative study with cross-sectional design was used. This study was conducted in public health center Mlati, Yogyakarta. Technique sampling used was multistage cluster sampling based on the village area. Data were collected using Medical Outcome Study 12 Items Short-Form Second – Version (MOS SF-12v2) and were analyzed using descriptive statistics as mean, standard deviation and frequency.

Result: One hundred and nine patients with CVDs were involved, only 107 respondents participated. Patient with hypertension ($n = 97$) was known as the major CVDs, followed by stroke ($n = 13$), heart failure ($n = 12$), and coronary heart disease ($n = 7$). The majority of demographic features included, age more than or equal to 45 year-old, female (63,6%), basic education (59,8%), not working (66%), lower income (78,5%), and marriage (72,9%). Quality of life consisted of physical component summary PCS, $M = 42 \pm 9,88$ and mental component summary MCS, $M = 56 \pm 9,87$. Among the eight subdomains of quality of life, vitality subdomain $VT = 61,67 \pm 10,76$ was the highest score whereas general health subdomain $GH = 35,19 \pm 7,31$ was the lowest score.

Conclusion: MCS of quality of life showed higher than PCS. The highest quality of life was vitality subdomain while general health indicated lowest subdomain.

Keywords: physical, quality of life, mental, cardiovascular diseases