



INTISARI

HUBUNGAN KADAR HBA1C, TEKANAN DARAH, DAN PROFIL LIPID DENGAN SKOR FUNGSI EREKSI PADA PENYANDANG DIABETES MELITUS TIPE 2 DI KLINIK ENDOKRIN RSUP DR SARDJITO

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Latar Belakang: Disfungsi Ereksi (DE) merupakan salah satu komplikasi penting pada Diabetes Melitus (DM) tipe 2 dengan etiologi multifaktorial. Pada penyandang DM, insidensi DE meningkat dan mengenai 35% hingga 90%. Penyandang DM memiliki risiko DE 3,6 kali lebih tinggi. Beberapa penelitian sebelumnya telah menemukan peranan kadar HbA1C, tekanan darah dan profil lipid dalam patogenesis DE pada DM. Buruknya kontrol metabolismik memiliki peran penting dalam terjadinya DE. Saat ini, belum ada penelitian yang mencari hubungan antara kadar HbA1C, tekanan darah dan profil lipid dengan skor fungsi ereksi pada penyandang DM tipe 2 di Indonesia.

Tujuan Penelitian: Mengetahui hubungan antara kadar HbA1C, tekanan darah dan profil lipid dengan skor fungsi ereksi pada penyandang DM tipe 2.

Metode Penelitian: Penelitian observasional dengan pendekatan potong lintang yang melibatkan 64 penyandang DM di klinik Endokrin RSUP Dr. Sardjito pada bulan April hingga Mei 2020. Data karakteristik dasar diambil melalui wawancara singkat dan catatan medik. Fungsi ereksi dievaluasi menggunakan kuesioner *International Index of Erectile Function-5* (IIEF-5). Dilakukan pengambilan darah untuk mengecek kadar HbA1C dan profil lipid (kolesterol HDL, kolesterol LDL, trigliserid). Analisis data dengan SPSS versi 22 dengan nilai kemaknaan $p < 0,05$ dan interval kepercayaan 95%.

Hasil Penelitian: Pada studi ini ditemukan frekuensi DE sebesar 89,10% sebagian besar mengalami DE berat (32,81%). Median HbA1C 8 (5,20-12,70 %). Uji korelasi Spearman's rho menunjukkan tidak adanya hubungan yang signifikan antara HbA1C ($r = -0,172$; $p = 0,173$), tekanan darah sistolik ($r = -0,122$; $p = 0,138$), diastolik ($r = -0,104$; $p = 0,412$), kolesterol HDL ($r = 0,201$; $p = 0,111$), LDL ($r = -0,053$; $p = 0,675$), trigliserid ($r = 0,075$; $p = 0,558$).

Kesimpulan: Tidak didapatkan hubungan yang signifikan antara kadar HbA1C, tekanan darah, dan profil lipid (kolesterol HDL, LDL, trigliserid) dengan skor fungsi ereksi.

Kata kunci: Disfungsi Ereksi, Diabetes Melitus, IIEF-5, HbA1C, Tekanan Darah, Profil Lipid



ABSTRACT

ASSOCIATION BETWEEN HBA1C, BLOOD PRESSURE, LIPID PROFILE AND ERECTILE FUNCTION SCORE IN PATIENTS WITH TYPE 2 DIABETES MELLITUS AT ENDOCRINE CLINIC OF DR SARDJITO GENERAL HOSPITAL

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Backgrounds: Erectile Dysfunction (ED) is an important complication of Type 2 Diabetes Mellitus (T2DM) with multifactorial etiology. In diabetic patients, the incidence of ED increases and around 35% to 90%. People with DM have a risk of DE 3,6 times higher. Previous studies have founded the role metabolic control such as HbA1C, blood pressure, lipid profile in the pathogenesis of Diabetic ED. Bad control metabolic plays important role at ED. There is no study being held to evaluate the association of HbA1C, blood pressure, lipid profile with erectile function score in T2DM in Indonesia.

Objective: To evaluate the association between HbA1C, blood pressure, lipid profile and ED score in T2DM.

Methods: A cross-sectional study including 64 men having T2DM was conducted at Endocrine Clinic of Sardjito General Hospital during April-Mei 2020. Baseline characteristic data was collected from short interview and medical record. Erectile function was evaluated using the International Index of Erectile Function-5 (IIEF-5) questionnaire. Blood sampling is performed to check HbA1C levels and lipid profiles (HDL cholesterol, LDL cholesterol, triglycerides). Data were analyzed using SPSS version 22. The confidence interval (CI) was set to 95% and p-value was considered significant at the level of <0,05.

Results: ED was found in 89,10% of studied men, where most of them were in moderate to severe form of ED. Median Hba1C 8 (5,20-12,70 %). Spearman's rho found no significant correlation between HbA1C ($r = -0,172$; $p = 0,173$), systolic blood pressure ($r = -0,122$; $p = 0,138$), diastolic ($r = -0,104$; $p = 0,412$), HDL cholesterol ($r = 0,201$; $p = 0,111$), LDL ($r = -0,053$; $p = 0,675$), triglyceride ($r = 0,075$; $p = 0,558$).

Conclusion: This study showed that no significant association between HbA1C, blood pressure, lipid profile and erectile function score.

Keywords: *Erectile Dysfunction, Diabetes Mellitus, IIEF-5, HbA1C, blood pressure, lipid profile*