

INTISARI

Pola tidur merupakan fase istirahat yang dialami individu secara normal dalam durasi 7–9 jam setiap malamnya. Penyimpangan dalam pola tidur dapat menimbulkan beberapa gangguan, diantaranya gangguan sekresi hormon melatonin dan hormon pertumbuhan. Gangguan sekresi hormon tersebut dapat mengakibatkan penurunan aktivitas sistem imun, peningkatan kerentanan sel terhadap jejas dan memperlambat proses penyembuhan luka. Peristiwa tersebut turut berperan dalam perkembangan dan proses penyembuhan stomatitis aftosa rekuren (SAR). Penelitian ini bertujuan untuk mengetahui hubungan antara pola tidur dengan keparahan SAR.

Jenis penelitian ini adalah deskriptif analitik dengan metode potong lintang. Responden dipilih melalui kuesioner penjangkaran (RASDX) yang disebar pada 544 mahasiswa strata satu FKG UGM. Dari 100 mahasiswa yang memenuhi kriteria penjangkaran SAR, diperoleh 65 mahasiswa yang memenuhi kriteria penelitian. Pola tidur diukur menggunakan kuesioner modifikasi Efek Waktu Tidur Terhadap SAR dan *Pittsburgh Sleep Quality Index* (PSQI) dan keparahan SAR diukur menggunakan *Ulcer Severity Score* (USS). Hubungan antara skoring pola tidur dan USS dianalisis menggunakan uji korelasi *Pearson Product Moment* dengan tingkat kepercayaan 95%.

Hasil uji validitas dan reliabilitas kuesioner pola tidur adalah 10 dari 13 pertanyaan dianggap valid karena memenuhi persyaratan nilai r hitung $\geq r$ tabel dan nilai *cronbach's alpha* 0,869. Hasil pengamatan menunjukkan rerata nilai skoring pola tidur adalah 12,52 dan nilai USS adalah 19,85. Berdasarkan hasil uji korelasi *Pearson Product Moment* antara skoring pola tidur dan USS didapatkan nilai $p > 0,05$ dengan nilai $r = 0,213$. Berdasarkan hasil tersebut, dapat disimpulkan adanya hubungan antara pola tidur dengan keparahan SAR meski lemah dan tidak signifikan secara statistik.

Kata kunci: Gangguan pola tidur, Keparahan stomatitis aftosa rekuren.

ABSTRACT

Sleep pattern is a resting phase with normal duration of 7–9 hours which people experience every night. Sleep pattern irregularity may cause some disruption, including melatonin and growth hormone secretion disturbance which can lead to decreasing in immune system activity, increasing the vulnerability of cell wound and delayed wound healing. These events may affect the development and healing process of recurrent aphthous stomatitis (RAS). This study is aimed to determine the relationship between sleep pattern with the severity of RAS.

This analytic descriptive study was conducted with a cross-sectional design. Respondents were selected through screening questionnaire called RASDX which distributed to 544 undergraduate students of Faculty of Dentistry UGM. A hundred students were obtained to have RAS, but only 65 students who met the study criteria. Sleep pattern was assessed by a modified questionnaire from Effect of Bedtime on RAS and Pittsburgh Sleep Quality Index (PSQI) and the severity of RAS was assessed with Ulcer Severity Score (USS). The relationship between sleep pattern scoring and USS was analyzed through Pearson Product Moment correlation test with 95% level of significance.

The result of sleep pattern questionnaire's validity and reliability test was out of 13 questions, 10 was considered valid because the value met the requirements of $r \text{ count} \geq r \text{ table}$ and Cronbach's alpha 0,869. The study showed that the mean value of sleep pattern scoring was 12,52 and USS was 19,85. Based on the result of Pearson Product Moment correlation test between sleep pattern scoring and USS, $p > 0,05$ with $r = 0,213$ was obtained. Based on these results, we can conclude that there is a relationship between sleep pattern with the severity of RAS, despite the poor relationship hence the result which is not statistically significant.

Key words: Sleep pattern disruption, The severity of recurrent aphthous stomatitis.