

ABSTRAK

DEPRESI SEBAGAI PREDIKTOR KENDALI GLIKEMIK YANG BURUK PADA PASIEN DIABETES MELITUS TIPE 2 DI RSUD PANEMBAHAN SENOPATI

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Latar Belakang : Penyandang DM tidak dapat disembuhkan, tetapi kualitas hidup penderita dapat dipertahankan seoptimal mungkin dengan kontrol metabolik yang baik. Kontrol glikemik yang optimal sangatlah penting, di Indonesia target pencapaian kontrol glikemik belum tercapai dengan baik. Depresi sebagai salah satu kemungkinan penyebab kendali glikemik yang buruk pada pasien DM. Penelitian ini bertujuan untuk mengkaji hubungan antara depresi dengan kejadian kendali glikemik yang buruk pada pasien DM di RSUD Panembahan Senopati.

Metode : Penelitian ini menggunakan rancangan *cross-sectional* pada pasien DM tipe 2, pengambilan sampel menggunakan teknik *consecutive sampling*. Subjek penelitian adalah pasien DM umur 35-64 tahun yang berobat dipoli dalam RSUD Panembahan Senopati Bantul periode Januari-April 2016, telah didiagnosis DM selama 1 tahun dan untuk wanita tidak sedang hamil/menyusui. Data diperoleh dari lembar observasi laboratorium untuk menilai HbA1c, *review* rekam medis & hasil wawancara terstruktur. Depresi diukur dengan kuesioner *BDI-II*, disamping data demografi umur, jenis kelamin, lama menderita DM, merokok, *overweight*, aktivitas fisik dan kebiasaan mengkonsumsi minuman manis. *Chi-square* dan *poisson regression* digunakan untuk menghitung besarnya risiko tiap variabel terhadap kendali glikemik yang buruk dengan melihat nilai rasio prevalensi (RP).

Hasil : Multivariabel analisis model *poisson regression* menunjukkan bahwa depresi (RP: 1,46; *p-value*:0,000; 95%CI: 1,26-1,69), lama DM 10 tahun (RP: 1,14; *p-value*: 0,023 95%CI: 1-1,30), kurang aktivitas fisik (RP: 1,40; *p-value*: 0,000; 95%CI: 1,22-1,61). Kejadian kendali glikemik yang buruk dapat meningkat 2,95 kali dengan probabilitas sebesar 72% pada penyandang DM yang mengalami tiga faktor risiko sekaligus yaitu depresi, lama DM 10 tahun dan kurang aktivitas fisik.

Kesimpulan : Depresi merupakan penyebab kendali glikemik yang buruk pada pasien DM. Selain pelayanan medis yang intensif, menjaga kestabilan/kebugaran psikologis bagi penyandang DM merupakan hal penting dalam penatalaksanaan DM.

Kata Kunci :

Kendali glikemik, HbA1c, depresi, *BDI-II*, RSUD Panembahan Senopati, *cross-sectional*.

ABSTRACT

DEPRESSION AS A PREDICTOR OF POOR GLYCEMIC CONTROL AMONG PATIENTS WITH TYPE 2 DIABETES MELLITUS IN PANEMBAHAN SENOPATI GENERAL HOSPITAL

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Background : Patient with positive diabetic mellitus were not able to cure completely however the patients' life quality should be maintained as much as optimum by well strickly glicemic control treatment. Glicemic control was an essential as treatment for diabetic patients meanwhile in Indonesia, this had achieved in good mannner yet. Once chance for depression of diabetic patients could possibly contribute to straightly unsuccess treatment. This study attempted to elaborate the associated of depression to poor glyceimic control among diabetic type 2 patients in Panembahan Senopati General Hospital.

Method : This was an observational analytic study with cross sectional design and consecutive sampling method. The samples were 35-64 years old of diabetic patients who visit the internal medicine polyclinic within RSUD Panembahan Senopati in January-April 2016 period. Subjects had been clearly stated as diabetic patients as long equal or more than one year and no pregnancy or breast feeding women awere involved. Data were collected by using laboratorium obsevation paper which assessed HbA1c levels, medical record review, and structured interview. Status of depression was scoring by BDI-II questionnaire then the demographic variables followed were age, sex, length of diabetic status, smoking habit, overweight, physical activity, and high-sugar baverages consumption habit. Chi-square and poisson regression performed risk factor with Ratio Prevalence (RP) of poor glyceimic control.

Result : Multivariate analysis with poisson regression showed that depression (RP: 1,46; p-value:0,000; 95% CI: 1,26-1,69), more or equal 10 years length of diabetic status RP: 1,14; p-value: 0,023 95% CI: 1-1,30), and less physical activity (RP: 1,40; p-value: 0,000; 95% CI: 1,22-1,61). Poor glyceimic control treatment should arise 2,95 times greater among diabetic patients with those simultanously presence of factors which included 72% of probabilities.

Conclusion : Depression among diabetic patients led to poor glyceimic control treatment. Beside a good practice of intesively medical service was required, patients's psychology should be maintained to keep quite control and fresh because this was the most determinant in diabetic treatment.

Key words :

Glicemic control, HbA1c, depression, BDI-II, Panembahan Senopati General Hospital, cross sectional.