INTISARI

Infeksi tunggal baik TB maupun HIV sudah menjadi ancaman bagi kesehatan seseorang, apalagi jika kedua penyakit ini bersekutu. Ini sangat mengkhawatirkan mengingat keduanya mempunyai *burden disease* yang cukup tinggi. Pengobatan TB yang adekuat pada penderita HIV sangat penting untuk menekan tingginya angka morbiditas dan mortalitas pasien serta meningkatkan angka keberhasilan, oleh karena itu, perlu mengetahui faktor-faktor yang mempengaruhi keberhasilan pengobatannya.

Jenis penelitian yang digunakan adalah observasional analitik dengan desain penelitian kasus kontrol menggunakan data sekunder Poliklinik VCT Pusyansus RSUP H. Adam Malik Medan 2011-2013. Jenis kelamin laki-laki, umur ≤40 tahun, pendidikan tinggi, lesi TB di paru, jumlah CD4 ≤200, kadar Hb <11 g/dl, stadium 3 HIV, adanya PMO dan keteraturan pengobatan OAT mendominasi penelitian ini, masing-masing sebesar 60,82%, 76,29%, 50,00%, 71,13%, 74,23%, 60,82%, 55,15%, 73,71% dan 53,09%. Jenis kelamin perempuan (aOR 3,87 95%CI: 1,21 – 18,31), jumlah CD4 101-200 (aOR 5,06 95%CI: 1,06 – 24,04), CD4 >200 (aOR 15,80 95%CI: 3,18 – 78,64), kadar Hb ≥11 g/dl (aOR 2,00 95%CI: 1,22 – 3,26) dan keteraturan pengobatan OAT (aOR 6,16 95%CI: 2,07 – 18,31) berhubungan signifikan secara multivariat. Faktor lain yaitu umur, tingkat pendidikan, klasifikasi penyakit TB, stadium HIV dan adanya PMO tidak bermakna (nilai p>0,05).

Jenis kelamin, jumlah CD4 101-200, jumlah CD4 >200, kadar Hb dan keteraturan menjalani pengobatan OAT menentukan keberhasilan pengobatan TB pada penderita HIV-TB. Faktor CD4 >200 memberikan kontribusi paling besar terhadap keberhasilan pengobatan.

Kata kunci: keberhasilan, pengobatan tuberkulosis, HIV-TB

ABSTRACT

Either a single infection of TB or HIV has become a threat to someone's health and the risk is greater if both diseases present. It is more dreadful since both of them have higher burden diseases in the world. Adequate TB treatment among HIV patients can reduce higher morbidity and mortality rate and improve the success rate. Therefore, it is necessary to identify factors that influence the success of treatment.

A case control study design using medical records of HIV-TB patients in VCT polyclinic of H. Adam Malik General Hospital from 2011-2013. Male, age ≤40 years, well-educated (higher education), pulmonary TB, CD4 count ≤200, hemoglobin <11 g/dl , HIV stage 3, present of medication supervisor and adherence to TB treatment dominated this research, (60,82%, 76,29%, 50,00%, 71,13%, 74,23%, 60,82%, 55,15%, 73,71% and 53,09% respectively). Female (aOR 3.87 95% CI: 1.21 - 18.31), CD4 101-200 (aOR 5.06 95% CI: 1.06 - 24.04), CD4 > 200 (aOR 15, 80 95% CI: 3.18 - 78.64), hemoglobin ≥11 g/dl (aOR 2.00 95% CI: 1.22 - 3.26) and adherence to TB treatment (aOR 6.16 95% CI: 2.07 - 18.31) were statistically significant in multivariate analysis. Other factors such as age, education level, classification of TB disease, HIV stage and present of medication supervisor were not significant (p values> 0.05).

Gender, a CD4 cell count of 101-200, a CD4 cell count >200, level of hemoglobin and adherence to TB treatment determined TB treatment success among HIV-TB patients. A CD4 cell count >200 contibuted the most towards the sucess of treatment.

Keyword: success, tuberculosis treatment, HIV-TB