

Kualitas hidup pasien penyakit ginjal kronik yang menjalani hemodialisis dan mengalami depresi = The quality of life of patients with chronic kidney disease on hemodialysis treatment and depression

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Abstrak

Latar belakang

Depresi sering timbul pada pasien sakit ginjal kronik yang menjalani hemodialisis, namun masih sedikit perhatian praktisi kesehatan terhadap depresi. Depresi dapat mempengaruhi kualitas hidup pasien sakit ginjal kronik yang menjalani hemodialisis. Kualitas hidup yang rendah akan meningkatkan angka rawat inap dan mortalitas pada pasien sakit ginjal kronis yang menjalani hemodialisis

Tujuan

Mengetahui gambaran kualitas hidup pasien sakit ginjal yang menjalani hemodialisis kronik dan mengalami depresi dan mengetahui gambaran karakteristik sosio-demografik pasien sakit ginjal yang menjalani hemodialisis kronik dan mengalami depresi.

Metode

Penelitian deskriptif studi potong lintang pada pasien sakit ginjal kronik yang menjalani hemodialisis di RSCM Jakarta dan RS PGI Cikini Jakarta yang memenuhi kriteria inklusi. Pada Subyek yang memenuhi kriteria inklusi dilakukan uji sating :dengan menggunakan kuesioner BDI. Subyek digolongkan menjadi 2 golongan yaitu depresi dan tidak depresi, kemudian dilakukan penilaian kualitas hidupnya dan dibandingkan. Dilakukan juga uji Kai-Kuadrat dan tiji korelasi Spearman untuk mengetahui hubungan antara depresi dengan kualitas hidup.

Hasil

Subyek penelitian terdiri dari 27 laki-laki (44.3%) dan 34 wanita (55.7%). Usia rata-rata 44.4 ± 11.2 tahun. Nilai rerata lamanya pasien menjalani hemodialisis 27.6 bulan (SB 17.9). Skor rerata kualitas hidup untuk komponen kesehatan fisik sebesar 52.7 (SB 18.8 ; IK 95% 48.0 - 57.4), komponen kesehatan mental sebesar 55.2 (SB 18.2; IK 95% 50.6 --59.8) dan tingkat kesehatan secara umum 57.5 (SB 18.4; IK 95% 52.8 -- 62.1). angka prevalensi depresi pada pasien sakit ginjal kronik yang menjalani hemodialisis sebesar 31.1% dengan skor BDI rerata 20.6. Kualitas hidup pasien depresi mengalami penurunan dibandingkan dengan pasien tanpa depresi. Depresi berpengaruh secara bermakna terhadap kualitas hidup pasien PGK yang menjalani hemodialisis. Semakin tinggi derajat depresi pasien makin buruk kualitas hidupnya. Penghasilan merupakan faktor yang paling dominan berpengaruh terhadap depresi (OR 6,90 ; p = 0,008) diikuti oleh tingkat pendidikan (OR 5,87 ; p = 0,016).

Kesimpulan

Prevalensi depresi pada pasien sakit ginjal kronik yang menjalani hemodialisis sebesar 31.1%. Sebagian besar komponen kualitas hidup pasien yang mengalami depresi lebih rendah dibandingkan dengan pasien

sakit ginjal kronik yang menjalani hemodialisis tanpa mengalami depresi.

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Background

Depression is frequently found in patients with chronic kidney disease (CKD) on hemodialysis (HD) treatment. Depression may influence quality of life. Low quality of life could increase rate of hospitalization and mortality in patients with CKD on HD treatment.

Objective

To describe quality of life in patients with CKD on HD treatment and have depression. To investigate sociodemographic characteristic of patients with CKD on HD treatment and having depression.

Methods

A descriptive study was conducted in patients with CKD on HD treatment in I-ID unit of RSCM and Renal unit in RS PG1 Cikini who fulfilled inclusion criteria. Subject who had fulfilled inclusion criteria was screened for depression by using SDI questionnaire. Subjects with BDI score > 10 was interviewed to confirm diagnosis of depression based on DSM-IV. Subjects were categorized into 2 groups. One group consisted of subjects who had depression and the others who had no depression. Further, we evaluated the quality of life of both groups and did the comparison between them,

Results

The result showed that the prevalence of depression in patients with CKD on I-ID treatment was 31.1%. In details, severe depression was found 8.2%; moderate depression 9.8% and mild depression was 13.9% among patients with CKD on HD treatment with mean BDI score was 20.6. After we have done Mann-Whitney Rank test, the study showed decreased quality of life in patients with CKD on HD treatment who had depression compared those who had no depression. Depression can influence the quality of life significantly. More higher depression level more lower quality of life the patients. After bivariat analysis from several risk factors such as gender, age, marital status, education level, occupation, income, funding source of HD treatment, we found that income was the most significant factor which influenced depression (OR 6.90; p=0.08) on patients followed by education level (OR 5.87; p=0.016).

Conclusion

The prevalence of depression among patients with CKD on HD treatment was 31.1%. Most of the quality of life components in patients with CKD on HD treatment who had depression were low compare those who had no depression.