

Pengaruh pemberian Laktoferin Sapi terhadap jumlah limfosit CD4 pasien HIV positif di RSUPNKM Jakarta = The effect of bovine lactoferin administration on CD4 lymphocyte count of HIV positive patients at RSUPNKM Jakarta

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Abstrak

Tujuan penelitian awal ini adalah untuk mengetahui pengaruh pemberian laktoferin sapi terhadap jumlah limfosit CD4+ penderita HIV positif dewasa. Penelitian dilakukan di POKDISUS AIDS RSUPNKM Jakarta, mulai bulan Februari 2010 sampai dengan bulan April 2010. Dua puluh delapan subyek yang diseleksi dari pasien HIV positif dengan metode consecutive sampling mengikuti penelitian ini dari awal sampai akhir. Semua subyek diberi kapsul berisi 200 mg laktoferin sapi. Kapsul diminum setiap hari satu butir selama enam minggu. Data dikumpulkan sebelum dan sesudah pemberian kapsul laktoferin melalui wawancara, pengukuran antropometrik, dan pemeriksaan laboratorium darah untuk penentuan jumlah limfosit CD4+. Data asupan makanan ditentukan dengan menggunakan metode food recall 1x24 jam dan food record 3x24 jam pada awal dan akhir penelitian.

Nilai rerata jumlah limfosit CD4+ sebelum pemberian laktoferin adalah $231,85 \pm 122,89$ sel/μL (50,00-731,00 sel/μL) sesudah enam minggu perlakuan. Uji Wilcoxon terhadap kedua nilai tersebut, tidak berbeda bermakna ($p=0,22$). Setelah diberikan laktoferin, nilai rerata jumlah limfosit CD4+ subyek yang belum mendapat ARV adalah $302,33 \pm 132,79$ sel/μL dan meningkat menjadi $345,33 \pm 202,33$ sel/μL pada akhir penelitian. Respons serupa ditemukan pula pada subyek yang telah mendapat ARV di mana jumlah limfosit CD4+ sebelum pemberian laktoferin adalah $178,00 \pm 84,77$ sel/μL, $122,66$ sel/μL. Uji t berpasangan terhadap peningkatan jumlah limfosit CD4+ antara subyek yang sudah dan belum mendapat ARV, ternyata tidak berbeda bermakna ($p=0,12$). Perbaikan jumlah limfosit CD4+ sesudah pemberian laktoferin terjadi pada 7 (58,33%) dari 12 subyek yang belum mendapat ARV dan pada 9 (56,25%) dari 16 subyek yang mendapat ARV. Uji Chi-Square menunjukkan bahwa perbaikan jumlah limfosit CD4+ pada kedua kelompok.

.....The aim of this preliminary study is to find out the effect of bovine lactoferin administration on CD4+ lymphocyte count of adult HIV-infected patients. The study was conducted from February to April 2010, at POKDISUS AIDS Department of Internal Medicine, Central District Cipto Mangunkusumo National General Hospital (RSUPNKM) Jakarta. Subjects were selected from HIV-positive patients and only 28 were fully participated in the study. Capsules containing 200 mg of bovine lactoferrin were taken orally by all subjects once a day for six weeks. Data were collected before and after bovine lactoferrin administration by interview, anthropometric measurement, and laboratory examination of blood for determining CD4+ lymphocyte count. Daily dietary intake data were determined by using 1 x 24 hour food recall and 3 x 24 hour food record at the beginning and at the end of the study.

Mean value of CD4+ lymphocyte count before lactoferrin administration was 231.85 ± 122.89 cells/μL and increased to median value of 236.50 cells/μL (50.00-731.00 cells/μL) after six weeks intervention. Wilcoxon test on the above values showed no significant difference ($P=0.22$). Mean value of CD4+ lymphocyte count of untreated subjects with ARV before lactoferrin administration was 302.33 ± 132.79 cells/μL and increased to 345.33 ± 202.33 cells/μL at the end of study. The same response was also found

in treated subjects with ARV where the mean value of CD4⁺ lymphocyte count increased from 78.00 ± 84.77 cells/ μ L before lactoferrin administration to 204.38 ± 122.66 cells/ μ L, thereafter. Paired t-test on the increased CD4⁺ lymphocyte count between treated and untreated subjects with ARV showed no significant difference (JFO.I2). The improvement of CD4⁺ lymphocyte count after lactoferrin administration was seen in 7 out of 12 untreated subjects (58.33%) and in 9 out of 16 treated subject? with ARV (56.25%). Chi-Square's test showed that the improvement on both groups was not significant (p 0.91).