

# Prevalensi risiko obstructive sleep apnea menggunakan kuesioner stop-bang dan hubungannya dengan faktor risiko stroke lain pada populasi normal = Prevalence of obstructive sleep apnea risk using stop-bang questionnaire and its relation to other stroke risk factors in normal population / Pricilla Yani Gunawan

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## Abstrak

### <b>ABSTRAK</b><br>

#### Latar Belakang

Obstructive Sleep Apnea (OSA) merupakan faktor risiko stroke yang belum lama diketahui dan salah satu metode skrining OSA adalah kuesioner STOP-Bang.

Penelitian ini bertujuan untuk mengetahui prevalensi risiko OSA menggunakan kuesioner STOP-Bang dan melihat hubungannya dengan faktor risiko stroke lain.

#### Metode

Studi secara potong lintang. Sebanyak 202 subjek berusia &#8805; 35 tahun non stroke, dari lima wilayah Jakarta bulan April hingga Juni 2013, diwawancara tentang kuesioner STOP-Bang dan faktor resiko vaskular lain, kemudian dianalisa.

#### Hasil

Sebanyak 100 subjek (49.5%) memiliki risiko tinggi OSA, dimana 70% diantaranya adalah pria dan risiko meningkat seiring dengan peningkatan usia. Item pertanyaan dengan nilai estimasi kemungkinan risiko paling tinggi adalah lingkaran leher ( $p=0.000$ , OR 23.5; 95% CI 5.5-101.5), diikuti dengan berhenti bernapas saat tidur ( $p=0.000$ , OR 22.9; 95% CI 6.8-77.4), mendengkur ( $p=0.000$ , OR 19.1; 95% CI 9.3-38.9), jenis kelamin ( $p=0.000$ , OR 5.9; 95% CI 3.2-10.8), kelelahan di siang hari ( $p=0.000$ , OR 4.3; 95% CI 2.4-7.7), usia ( $p=0.000$ , OR 4.1; 95% CI 2.3-7.3) dan riwayat pengobatan tekanan darah ( $p=0.000$ , OR 3.9; 95% CI 1.9-8). Item indeks massa tubuh tidak dapat dianalisa. Faktor-faktor risiko stroke lain berhubungan dengan risiko tinggi OSA dengan kontribusi secara berturutan dari yang paling tinggi adalah aritmia ( $p=0.000$ , OR 9.5; 95% CI 2.1-42.6), diabetes melitus ( $p=0.000$ , OR 4.5; 95% CI 1.9-11), merokok ( $p=0.000$ , OR 3.7; 95% CI 1.9-6.9), hipertensi ( $p=0.000$ , OR 3.6; 95% CI 2-6.5), obesitas sentral ( $p=0.002$ , OR 2.6; 95% CI 1.4-4.7), dan dislipidemia ( $p=0.046$ , OR 2.1; 95% CI 1-4.1).

#### Kesimpulan

Semua item pertanyaan kuesioner, kecuali indeks massa tubuh, menunjukkan perbedaan yang bermakna antara risiko tinggi dan risiko rendah OSA. Faktor risiko stroke lain yang memiliki estimasi risiko OSA dari yang paling tinggi adalah aritmia, diikuti dengan diabetes melitus, merokok, hipertensi, obesitas sentral, dan dislipidemia

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<b>ABSTRACT</b><br>

Background

Obstructive Sleep Apnea (OSA) is one of the recent stroke risk factor to be discovered. One screening method is the STOP-Bang questionnaire. The purpose of this study is to know the prevalence of high risk OSA using the STOP-Bang questionnaire and analyze its correlation to other stroke risk factors.

Methods

As much as 202 subjects age &#8805; 35 years old who never had a stroke, were analysed cross sectionally, from five regions of Jakarta, between April 2013 until June 2013. Each subject was interviewed using the STOP-Bang questionnaire, and other stroke risk factors, and then analysed

Results

As much as 100 subjects (49.5%) had high risk OSA, whereas 70% of them were male and the risk of developing OSA increases with age. Questionnaire's item with the highest odds ratio were neck circumference ( $p=0.000$ , OR 23.5; 95%CI 5.5-101.5), followed by observed of not breathing ( $p=0.000$ , OR 22.9; 95%CI 6.8-77.4), snoring ( $p=0.000$ , OR 19.1; 95%CI 9.3-38.9), sex ( $p=0.000$ , OR 5.9; 95%CI 3.2-10.8), daytime sleepiness ( $p=0.000$ , OR 4.3; 95%CI 2.4-7.7), age ( $p=0.000$ , OR 4.1; 95%CI 2.3-7.3) and history of hypertensive treatment ( $p=0.000$ , OR 3.9; 95%CI 1.9-8). Body mass index could not be analysed. Other stroke risk factors that correlate with high risk OSA from the greatest likelihood were arrhythmia ( $p=0.000$ , OR 9.5; 95%CI 2.1-42.6), diabetes melitus ( $p=0.000$ , OR 4.5; 95%CI 1.9-11), smoking ( $p=0.000$ , OR 3.7; 95%CI 1.9-6.9), hypertension ( $p=0.000$ , OR 3.6; 95%CI 2-6.5), central obesity ( $p=0.002$ , OR 2.6; 95%CI 1.4-4.7), and dyslipidemia ( $p=0.046$ , OR 2.1; 95%CI 1-4.1).

Conclusions

All of the questionnaire items, except body mass index, revealed significant difference between high risk and low risk OSA. Other stroke risk factors from the greatest likelihood to coincide with high risk OSA were arrhythmia, diabetes mellitus, smoking, hypertension, central obesity, and dyslipidemia