Tata laksana nutrisi pada sindroma nefrotik idiopatik anak = Nutrition management in nephrotic idiopathic syndrome of children

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Abstrak

Tata laksana nutrisi pada sindroma nefrotik idiopatik anak meliputi penilaian status gizi, kebutuhan nutrisi baik makronutrien, mikronutrien, maupun managemen cairan. Penyakit sindroma nefrotik anak dapat menyebabkan berbagai komplikasi yang mengganggu pertumbuhan, memperberat kerja ginjal hingga berakhir pada keadaan gagal ginjal. Untuk itu peran nutrisi menjadi sangat penting dalam menekan progresifitas penyakit dan memperbaiki kualitas hidup pasien. Keempat pasien serial kasus ini memiliki karakteristik penyakit sindroma nefrotik idiopatik, dengan rentang usia 1–8 tahun, semua kasus merupakan serangan pertama dan sedang menjalani perawatan di sebuah rumah sakit. Penghitungan kebutuhan energi menggunakan rumus Schoefield (W–H) dikalikan faktor stres, kebutuhan protein sesuai RDA dikalikan faktor stres, dan lemak tidak lebih dari 28% total kalori, dengan komposisi SAFA 8 %, PUFA 8% dan MUFA 12 %. Berdasarkan hasil analisis keempat kasus tersebut, pencapaian asupan sesuai kebutuhan energi total sudah mencapai 100 % pada kisaran hari perawatan ke–3 sampai ke–6, dengan rata–rata kepulangan pasien setelah perawatan hari ke–7. Terjadinya peningkatan tekanan darah di atas persentil rata–rata mengalami perbaikan seiring perbaikan klinis yang terjadi. Pemberian nutrisi pada pasien sindroma nefrotik anak dilakukan secara individual, menyangkut status gizi, analisis asupan, serta berbagai komplikasi yang terjadi. Monitoring dan evaluasi meliputi keadaan klinis, tanda vital, analisis asupan dan toleransi, keseimbangan cairan dan elektrolit, keadaan hipoalbuminemia, proteinuria, hematuria dan gambaran darah lengkap. Tata laksana nutrisi yang optimal harus disertai konseling dan motivasi kepada orang tua pasien ataupun pengasuh, dengan harapan dapat menekan progresifitas penyakit, meminimalisir kekambuhan, menekan komplikasi lebih lanjut, tercukupinya kebutuhan nutrisi, perbaikan status nutrisi, dan tercapainya tumbuh kembang yang optimal

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Nutritional management therapy for idiopathic nephrotic syndrome in children includes nutritional status assessment, nutritional requirement including macronutrient, micronutrient, and fluid management. Nephrotic syndrome in children could cause several complications which disrupt growth and worsening kidney function which ends to kidney failure. According to that condition, nutritional therapy has become more important to alleviate disease progression and increase quality of life of the patient. On this case series, four patients had the characteristics of idiopathic nephrotic syndrome. All of them was on the age group of 1–8 years, on the first attack, and admitted in certain hospital. Energy requirement calculation was done using Schoefield (W-H) formula multiplied by stress factor, protein requirement based on RDA multiplied by stress factor, and fat requirement was no more than 28% of total calories, with the composition of SAFA 8%, PUFA 8%, and MUFA 12%. Based on the analysis of those patients, energy intake of the patients which met 100% of total energy requirement had accomplished on day 3 to day 6 of hospitalization, and they were discharged from hospital after 7 days hospitalization. An increase in blood pressure above the median percentile improved as clinical improvement occurs. Nutritional management therapy for nephrotic

syndrom in children was done individually, includes nutritional status, dietary assesment, and the possible complications. Monitoring and evaluations included clinical condition, vital signs, dietary assesment and tolerance, fluid and electrolyte balance, hypoalbuminemia condition, proteinuria, hematuria, and full blood count. Optimal nutritional management therapy should be completed with counseling and encouragment to parents or caregiver to alleviate the disease progression, prevent relaps, and avoid further complications, nutritional requirement completion, nutritional status improvement, and optimal growth and development.