Uji Diagnostik Sistem Skor Sindrom Frailty berdasarkan Cardiovascular Health Study, Study of Osteoporotic Fracture, dan Indeks Frailty Berbasis Comprehensive Geriatric Assessment Dibandingkan dengan Indeks Frailty 40 Item pada Pasien Usia Lanjut = Diagnostic Test of Cardiovascular Health Study, Study of Osteoporotic Fracture, And Frailly Index Comprehensive Geriatric Assessment Scoring System for the Diagnosis of Frailty Syndrome Compared with Frailty Index 40 Items in Elderly Patients

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Abstrak

[Latar Belakang: Pendekatan indeks frailty 40 item (FI-40) dinilai terbaik untuk evaluasi luaran mortalitas dan hospitalisasi sindrom frailty, tetapi sulit dilakukan pada praktik klinik sehari-hari. Pendekatan sistem skor CHS, SOF dan FI-CGA lebih mudah digunakan dalam praktik klinik sehari-hari namun hingga saat ini di Indonesia belum dilakukan uji terhadap validitas dan keandalannya
Tujuan: Mendapatkan rekomendasi alat ukur sindrom frailty yang mudah diterapkan dalam praktik klinik sehari-hari di Indonesia.
Metode: Penelitian merupakan studi potong lintang dengan pendekatan uji diagnostik yang dilakukan pada pasien di poliklinik Geriatri Rumah Sakit Cipto Mangunkusumo berusia 60 tahun, periode waktu Mei-Juni 2013. Setiap subjek dilakukan penilaian frailty menggunakan sistem skor CHS, SOF, FI-CGA dan FI-40. Dilakukan penilaian sensitivitas, spesifisitas, NDP, NDN, RK+, dan RK- masing-masing sistem skor CHS, SOF dan FI-CGA terhadap FI-40.
Hasil: Proporsi individu frail, pre-frail, dan fit berdasarkan indeks frailty 40 item berturut-turut adalah 25,3%, 71%, dan 3,7%. Untuk membedakan individu frail dengan tidak frail, skor CHS memiliki sensitivitas 41,2%, spesifisitas 95%, NDP 73,7%, NDN 82,7%, RK + 8,41 dan RK - 0,62. Skor SOF memiliki nilai sensitivitas 17,6%, spesifisitas 99,5%, NDP 92,3%, NDN 78,1%, RK + 35,2 dan RK - 0,83. Sedangkan skor FICGA memiliki sensitivitas 8,8%, spesifisitas 100%, NDP 100%, NDN 76,4%, RK + infinite, dan RK - 0,91.
Simpulan: Tidak ada sistem skor yang dapat digunakan sebagai alat skrining yang baik untuk sindrom frailty tetapi masing-masing sistem skor dapat digunakan sebagai alat diagnostik yang baik untuk sindrom frailty.;Background : Frailty approach with FI-40 was considered as the best tool to evaluate mortality
and hospitalisation outcome, although there were some difficulties in applying it in daily practice. Approach with CHS, SOF and FI-CGA was considered easier to conduct in daily practice but there was no validation data in Indonesia.
Aim : To require recommendation regarding frailty syndrome diagnostic test which easy to conduct in daily practice in Indonesia.
Methods : This was a cross sectional study approached with diagnostic test methos, done in the outpatient clinic of Geriatric Division of Cipto Mangunkusumo Hospital, the study includes

individual 60 years old in May-June 2013. Each subject was evaluated regarding the frailty status using CHS, SOF, FI-CGA and FI-40 scoring system. We compute the value for sensitivity, specificity, PPV, NPV, LR+ and LR- for each scoring system compared to FI-40.
Results : The proportion of frail, prefrail, and robust based on frailty index 40 item were 25,3%, 71%, and 3,7% respectively. To discriminate between frail and non-frail individual, CHS score showed sensitivity of 41.2%; specificity of 95%; PPV 73.7%; NPV 82.7%; LR+ 8.41 and LR – 0.62. SOF score showed sensitivity of 17.6%; specificity of 99.5%; PPV of 92.3%; NPV 78.1%; LR + 35.2 and LR – 0.83. FI-CGA score showed sensitivity of 8.8%; specificity of 100%; PPV of 100%; NPV of 76.4%; LR + infinite and LR – 0.91.
Conclusion : There was no scoring system able to be use to screen frailty syndrome but all of the scoring system can be used to diagnose frailty with good predictive ability., Background : Frailty approach with FI-40 was considered as the best tool to evaluate mortality
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