

## Gambaran gangguan kognitif pasien HIV yang sudah dan belum mendapatkan terapi antiretroviral = Overview of cognitive function in HIV patient after and before antiretroviral therapy

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### Abstrak

[Latar Belakang. Gangguan kognitif tanpa disadari dapat terjadi pada orang dengan infeksi Human Immunodeficiency Virus (HIV). Insidens gangguan neurokognitif terkait HIV (HIV Associated Neurocognitive Disorders - HAND) pada era anti retroviral (ARV) mencapai 25-38%, dengan prevalensi 37%. Gejala klinis HAND yaitu kelainan kognitif, fungsi motor dan perilaku. Gangguan kognitif sering tidak terdiagnosis sehingga mengganggu aktivitas keseharian. Gangguan kognitif meningkat seiring dengan lamanya pasien HIV dapat bertahan hidup, dan pemakaian ARV jangka panjang berpotensi toksis yang mungkin dapat mempengaruhi tampilan neurokognitif itu sendiri. Perbaikan neurokognitif terkait HIV mulai tampak setelah pengobatan ARV 18 bulan.

Tujuan. Diketuainya gambaran fungsi kognitif pasien HIV yang sudah dan belum mendapatkan ARV, berdasarkan sebaran umur, jenis kelamin, pendidikan, pekerjaan, CD4, Hepatitis C, anemia dan depresi. Metode. Merupakan studi potong lintang, melibatkan pasien HIV rawat jalan di Unit Pelayanan Terpadu (UPT) HIV RSCM yang memenuhi kriteria inklusi. Dilakukan pencatatan data dasar pasien, nilai CD4, hemoglobin, depresi berdasarkan skala depresi Hamilton. Dilakukan pemeriksaan fungsi kognitif dengan Trial Making Test A dan B (TMT A dan B), digit span forward dan backward, animal naming, Rey Auditory Verbal Learning Test (RAVLT) dan psikomotor Pegboard.

Hasil. Dari 100 subjek HIV, 50 sudah dan 50 belum ARV. Rata-rata usia subjek 32 tahun, pria sama banyak dengan wanita. Pendidikan terbanyak SMA. Subjek yang bekerja, rerata CD4, dan Hepatitis C reaktif lebih tinggi pada kelompok yang sudah ARV. Anemia lebih banyak pada kelompok subjek belum ARV. Depresi hanya didapat pada 3 subjek. Didapatkan perbedaan bermakna antara fungsi kognitif HIV dengan nilai CD4, pendidikan dan ARV. Gangguan kognitif ringan lebih tinggi pada kelompok belum ARV (48%) dibanding kelompok sudah ARV (18%) dengan perbedaan bermakna pada pemeriksaan backward digit span, animal naming dan pegboard.

Kesimpulan. Gangguan kognitif ringan terkait HIV lebih tinggi pada kelompok belum ARV, meskipun belum dikeluhkan oleh pasien.;Background. Cognitive impairment can occur unnoticed in people with HIV. Incidence of HIV infection associated cognitive impairment reach 28-38% with 37% prevalence. HIV Associated Neurocognitive Disorders (HAND) with typically clinical symptoms is cognitive impairment, motor function and behavior. Cognitive impairment often under diagnosed and will affect daily activities. HAND as manifestation of AIDS increased along with HIV patients survival. Long term in Antiretroviral (ARV) treatment potentially toxic and may influence the appearance of neurocognitive impairment. After 18 months ARV treatment will make improvement in HIV related neurocognitive impairment.

Purpose. To measure cognitive function of HIV patients after and before ARV treatment according to age, sex, education, employment, CD4, hepatitis C, anemia and depression.

Method. Cross sectional study involving HIV outpatients in UPT HIV RSCM (Ciptomangunkusomo Hospital) that suitable with the inclusion criteria. Basic patients data, CD4 value, hemoglobin, hamilton

depression scale were collected. Cognitive function assesment with Trial making test (TMT A and B), digit span forward and backward, animal naming, RAVLT and psikomotor pegboard.

Result. From 100 subjects, 50 after and 50 before ARV treatment. The median age in all subject is 23 year old, man and woman in equal subjects. Majority education is senior high school. Employment subjects, CD4 mean, Hepatits C reactive are higher on before ARV group. Depression only in 3 subjects. Significantly difference found in HIV cognitive fuction with CD4, education, and ARV treatment. Slight cognitive impairment is higher on before ARV group(48%) compare with after ARV group (18%) with significantly difference in backward digit span, animal naming and pegboard test.

Conclusion. Slight HIV associated cognitive impairment is higher on before ARV grup, although the patients had no complaint., Background. Cognitive impairment can occure unnoticed in people with HIV. Incidence of HIV infection associated cognitive impairment reach 28-38% with 37% prevalence. HIV Associated Neurocognitive Disorders (HAND) with typically clinical symptoms is cognitive impairment, motor function and behavior. Cognitive impairment often under diagnosed and will affect daily activities. HAND as manifestattion of AIDS increased along with HIV patients survival. Long term in Antireroviral (ARV) treatment potentially toxic and may influence the appearance of neurocognitive impairment. After 18 months ARV treatment will make improvement in HIV related neurocognitive impairment.

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