

Alat Ukur Kualitas Hidup Ditinjau dari Kesehatan Gigi dan Mulut Lansia di Indonesia = Oral Health Related Quality of Life Index for the Elderly in Indonesia

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Abstrak

[Latar belakang: Keadaan mulut yang buruk berdampak pada kualitas hidup lansia. Studi sebelumnya telah mendapatkan alat ukur kualitas hidup namun subjek yang digunakan adalah pasien geriatri. Oleh karena itu diperlukan alat ukur yang baru yang dapat digunakan pada lansia yang sehat.

Tujuan: Mendapatkan alat ukur kualitas hidup lansia yang baru ditinjau dari aspek kesehatan gigi dan mulut, menganalisis hubungan antara kualitas hidup dengan kesehatan gigi dan mulut dan mengetahui faktor yang paling mempengaruhi kualitas hidup lansia.

Metode: Cross-sectional pada 101 lansia. Pencatatan data sosiodemografis dan pemeriksaan intraoral. Wawancara untuk pengisian kuesioner kualitas hidup lansia dengan alat ukur yang telah divalidasi.

Hasil: Uji validitas dan reliabilitas menunjukkan hasil yang baik. Hasil uji chisquare untuk variabel sosiodemografik, OHI-S berhubungan bermakna dengan penghasilan ($p=0.01$) dan pendidikan ($p=0.004$) dan DMF-T berhubungan bermakna dengan usia ($p=0.04$). Faktor risiko yang masuk ke dalam model multivariat adalah variabel usia ($p<0.250$), variabel penghasilan ($p=0.006$), variabel skor OHI-S ($p=0.001$) dan variabel skor DMF-T ($p=0.004$). Faktor yang paling berkontribusi pada kualitas hidup adalah skor DMF-T ($p=0,006$; OR=3,328), diikuti skor OHI-S ($p=0,009$; OR= 3,289), dan tingkat ekonomi ($p=0,005$; OR=3,318).

Kesimpulan: Diperoleh alat ukur kualitas hidup yang valid dan reliabel. Faktor yang mempengaruhi kualitas hidup lansia antara lain DMF-T, OHI-S dan tingkat ekonomi.

.....Background: Poor oral health can impact elderly's quality of life. Previous study has already create a new Oral Health related Quality of Life but the index was mainly use for geriatric patients, therefore the new OHRQoL index was needed for healthy elderly.

Objective: to get a new oral health related quality of life (OHRQoL) index for elderly, to analyze the correlation between elderly quality of life and their oral health conditions and to determine factors that contribute the most in their quality of life.

Methods: Cross-sectional study was performed towards 101 elderly. Their demographic data was collected, intra oral examination was performed. OHRQoL status was measured using a new index that combines several index and already

tested its validity and reliability in a personal interview.

Result: the new OHRQoL index had a good validity and reliability. Chi-square test showed, OHI-S score was strongly associated with income ($p=0.01$) and education ($p=0.004$) and DMF-T score was strongly associated with age ($p=0.04$). OHI-S ($p=0.001$), age ($p<0.025$), income ($p=0.006$) and DMF-T score ($p=0.004$) are risk factors that were incorporated into multivariate model. From the final multivariate model, DMF-T score ($p=0.006$; OR=3,328), contributed most to OHRQoL, followed by OHI-S score ($p=0.009$; OR= 3,289), and income ($p=0.005$; OR=3,318)

Conclusion: The new OHRQoL index is valid and reliable to measure the elderly OHRQoL. DMF-T score is the factor that contribute the most in elderly OHRQoL followed with OHI-S score and income.; Background: Poor oral health can impact elderly's quality of life. Previous study has already create a new Oral Health related Quality of Life but the index was mainly use for geriatric patients, therefore the new OHRQoL index was needed for healthy elderly.

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