

Perbedaan kesintasan 30-hari pasien usia lanjut dengan pneumonia komunitas pada berbagai derajat ketergantungan di awal perawatan =
The difference of 30 days survival in elderly patients with community acquired pneumonia in various degree of dependency during admission

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Abstrak

[ABSTRAK

Latar Belakang : Pasien usia lanjut seringkali memerlukan rawat inap karena infeksi pneumonia yang disertai dengan penurunan status fungsional. Hubungan antara penurunan status fungsional pada pasien usia lanjut dengan pneumonia komunitas yang dirawat inap dengan kesintasan belum banyak diteliti.

Tujuan : Mendapatkan informasi mengenai perbedaan kesintasan 30-hari pasien pneumonia komunitas berusia lanjut dengan berbagai derajat ketergantungan. Metodologi : Penelitian kohort retrospektif berbasis analisis kesintasan terhadap pasien usia lanjut dengan pneumonia komunitas di ruang rawat akut geriatri RSCM periode Januari 2010-Desember 2013. Dilakukan ekstraksi data dari rekam medik mengenai status fungsional, kondisi klinis dan faktor perancu, kemudian dicari data mortalitasnya dalam 30 hari. Status fungsional awal perawatan dinilai dengan indeks ADL Barthel, kemudian dikelompokkan menjadi tiga kelompok, yaitu mandiri-ketergantungan ringan, ketergantungan sedang-berat dan ketergantungan total. Perbedaan kesintasan antara ketiga kelompok ditampilkan dalam kurva Kaplan Meier. Perbedaan kesintasan antara ketiga kelompok diuji dengan Log-rank test, dengan batas kemaknaan <0,05. Analisis multivariat dengan Cox's proportional hazard regression untuk menghitung adjusted hazard ratio (dan interval kepercayaan 95%-nya) dengan koreksi terhadap variabel perancu.

Hasil : Dari 392 subjek, sebanyak 79 subjek (20,2%) meninggal dunia dalam waktu 30 hari. Rerata kesintasan seluruh subjek 25 hari (IK95% 24,66-26,49), kelompok mandiri-ketergantungan ringan 28 hari (IK95% 27,38-29,46), ketergantungan sedang-berat 25 hari (IK95% 23,71-27,25), ketergantungan total 23 hari (IK95% 21,46-24,86). Kesintasan 30-hari pada kelompok mandiri- ketergantungan ringan 92,1% (SE 0,029), ketergantungan sedang-berat 80,2% (SE 0,046), ketergantungan total 68,0% (SE 0,041). Crude HR pada ketergantungan sedang-berat 2,68 (p=0,008; IK95% 1,29-5,57), ketergantungan total 4,32 (p<0,001; IK95% 2,24-8,31) dibandingkan dengan mandiri-ketergantungan ringan. Setelah dilakukan adjustment terhadap variabel perancu didapatkan fully adjusted HR pada kelompok ketergantungan total 3,82 (IK95% 1,95-7,51), ketergantungan sedang-berat 2,36 (IK 95% 1,13-4,93).

Simpulan : Terdapat perbedaan kesintasan 30-hari pasien pneumonia komunitas berusia lanjut pada berbagai derajat ketergantungan; semakin berat derajat ketergantungan, semakin buruk kesintasan 30-harinya.

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ABSTRACT

Background : Elderly patients often require hospitalization because of pneumonia accompanied by decreased functional status. The relationship between the declines in functional status in elderly patients with community acquired pneumonia who are hospitalized with survival rate has not been widely studied.

Objective : To determine the difference of 30-days survival in elderly patients with community-acquired pneumonia in various degree of dependency during admission.

Method : A retrospective cohort study based on survival analysis of the elderly patients with community-acquired pneumonia in acute geriatric ward RSCM from January 2010 to December 2013. Extraction of data from medical records regarding functional status, clinical conditions and confounding factors, then followed up the 30-day mortality. Functional status at the start of hospitalization was assessed by the ADL Barthel index, then grouped into three, which are independent-mild dependence, moderate-severe dependence and total dependence. The difference of survival rate among the three groups is shown in the Kaplan- Meier curves. The difference in survival rate among the three groups were tested with the log-rank test, with a significance limit of <0.05 . Multivariate analysis with Cox's proportional hazards regression to calculate adjusted hazard ratio (and its 95% confidence interval) with correction for confounding variables.

Results : Of the 392 subjects, a total of 79 subjects (20.2%) died within 30 days. The mean survival rate of all subjects was 25 days (95%CI 24.66-26.49), independent-mild dependence group was 28 days (95%CI 27.38-29.46), moderate-severe dependence group was 25 days (95%CI 23,71-27.25), the total dependence group was of 23 days (95%CI 21.46-24.86). The 30-day survival of independent-mild dependence group was 92.1% (SE 0.029), moderate-severe dependence group was 80.2% (SE 0.046), total dependence group was 68.0% (SE 0.041). Crude HR of moderate-severe dependence group was 2.68 ($p=0.008$; 95%CI 1.29-5.57), the total dependence group was 4.32 ($p<0.001$; 95%CI 2.24- 8.31) compared with independent-mild dependence group. After adjustment for confounding variables, obtained the fully adjusted HR was 3,82 (95%CI 1,95- 7,51) in total dependence group, and 2,36 (95%CI 1,13-4,93) in moderate-severe dependence group.

Conclusion : There are differences in 30-day survival rate of elderly patients with community-acquired pneumonia in various degrees of dependence; the more severe the degree of dependence, the worse its 30-day survival rate.;**Background :** Elderly patients often require hospitalization because of pneumonia accompanied by decreased functional status. The relationship between the declines in functional status in elderly patients with community acquired pneumonia who are hospitalized with survival rate has not been widely studied. **Objective :** To determine the difference of 30-days survival in elderly patients with community-acquired pneumonia in various degree of dependency during admission.

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