

# Komorbiditas fisik pada gangguan bipolar di RS DR H Marzoeki Mahdi Bogor = Physical comorbidities in bipolar disorder at DR H Marzoeki Mahdi Hospital Bogor / Iriawan Rembak Tinambunan

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## Abstrak

[<b>ABSTRAK</b><br>

Gangguan bipolar dikenal memiliki kaitan dengan berbagai komorbiditas klinis yang memengaruhi pekerjaan, kehidupan berkeluarga, dan fungsi interpersonal. Duapertiga pasien dengan gangguan bipolar memiliki komorbid yang akan memperburuk luaran gangguan bipolar dan dapat mengganggu penatalaksanaan terhadap penyakitnya. Belum ada penelitian yang menggambarkan frekuensi komorbiditas fisik yang terjadi pada penderita bipolar di Indonesia. Rumah Sakit Dr. H. Marzoeki Mahdi sebagai rumah sakit jiwa tertua di Indonesia juga belum memiliki data mengenai jenis dan frekuensi komorbid fisik, mengingat bahwa rumah sakit ini juga menangani rawat inap umum di samping rawat inap psikiatri

Metode:

Penelitian menggunakan rancangan potong lintang pada 100 orang dengan Gangguan Bipolar di Poliklinik Jiwa Dewasa dan Bangsal Psikiatri R.S. Dr. H. Marzoeki Mahdi Bogor. Penelitian ini menggunakan instrument Structured Clinical Interview For the DSM-IV Axis I Disorders untuk menentukan Gangguan Bipolar, dan kriteria diagnostik sepuluh komorbid fisik yang mengacu pada kriteria diagnostik masing-masing komorbid fisik.

Hasil:

Pada penelitian ini didapatkan adanya hubungan bermakna antara umur dengan terjadinya komorbid fisik yaitu  $p = 0.001$  ( $p$  di bawah 0.005). Pada analisis tambahan didapatkan adanya hubungan bermakna antara pemberian obat polifarmasi/monoterapi dengan terjadinya komorbid fisik terbanyak yakni hipertensi (nilai  $p = 0,0001$ ). Pada sepuluh komorbid fisik yang dinilai, migrain, hipertensi dan dermatitis merupakan yang paling banyak.

Simpulan

Hipertensi, migrain dan dermatitis merupakan tiga besar komorbid fisik di R.S. Dr. H. Marzoeki Mahdi Bogor. Terdapat hubungan bermakna antara umur dengan terjadinya komorbid fisik. Pemberian obat polifarmasi/monoterapi juga bermakna dalam terjadinya hipertensi. Diperlukan kewaspadaan psikiater dalam mengawasi terjadinya komorbid fisik pada gangguan bipolar di layanan psikiatri.

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<b>ABSTRACT</b><br>

Bipolar disorders are known to cause various clinical comorbidity that

may affect work, family and interpersonal function. Two third of bipolar disorder have comorbidities that may worsen the outcome of bipolar itself and interfere with it's therapy. There has not been sufficient study about physical comorbidities in bipolar in Indonesia. As the oldest psychiatric hospital in Indonesia that treats physical and psychiatric inpatients, Dr. H. Marzoeki Mahdi hospital still lacks data concerning types and frequencies of physical comorbidities.

Method:

This research uses cross-sectional design from 100 people with bipolar disorder at Psychiatric Clinic and Psychiatric Ward at Dr. H. Marzoeki Mahdi Bogor Hospital. This research also uses the Structured Clinical Interview For the DSM-IV Axis I Disorders to ensure the bipolar diagnosis, and criteria diagnostic for ten physical comorbidities from each of their field.

Result:

There is a significant relationship in this research between age and physical comorbidities  $p=0.001$  ( $p$  below  $0,005$ ). In the additional analysis, there are significant relationship in this research between polypharmacy / monotherapy and hypertension ( $p=0,0001$ ). Migraine, hypertension, and dermatitis were the top three physical comorbidities in this research.

Conclusion:

Hypertension, migraine and dermatitis are the top three in our physical comorbidities in Dr. H. Marzoeki Mahdi hospital. Age has a significant relationship with physical comorbidities. Polipharmacy and monotherapy also has significances in hypertension. Therefore psychiatrist must be aware about the possibility of physical comorbidity in the psychiatric care, Bipolar disorders are known to cause various clinical comorbidity that

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