

Tata laksana nutrisi pada pasien Acute Decompensated Heart Failure dengan berbagai faktor risiko = Nutritional management in Acute Decompensated Heart Failure with various risk factors

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Abstrak

[Pendahuluan: Acute decompensated heart failure (ADHF) adalah penyebab utama rawat inap di RS karena morbiditas dan mortalitasnya yang tinggi. Perubahan metabolisme, pengaruh kongesti sistemik pada gastrointestinal, dan efek samping terapi medikamentosa ADHF menyebabkan pasien ADHF rentan mengalami malnutrisi. Perbedaan faktor risiko ADHF juga mempengaruhi tata laksana nutrisi. Tata laksana nutrisi yang adekuat sesuai dengan faktor risiko dan kondisi klinis dibutuhkan untuk mencegah malnutrisi, menurunkan morbiditas dan mortalitas.

Presentasi Kasus: Pasien dalam serial kasus ini adalah dua perempuan dan dua laki-laki berusia 32–62 tahun dengan ADHF dan berbagai faktor risiko. Pasien pertama dengan diabetes melitus tipe 2, pasien kedua dengan dilated cardiomyopathy, pasien ketiga dengan hipertensi, sedangkan pasien keempat dengan stenosis aorta. Target kebutuhan energi keempat pasien adalah sebesar 130–140% kebutuhan energi basal yang dihitung dengan Harris-Benedict. Target pemberian protein sebesar 0,8–1,4 g/kg BB/hari, kebutuhan lemak 25% dari energi total dengan komposisi lemak sesuai therapeutic lifestyle changes. Kebutuhan natrium 2400 mg/hari dengan restriksi cairan rata-rata sebesar 1500 mL/hari. Pemberian mikronutrien dan nutrien spesifik berupa vitamin B kompleks, C, B12, asam folat, seng, dan omega 3 disesuaikan dengan kondisi pasien.

Hasil: Pada keempat pasien didapatkan perbaikan kondisi klinis dan kapasitas fungsional.

Kesimpulan: Tata laksana nutrisi yang adekuat pada pasien ADHF sesuai dengan faktor risiko dan kondisi klinis dibutuhkan untuk perbaikan outcome, menurunkan morbiditas dan mortalitas., Background: Acute decompensated heart failure (ADHF) is a leading cause for hospitalization due to its high morbidity and mortality. Metabolic changes, congestion effects on gastrointestinal, and side effects of therapy result in increased risk of malnutrition in ADHF patients. Various risk factors and clinical status also have great impact on nutritional management. An adequate nutritional management based on risk factor and clinical status is required to prevent malnutrition, reduce morbidity and mortality.

Case Presentation: Two female and two male patients were included in this case series, aged 31–60 years old, and diagnosed as ADHF with various risk factors. The risk factor of ADHF for first patient was diabetes mellitus type 2, the second

patient was dilated cardiomyopathy, the third patient was hypertension, and the fourth patient was aortic stenosis. Total energy requirement was 130–140% of estimated basal energy requirement. Target of protein was 0.8–1.4 g/kg BW/day. Fat requirement was 25% of total energy with composition based on therapeutic lifestyle changes. Sodium intake was 2400 mg/day with fluid restriction averaged to 1500 mL/day. Micronutrient and specific nutrient supplementation such as vitamin B complex, C, B12, folic acid, zinc, and omega 3 were provided to patients based on clinical status.

Result: There was improvement of clinical status and functional capacity in all patients.

Conclusion: An adequate nutritional management in ADHF patients based on risk factor and clinical status leads to better outcome and reduction of morbidity and mortality.]