

Hubungan antara gangguan depresi dengan kualitas hidup, stresor psikososial, dan tingkat kontrol asma pada pasien asma di RSUPN Dr. Cipto Mangunkusumo = Relationship between depressive disorder and quality of life psychosocial stressors level of asthma control in asthmatic patients at Dr. Cipto Mangunkusumo Hospital

Agung Wiretno Putro, author

Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=20417222&lokasi=lokal>

Abstrak

ABSTRAK
Latar Belakang: Pasien asma dengan tingkat kontrol yang buruk dan adanya komorbiditas seperti gangguan depresi dan stres psikososial akan memengaruhi kualitas hidup pasien asma serta meningkatkan beban dan biaya ekonomi yang harus ditanggung oleh pasien dan keluarganya. Untuk itu perlu diketahui hubungan antara gangguan depresi dengan kualitas hidup, stresor psikososial, dan tingkat kontrol asma pada pasien asma.

Metode: Penelitian cross-sectional deskriptif-analitik pada 37 pasien asma yang memiliki gangguan depresi dan 37 pasien asma yang tidak memiliki gangguan depresi di Poliklinik Alergi dan Imunologi RSUPN Dr. Cipto Mangunkusumo Jakarta menggunakan Structured Clinical Interview for DSM IV Disorder(SCID)1,

instrumen World Health Organization Quality Of Life (WHOQOL)-BREF, instrumen stresor psikososial Holmes & Rahe, dan kuesioner Ashtma Control Test (ACT).

Hasil: Terdapat hubungan antara ada tidaknya gangguan depresi pada pasien asma dengan skor kualitas hidup berdasarkan kesehatan fisik ($p < 0,001$), skor kualitas hidup berdasarkan kesehatan psikologis ($p < 0,001$), skor kualitas hidup berdasarkan relasi sosial ($p = 0,023$), skor kualitas hidup berdasarkan lingkungan ($p = 0,022$), stresor psikososial (OR 3,85; $p = 0,005$), dan tingkat kontrol asma ($p = 0,001$).

Simpulan: Pasien asma yang memiliki gangguan depresi cenderung memiliki skor kualitas hidup yang lebih rendah pada domain kesehatan fisik, kesehatan psikologis, relasi sosial, dan lingkungan dibandingkan pasien asma yang tidak memiliki gangguan depresi. Pasien asma yang mengalami stresor psikososial yang tinggi berisiko 3,8 kali untuk memiliki gangguan depresi. Pasien asma yang memiliki gangguan depresi cenderung memiliki skor tingkat kontrol asma yang lebih rendah dibandingkan pasien asma yang tidak memiliki gangguan depresi.

ABSTRACT
Background: Asthmatic patients with poor control level and the presence of

comorbid disorders such as depression and psychosocial stress will affect the quality of life of asthmatic patients and increases the burden and economic costs for patient and his family. We investigated the correlation between depressive disorders, quality of life, psychosocial stressors, and level of asthma control in

asthmatic patients.

Methods: The study was cross-sectional descriptive-analytic in 37 asthmatic patients with depressive disorder and 37 asthmatic patients without depressive disorder in the Allergy and Immunology Clinic RSUPN Dr. Cipto Mangunkusumo using the Structured Clinical Interview for DSM-IV Disorder (SCID)-1, World Health Organization Quality of Life (WHOQOL)-BREF questionnaire, Holmes & Rahe psychosocial stressors questionnaire, and Asthma Control Test (ACT) questionnaire.

Results: There is a relation between the presence of depressive disorders and lower quality of life scores based on physical health ($p < 0.001$), quality of life scores based on psychological health ($p < 0.001$), quality of life scores based on social relations ($p = 0.023$), quality of life scores based on the environment ($p = 0.022$), psychosocial stressors (OR 3.85; $p = 0.005$), and the level of asthma control ($p = 0.001$) in asthmatic patients.

Conclusion: Asthmatic patients with depressive disorders tend to have lower quality of life score in all domains (physical health, psychological health, social relationships, and environment) than asthmatic patients without depressive disorders. Asthmatic patients who have psychosocial stressors have risk 3.8 times higher to have depressive disorders. Asthmatic patients with depressive disorders tend to have lower level of asthma control scores than asthmatic patients without depressive disorders. **Background:** Asthmatic patients with poor control level and the presence of comorbid disorders such as depression and psychosocial stress will affect the quality of life of asthmatic patients and increases the burden and economic costs for patient and his family. We investigated the correlation between depressive disorders, quality of life, psychosocial stressors, and level of asthma control in asthmatic patients.

Methods: The study was cross-sectional descriptive-analytic in 37 asthmatic patients with depressive disorder and 37 asthmatic patients without depressive disorder in the Allergy and Immunology Clinic RSUPN Dr. Cipto Mangunkusumo using the Structured Clinical Interview for DSM-IV Disorder (SCID)-1, World Health Organization Quality of Life (WHOQOL)-BREF questionnaire, Holmes & Rahe psychosocial stressors questionnaire, and Asthma Control Test (ACT) questionnaire.

Results: There is a relation between the presence of depressive disorders and lower quality of life scores based on physical health ($p < 0.001$), quality of life scores based on psychological health ($p < 0.001$), quality of life scores based on social relations ($p = 0.023$), quality of life scores based on the environment ($p = 0.022$), psychosocial stressors (OR 3.85; $p = 0.005$), and the level of asthma control ($p = 0.001$) in asthmatic patients.

Conclusion: Asthmatic patients with depressive disorders tend to have lower quality of life score in all domains (physical health, psychological health, social relationships, and environment) than asthmatic patients without depressive

disorders. Asthmatic patients who have psychosocial stressors have risk 3.8 times higher to have depressive disorders. Asthmatic patients with depressive disorders tend to have lower level of asthma control scores than asthmatic patients without depressive disorders. Background: Asthmatic patients with poor control level and the presence of comorbid disorders such as depression and psychosocial stress will affect the quality of life of asthmatic patients and increases the burden and economic costs for patient and his family. We investigated the correlation between depressive disorders, quality of life, psychosocial stressors, and level of asthma control in asthmatic patients.

Methods: The study was cross-sectional descriptive-analytic in 37 asthmatic patients with depressive disorder and 37 asthmatic patients without depressive disorder in the Allergy and Immunology Clinic RSUPN Dr. Cipto Mangunkusumo using the Structured Clinical Interview for DSM-IV Disorder (SCID)-1, World Health Organization Quality of Life (WHOQOL)-BREF questionnaire, Holmes & Rahe psychosocial stressors questionnaire, and Asthma Control Test (ACT) questionnaire.

Results: There is a relation between the presence of depressive disorders and lower quality of life scores based on physical health ($p < 0.001$), quality of life scores based on psychological health ($p < 0.001$), quality of life scores based on social relations ($p = 0.023$), quality of life scores based on the environment ($p = 0.022$), psychosocial stressors (OR 3.85; $p = 0.005$), and the level of asthma control ($p = 0.001$) in asthmatic patients.

Conclusion: Asthmatic patients with depressive disorders tend to have lower quality of life score in all domains (physical health, psychological health, social relationships, and environment) than asthmatic patients without depressive disorders. Asthmatic patients who have psychosocial stressors have risk 3.8 times higher to have depressive disorders. Asthmatic patients with depressive disorders tend to have lower level of asthma control scores than asthmatic patients without depressive disorders. Background: Asthmatic patients with poor control level and the presence of comorbid disorders such as depression and psychosocial stress will affect the quality of life of asthmatic patients and increases the burden and economic costs for patient and his family. We investigated the correlation between depressive disorders, quality of life, psychosocial stressors, and level of asthma control in asthmatic patients.

Methods: The study was cross-sectional descriptive-analytic in 37 asthmatic patients with depressive disorder and 37 asthmatic patients without depressive disorder in the Allergy and Immunology Clinic RSUPN Dr. Cipto Mangunkusumo using the Structured Clinical Interview for DSM-IV Disorder (SCID)-1, World Health Organization Quality of Life (WHOQOL)-BREF questionnaire, Holmes & Rahe psychosocial stressors questionnaire, and Asthma Control Test (ACT) questionnaire.

Results: There is a relation between the presence of depressive disorders and

lower quality of life scores based on physical health ($p < 0.001$), quality of life scores based on psychological health ($p < 0.001$), quality of life scores based on social relations ($p = 0.023$), quality of life scores based on the environment ($p = 0.022$), psychosocial stressors (OR 3.85; $p = 0.005$), and the level of asthma control ($p = 0.001$) in asthmatic patients.

Conclusion: Asthmatic patients with depressive disorders tend to have lower quality of life score in all domains (physical health, psychological health, social relationships, and environment) than asthmatic patients without depressive disorders. Asthmatic patients who have psychosocial stressors have risk 3.8 times higher to have depressive disorders. Asthmatic patients with depressive disorders tend to have lower level of asthma control scores than asthmatic patients without depressive disorders.]