Kekuatan genggam tangan sebagai penapis malnutrisi pada pasien kanker dibandingkan dengan patient-generated subjective global assessment = Hand grip strength as a malnutrition screening modality in cancer patients compared to patient-generated subjective global assessment

Rabbinu Rangga Pribadi, author

Abstrak

ABSTRAK
 Latar Belakang: Malnutrisi berdampak besar pada pasien kanker sehingga harus dievaluasi dengan Patient-Generated Subjective Global Assessment (PG-SGA), namun memakan waktu dan membutuhkan tenaga kesehatan terlatih. Pengukuran kekuatan genggam tangan (KGT) memiliki keuntungan lebih singkat dan mudah dibandingkan PG-SGA, tetapi belum ada data titik potong dan akurasi diagnostik KGT pada pasien kanker di Indonesia.

Tujuan: Mendapatkan titik potong dan akurasi diagnostik KGT sebagai penapis malnutrisi pasien kanker rawat jalan di RSCM.

Metode: Penelitian potong lintang ini dilakukan pada pasien 18-59 tahun di poliklinik onkologi RSCM selama 4 Mei-1 Oktober 2015. Titik potong KGT dianalisis menggunakan kurva ROC. Akurasi diagnostik KGT dinilai dengan menghitung sensitivitas, spesifisitas, NDP, NDN, RKP, dan RKN.

Hasil: Proporsi pasien dengan status nutrisi baik, malnutrisi sedang, dan malnutrisi berat adalah17,4%, 64,2%, dan 18,4%. Titik potong optimal KGT pasien kanker lelaki dan perempuan berturut-turut adalah ≤ 36,5 dan ≤ 21,5 kgf dengan sensitivitas 92,2% dan 73,9%, spesifisitas 54,6% dan 60,9%, NDP 92,2% dan 88,3%, NDN 54,6% dan 36,8%, RKP 2 dan 1,9, serta RKN 0,1 dan 0,4.

Simpulan: Titik potong optimal KGT pasien kanker lelaki dan perempuan berturut-turut adalah ≤ 36,5 dan ≤ 21,5 kgf. Akurasi diagnostik KGT pasien kanker lelaki dan perempuan sebagai penapis malnutrisi berturut-turut dinilai baik dan sedang.ABSTRACT
 Background: Malnutrition has a huge impact on cancer patients and therefore it
has to be evaluated using PG-SGA, but there are limitations such as the timeconsuming

nature and the need of trained health personnels. Measurement of
HGS is faster and easier, but there is no sufficient information regarding its cutoff
point
and diagnostic

accuracy
for cancer
patients
in Indonesia.

Aim:

defining cut-off point and diagnostic accuracy of HGS as a malnutrition screening modality for outpatient cancer population at RSCM.

Method: A cross-sectional study was conducted at RSCM oncology outpatient clinic from May 4th-October 1st, 2015. Subjects were 18-59 years old. Cut-off point and diagnostic accuracy of HGS were analyzed to generate sensitivity, specificity, PPV, NPV, LR+, and LR- .

Result: The proportion of well nourished, moderately malnourished, and severely malnourished subjects were 17.4%, 64.2%, and 18.4%, respectively. The optimal HGS cut-off point in male and female cancer patients were ≤ 36.5 and ≤ 21.5 kgf respectively with sensitivity 92.2% and 73.9%, specificity 54.6% and 60.9%,, PPV 92.2% and 88.3%, NPV 54.6% and 36.8%, LR+ 2 and 1.9, and LR- 0.1 and 0.4.

Conclusion: The optimal HGS cut-off point in male and female cancer patients were ≤ 36.5 and ≤ 21.5 kgf, respectively. Diagnostic accuracy of HGS as a malnutrition screening modality in male and female cancer patients were good and moderately good.
;Background: Malnutrition has a huge impact on cancer patients and therefore it has to be evaluated using PG-SGA, but there are limitations such as the timeconsuming

nature and the need of trained health personnels. Measurement of HGS is faster and easier, but there is no sufficient information regarding its cutoff point and diagnostic accuracy for cancer patients in Indonesia.

Aim:

defining cut-off point and diagnostic accuracy of HGS as a malnutrition screening modality for outpatient cancer population at RSCM.

Method: A cross-sectional study was conducted at RSCM oncology outpatient clinic from May 4th-October 1st, 2015. Subjects were 18-59 years old. Cut-off point and diagnostic accuracy of HGS were analyzed to generate sensitivity, specificity, PPV, NPV, LR+, and LR- .

Result: The proportion of well nourished, moderately malnourished, and severely malnourished subjects were 17.4%, 64.2%, and 18.4%, respectively. The optimal HGS cut-off point in male and female cancer patients were ≤ 36.5 and ≤ 21.5 kgf respectively with sensitivity 92.2% and 73.9%, specificity 54.6% and 60.9%,, PPV 92.2% and 88.3%, NPV 54.6% and 36.8%, LR+ 2 and 1.9, and LR- 0.1 and 0.4.

Conclusion: The optimal HGS cut-off point in male and female cancer patients were ≤ 36.5 and ≤ 21.5 kgf, respectively. Diagnostic accuracy of HGS as a malnutrition screening modality in male and female cancer patients were good and moderately good.