

## Tatalaksana nutrisi pasien gagal jantung kongestif dan diabetes melitus tipe 2 dengan penyulit = Nutrition management in congestive heart failure and type 2 diabetes mellitus with complications

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### Abstrak

Latar belakang: Gagal jantung kongestif atau congestive heart failure CHF dan diabetes melitus DM tipe 2 merupakan dua kondisi yang saling memberatkan, yaitu terjadi gangguan metabolisme yang lebih berat akibat perubahan neurohormonal, dan struktur jantung yang berpotensi memperburuk prognosis.

Tatalaksana nutrisi sejak awal diagnosis sangat penting dalam mendukung proses penyembuhan pasien dan mencegah komplikasi lebih lanjut.

Kasus: Dalam serial kasus ini terdapat empat pasien CHF dan DM tipe 2 dengan penyulit. Keempat pasien dengan hipertensi dan hiperurisemia, tiga pasien dengan status gizi obes, tiga pasien dengan infark miokard, satu pasien dengan unstable angina pectoris, dua pasien dengan acute kidney injury, dan satu pasien dengan chronic kidney disease. Pada awal pemeriksaan didapatkan defisiensi asupan makro- dan mikronutrien, kontrol tekanan darah dan glukosa darah yang kurang baik, retensi cairan, dan penurunan kapasitas fungsional. Tatalaksana nutrisi disesuaikan secara individual, berdasarkan kondisi klinis, hasil laboratorium dan pemeriksaan penunjang lainnya serta riwayat asupan makanan.

Hasil: Seluruh pasien mengalami peningkatan toleransi asupan, perbaikan kondisi klinis, dan kapasitas fungsional.

Kesimpulan: Tatalaksana nutrisi yang adekuat pada pasien CHF dan DM tipe 2 dengan penyulit dapat mendukung perbaikan kondisi klinis dan kapasitas fungsional, sehingga dapat menurunkan morbiditas dan mortalitas.

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Background: Congestive heart failure CHF and type 2 diabetes mellitus DM are two mutually aggravating conditions, with more severe metabolic abnormalities due to changes in neurohormonal and cardiac structure which potentially worsen the prognosis. Nutritional management since early diagnosis is very important in supporting the healing process of patients and prevent further complications.

Cases: Four patients were diagnosed with CHF and type 2 DM with complicating conditions. Four patients with hypertension and hyperuricemia, three patients were obese, three patients experienced myocardial infarct one patient had unstable angina pectoris, two patients had acute kidney injury, and one patient had chronic kidney disease. Nutritional problems in four patients at assessment were macro and micronutrient deficiencies, uncontrolled blood pressure and blood glucose, fluid retention and declined functional capacity. Nutrition therapy were planned individually including macronutrients, micronutrients and fluid intakes, based on clinical conditions, laboratory findings, other examinations, and previous food intakes.

Result: There were improvements of clinical conditions, intake tolerance, and functional capacity.

Conclusion: Adequate nutrition therapy for CHF and type 2 DM patients with complicating conditions supports the improvements of clinical condition and functional capacity, decreasing morbidity and mortality rates.