

Terapi medik gizi klinik pasien stroke iskemia dengan penyulit disertai komorbiditas = Medical therapy in clinical nutrition for ischemic stroke with complications and comorbidities

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Abstrak

Latar Belakang: Stroke iskemia merupakan disfungsi neurologik area tertentu atau menyeluruh akibat gangguan aliran darah ke otak yang dapat menyebabkan kerusakan jaringan. Berbagai faktor risiko yang tidak dapat dimodifikasi dan dapat dimodifikasi seperti usia, jenis kelamin, riwayat keluarga, hipertensi, diabetes melitus, obesitas berperan menyebabkan pembentukan aterosklerosis, iskemia serebral selanjutnya menyebabkan stroke iskemia. Stroke iskemia dan sejumlah penyulit akan menimbulkan defisit neurologi yang menyebabkan malnutrisi, dehidrasi, keluaran yang buruk dan kualitas hidup menurun. Terapi medik gizi klinik berperan memberi nutrisi optimal, membatasi natrium, mengontrol glukosa darah dan memperhatikan volume cairan yang diberikan sehingga status nutrisi tetap terjaga, memperbaiki keluaran, dan mencegah rekurensi.

Metode: Serial kasus ini memaparkan empat kasus stroke iskemia pada pasien perempuan dan laki-laki dengan rentang usia 53 ndash;66 tahun, dengan penyulit seperti disfagia, perdarahan GIT dan pneumonia, disertai komorbiditas yaitu DM tipe 2, hipertensi, dan chronic kidney disease,. Keempat pasien membutuhkan dukungan nutrisi akibat komplikasi stroke iskemia yaitu disfagia dengan risiko terjadinya malnutrisi, dehidrasi dan ketidakseimbangan elektrolit. Satu pasien dengan berat badan normal, 1 pasien BB lebih, dan 2 pasien obes I. Masalah nutrisi yang dihadapi keempat pasien ini adalah asupan makro dan mikronutrien yang tidak optimal, jalur pemberian nutrisi, kebutuhan nutrisi yang tidak terpenuhi selama sakit, anemia, hiperglikemia, dislipidemia, gangguan fungsi ginjal dan keseimbangan cairan. Terapi medik gizi klinik diberikan sesuai rekomendasi stroke iskemia dan disesuaikan dengan komorbidnya. Pemantauan pasien meliputi keadaan umum, hemodinamik, analisis dan toleransi asupan, monitoring terhadap kadar glukosa darah, fungsi ginjal, keseimbangan cairan, elektrolit dan kapasitas fungsional.

Hasil :Ketiga pasien pada serial kasus menunjukkan perbaikan klinis, berupa tekanan darah terkontrol, kadar glukosa darah terkontrol, dan kapasitas fungsional yang membaik. Satu pasien meninggal pada hari perawatan ke-35 akibat sepsis.

Kesimpulan:Terapi medik gizi klinik yang optimal dapat memperbaiki kondisi klinis pada pasien stroke iskemia dengan DM tipe 2 dan penyulitnya.

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Background: Ischemic stroke is a partial or comprehensive neurological dysfunction caused by cerebral blood flow disturbance as basis of tissue damages. A diversity of non modified and modified risk factors such as age, sex, family history, hypertension, diabetes mellitus, and obesity act as underlying causes to atherosclerosis, ischemia cerebral, that lead to ischemic stroke. Ischemic stroke with accompanying comorbidity will inflict neurological deficit causing malnutrition, dehydration, bad outcome and the diminution quality of life. The role of nutritional medical therapy is pivotal for optimal nutritional support, sodium intake restriction, and glycemetic control with the goal to maintain nutrition status, improve outcome and prevent recurrence.

Methods: The case series describes four ischemic stroke cases with complications such as dysphagia, gastrointestinal bleeding, and pneumonia, and aggravated by DM type II, hypertension, and chronic kidney disease comorbidity, in males and females aged 53 ndash 66 years old. Due to risk of malnutrition, dehydration and electrolyte imbalance caused by dysphagia, nutrition support was required by all patients to treat this ischemic stroke complication. One patient was normoweight, while three other cases included one overweight and two obese I patients. The nutritional problems faced by these four patients laid on the non optimal macro and micro nutrient intake, route of nutrient intake, nutrition composition imbalance during ill period, anaemia, hyperglycaemia, dyslipidemia, decrease of renal function, and fluid imbalance. Nutritional medical therapy was given according to recommendations for ischemic stroke and adjusted with its comorbidity. Patients rsquo monitoring was done including their general condition, hemodynamic, intake analysis and tolerance, monitoring in blood glucose, kidney function, fluid balance, electrolyte and functional capacity.

Result: Three patients in the case series showed positive changes in clinical conditions, shown by improvement in blood pressure, blood glucose, and functional capacity. One patient died on the 35th treatment day due of sepsis.

Conclusion: Optimal nutritional medical therapy plays important role in improving clinical conditions of ischemic stroke patient with DM type 2 and other complications.