

Pengaruh edukasi dan konseling gizi intensif terhadap pengetahuan, sikap, perilaku kepatuhan diet dan status gizi pasien hemodialisis = Effect of education and intensive nutrition counseling on hemodialysis patient's knowledge, attitude, dietary compliance and nutritional status

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Abstrak

Keberhasilan terapi hemodialisis (HD) dapat terhambat dengan adanya malnutrisi atau Protein Energy Wasting (PEW) akibat asupan gizi kurang, abnormalitas metabolisme terutama asam amino, fungsi residual ginjal dan dosis dialisis. Penelitian ini bertujuan untuk mengetahui pengaruh pemberian edukasi dan konseling gizi intensif terhadap pengetahuan, sikap, perilaku kepatuhan diet dan status gizi pasien HD. Lokasi penelitian untuk pengambilan data kelompok perlakuan di Unit Hemodialisis Rumah Sakit Islam Jakarta Cempaka Putih dan untuk kelompok kontrol di Rumah Sakit Islam Jakarta Pondok Kopi. Penelitian menggunakan randomized pretest-posttest control group design dengan sampel 77 pasien (38 orang pria (50.6%) dan 39 orang wanita (49.4%)), rata-rata usia 46.71 ± 9.40 tahun. Didapatkan peningkatan pengetahuan ($p=0,0001$) dan sikap ($p = 0,0001$) serta profil perilaku kepatuhan diet lebih baik ($p = 0,0001$). Intervensi ini efektif meningkatkan asupan energi ($p = 0,012$) dan lemak ($p = 0,0001$) serta selisih akhir asupan protein dan asupan karbohidrat lebih tinggi meskipun belum signifikan ($p= 0,102$ dan $0,091$). Peningkatan IMT perlakuan lebih tinggi ($0,25 + 0,27$ vs $0,18 + 0,18$ kg/m²) meskipun tidak signifikan ($p = 0,744$ & $0,856$). Rata-rata LLA cenderung tetap ($0,00 + 0,13$ cm, $p = 1,000$), sementara kelompok kontrol menurun ($-0,24 + 0,01$ cm, $p=0,789$). Rata-rata trisep skinfold cenderung meningkat sementara kelompok kontrol cenderung menurun ($0,44 + 0,11$ mm vs $-0,24 + 0,02$ mm, $p= 0,737$, $0,880$). Terjadi peningkatan rata-rata persentase lemak total pada kedua kelompok, dan peningkatan pada kelompok kontrol lebih tinggi ($0,79 + 1,93\%$ vs $0,23 + 0,87\%$), meskipun belum signifikan ($p=0,913$ dan $0,766$). Rata-rata massa otot kedua kelompok menurun dan penurunan kelompok kontrol lebih tinggi ($-0,36 + 0,30$ kg dan $-0,31 + 0,66$ kg, $p=0,894$ dan $0,874$). Rata-rata persentase cairan tubuh total kelompok perlakuan menurun dan penurunan kelompok perlakuan lebih tinggi ($-0,56 + 1,31\%$ vs $-0,52 + 4,39\%$) meskipun belum signifikan ($p=0,813$ dan $0,644$). Status hidrasi pasien sangat fluktuatif dan memungkinkan pengaruh terhadap estimasi komposisi tubuh dalam penelitian ini. Edukasi dan konseling gizi intensif terbukti efektif dalam peningkatan pengetahuan, sikap dan perilaku diet, signifikan terhadap asupan energi dan lemak, profil asupan protein dan karbohidrat yang lebih baik meskipun belum bermakna, profil IMT, LLA dan trisep skinfold serta massa otot dan persentase cairan yang lebih baik dibanding kelompok kontrol meskipun belum signifikan.

.....The effectiveness of haemodialysis could inhibited by dietary nonadherence mainly due to lack of protein and energy intake that caused Protein Energy Wasting (PEW). PEW also caused by poor nutrient intake, abnormal nutrient metabolism (amino acids), renal residual function and dialysis dose. We studied impact of education and intensive nutrition counseling on hemodialysis patient's knowledge, attitude, dietary compliance and nutritional status. The study was conducted at Jakarta Islamic Hospital region of Cempaka Putih and Pondok Kopi. The study used random pretest-posttest control group design and of 77 patients, 38 were man (50.6%) and 39 were woman (49.4%), the mean of age was 46.71 ± 9.40 years old. There were increased knowledge ($p = 0.0001$), increased attitudes ($p= 0.0001$) and better diet compliance profile

($p=0.0001$). The intervention was significantly effective on increasing intake of energy ($p=0.012$), fat ($p=0.0001$), and higher difference in protein intake and carbohydrate intake but not significant ($p=0.102$ and 0.091). There was increase but not significant in BMI ($0.25 + 0.27$ vs $0.18 + 0.18$ kg/m², $p = 0.744$ and 0.856) and tricep skinfold ($0.44 + 0.11$ mm vs $-0.24 + 0.02$ mm, $p= 0.737$ and 0.880). There was no improvement in MUAC ($0.00 + 0.13$ cm, $p = 1.000$) but decrease in control group ($-0.24 + 0.01$ cm, $p=0.789$) even though not significant. Despite these are not statistically significant, there were improvement on percentage total fat ($0.23 + 0.87\% + 0.79 + 1.93\%$ vs $p=0.913$ and 0.766), declining on muscle mass ($-0.31 + 0.66$ kg -dan $0.36 + 0.30$ kg, $p=0.894$ and 0.874) and declining on percentage body water ($-0.56 + 1.31\%$ vs $-0.52 + 4.39\%$, $p=0.813$ dan 0.644). The patient's hydration status was highly fluctuate and allows an influence on body composition estimates in this study. Education and intensive nutrition counselling was found to be effective in improving knowledge, attitudes, diet compliance behavior profile, significant improving energy and fat intake. In addition the intervention of this study provides a better profile of protein and carbohydrate intake, a better profile of BMI, MUAC, tricep skinfold, muscle mass, and percentage body water although not significant yet.