

Perbedaan kejadian sindrom metabolik pada kelompok pasien skizofrenia yang mendapat risperidon, quetiapin, dan olanzapine dalam hubungannya dengan pola diet, tingkat aktivitas, riwayat obesitas dalam keluarga, kebiasaan merokok, dan jumlah obat = Differences in metabolic syndrome in the schizophrenic patients with risperidone, quetiapin, and olanzapine in relation to diet patterns, activity levels, history of obesity in the family, smoking habits, and medications in cipto mangunkusumo hospital / Olga Leodirista

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Abstrak

**ABSTRAK**

**Pendahuluan :** Sindrom metabolik merupakan kumpulan kondisi medis yang dapat menyebabkan seseorang terkena diabetes melitus tipe 2 atau penyakit kardiovaskuler. Prevalensi sindrom metabolik pada populasi psikiatri memiliki hasil yang cukup bermakna yaitu sebanyak 3,3% sampai 68% pasien. Olanzapine dikatakan sebagai antipsikotik atipikal yang paling banyak menyebabkan sindrom metabolik, diikuti quetiapin dan risperidon. **Metode:** Penelitian observasional dengan rancangan studi potong lintang yang dilakukan pada Oktober 2017 hingga September 2018 di unit rawat inap dan rawat jalan Jiwa Dewasa RSCM. Subjek adalah pasien skizofrenia laki-laki dan perempuan dengan rentang usia 18-59 tahun yang mendapat terapi risperidon, quetiapin atau olanzapin. Pada subjek dilakukan wawancara karakteristik, pengukuran antropometri, pengisian *food record* 4x24 jam, serta pengambilan sampel darah puasa. **Hasil:** Pada karakteristik pengukuran sindrom metabolik didapatkan hasil bahwa 70,2% subjek mengalami obesitas sentral dan 79,1% subjek berada di dalam kelompok *overweight-obesitas*. Sebanyak 80,6% subjek memiliki gambaran pola diet dengan hasil kurang-cukup dari kebutuhan AKG, 89,6% dengan tingkat aktivitas rendah-sedang, 61,2% tidak merokok, 38,8% dengan riwayat obesitas keluarga, dan 59,7% berada dalam kelompok polifarmasi. Peneliti membagi sindrom metabolik menjadi dua kelompok, menurut kriteria IDF dan berdasarkan parameter klinis rutin. Terdapat perbedaan proporsi bermakna antara kelompok sindrom metabolik berdasarkan parameter klinis dengan kelompok obat risperidon, olanzapin, dan quetiapin dengan nilai  $p=0,017$ . Terdapat perbedaan proporsi secara bermakna antara kejadian sindrom metabolik kriteria parameter klinis dengan kebiasaan merokok ( $p=0,011$ ). Diperoleh nilai  $p=0.012$  yang menunjukkan bahwa korelasi antara perilaku merokok dan sindrom metabolik bermakna secara statistik. Nilai korelasi sebesar 0.293 menunjukkan korelasi positif dengan kekuatan korelasi lemah. **Kesimpulan:** Hasil yang bermakna didapatkan pada kelompok sindrom metabolik berdasarkan parameter klinis. Hasil pada kelompok sindrom metabolik berdasarkan IDF tidak bermakna secara statistik dimungkinkan karena parameter laboratorium berada dalam rentang normal, karena pada subjek telah mendapatkan terapi, dan modifikasi gaya hidup.

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**ABSTRACT**

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**Introduction:** The metabolic syndrome is a medical conditions that can cause a person to develop type 2 diabetes mellitus or cardiovascular disease. The prevalence of metabolic syndrome in the psychiatric population has significant results, which are 3.3% to 68% of patients. Olanzapine and clozapine are said to be atypical antipsychotics that cause the most metabolic syndrome, followed by quetiapin and risperidone. **Method:** Observational study with a cross-sectional study design conducted in October 2017 to September 2018 in the RSCM Adult Mental Health Inpatient and Outpatient Unit. The research subjects were male and female schizophrenic patients with an age range of 18-59 years who received risperidone, quetiapin or olanzapin therapy. Characteristic interviews, anthropometric measurements, 4x24 hour food record filling, and fasting blood sampling were conducted.

**Results:** On the characteristics of the metabolic syndrome measurement, it was found that 70.2% of the subjects had central obesity and 79.1% of the subjects were in the overweight-obese group. As many as 80.6% of subjects had a description of diet patterns with results that were approximately the same as those of AKG requirements, 89.6% with low-moderate activity levels, 61.2% no smoking, 38.8% with a history of family obesity, and 59.7 % are in the polypharmacy group. The researchers divided the metabolic syndrome into two groups, according to IDF criteria and based on routine clinical parameters. There were differences in the significant proportions between the metabolic syndrome group based on clinical parameters with the drug group risperidon, olanzapin, and quetiapin with a value of  $p = 0.017$ . There was a significant difference in proportion between the incidence of metabolic syndrome criteria for clinical parameters and smoking habits ( $p = 0.011$ ). Obtained  $p$  value = 0.012 which indicates that the correlation between smoking behavior and metabolic syndrome is statistically significant. The correlation value of 0.293 shows a positive correlation with the strength of a weak correlation.

**Conclusion:** Significant results were obtained in the metabolic syndrome group based on clinical parameters. Results in the metabolic syndrome group based on IDF were not statistically significant because laboratory parameters were in the normal range, because the subjects had received therapy and lifestyle modification.