

Performa Identification of Seniors at Risk dan Triage Risk Screening Tool dalam penapisan Frailty pada pasien usia lanjut di IGD = Performance of ISAR tool and the TRST for frail elderly emergency room patients

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Abstrak

Pendahuluan: Frailty adalah prediktor luaran buruk pasien usia lanjut (usila) di IGD. Forty-item frailty index (FI-40) sebagai standar penilaian frailty tidak praktis digunakan di IGD sehingga dibutuhkan instrumen ringkas untuk penapisan. ISAR dan TRST memiliki performa moderat untuk stratifikasi risiko pasien usila di IGD, tetapi penggunaannya sebagai instrumen penapisan frailty belum banyak dilaporkan. Studi ini bertujuan untuk menilai performa ISAR dan TRST dalam penapisan frailty pada pasien usila di IGD.

Metode: Studi potong lintang dilakukan dengan merekrut subjek berusia 60 tahun atau lebih yang berkunjung ke IGD RSCM pada bulan September-November 2018 secara konsekutif. Dilakukan penilaian performa ISAR dan TRST terhadap FI-40 sebagai baku emas berupa sensitivitas, spesifisitas, nilai prediksi positif dan negatif (NPP dan NPN), rasio kemungkinan positif dan negatif (RK+ dan RK-).

Hasil: Dari 471 subjek, kelompok usia 60-69 tahun sebanyak 63,7%, median usia 66 tahun, dan rentang usia 60-95 tahun. Mayoritas subjek adalah laki-laki (55,6%), datang tanpa rujukan (63,3%), pengguna JKN (97,2%), dan tidak mengalami trauma (94,5%). Subjek frail sebanyak 82%. ISAR dan TRST secara berurutan memiliki sensitivitas 87,6% dan 93,8%, spesifisitas 58,8% dan 43,5%, NPP 90,6% dan 88,3%, NPN 51% dan 60,7%, RK+ 2,1 dan 1,7, RK- 0,2 dan 0,1. ISAR dan TRST memiliki area under the curve (AUC) serupa yaitu 0,8 (IK95%: ISAR 0,8-0,9 dan TRST 0,8-0,9).

Simpulan: ISAR dan TRST memiliki performa yang sangat baik dalam penapisan frailty pada usila di IGD.

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Objective: Poor outcomes for elderly emergency room (ER) patients have been linked to frailty. This study aimed to measure the performance of the identification of the seniors at risk (ISAR) tool and triage risk-screening tool (TRST) for frailty screening in elderly ER patients, as the Forty-Item Frailty Index (FI-40) is impractical in ER settings.

Methods: A cross-sectional study was undertaken involving subjects aged 60 years or older at Cipto Mangunkusumo General Hospital ER from September -November 2018. Frailty was defined by the FI-40. The ISAR and TRST performance was measured as sensitivity, specificity, the positive and negative predictive value (PPV and NPV), the positive and negative likelihood ratio (LR+ and LR-) and the area under the curve (AUC).

Results: A total of 471 subjects were examined of which 63.7% were in the 60-69-yearold

subgroup with a median age of 66 years and an age range of 60-95 years old. Most were male (55.6%), had no referral (63.3%), had national health insurance (97.2%) and they were mostly non-trauma (94.5%) patients. According to the FI-40, 82% were classified as frail. ISAR and TRST showed sensitivity readings of 87.6% vs 93.8%, a specificity of 58.8% vs 43.5%, a PPV of 90.6% vs 88.3%, an NPV of 51% vs 60.7%, an LR+ of 2.13 vs 1.66 and an LR- of 0.21 vs 0.14, respectively. Both had similar AUCs of 0.8 (95% CI: ISAR [0.76, 0.86] and TRST [0.75, 0.86], $p = 0.91$).

Conclusion: ISAR and TRST showed very good frailty-screening performance among elderly ER patients