

Pengaruh psikoterapi suportif singkat terhadap major adverse cardiovascular events, nilai rasio netrofil-limfosit dan gejala psikis pada pasien sindroma koroner akut yang dirawat di Intensive Cardiac Care Unit. = Influence of brief supportive psychotherapy in major adverse cardiovascular events, neutrophil-lymphocyte ratio and psychological symptoms in acute coronary syndrome patients in Intensive Cardiac Care Unit

Vera Abdullah, author

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Abstrak

ABSTRAK

Latar belakang Major adverse cardiovascular events (MACE) masih menjadi target yang dicegah dalam tata laksana sindroma koroner akut (SKA). Rasio netrofil-limfosit (RNL) terkait dengan dampak atau prognosis pada pasien dengan penyakit ini. Kondisi psikologis berperan sebelum, selama dan setelah infark.

Psikoterapi suportif singkat (PSS) ditujukan untuk membangun kepercayaan diri, mengurangi cemas dan memperbaiki mekanisme koping terhadap penyakit ini.

Tujuan Penelitian ini bertujuan membandingkan pengaruh PSS terhadap MACE, RNL dan gejala psikis pada pasien SKA yang dirawat di Intensive Cardiac Care Unit (ICCU).

Metode Penelitian ini merupakan uji klinis random tidak tersamar ganda untuk membandingkan kelompok yang mendapat intervensi PSS dengan kontrol pada pasien SKA yang dirawat di ICCU RSUPN Cipto Mangunkusumo mulai 18 April hingga 30 Juli 2019 terhadap MACE, RNL dan gejala psikis. Intervensi PSS berlangsung 5 sesi selama rawatan di ICCU, kelompok PSS dan kontrol akan difollow-up pada saat sebelum pulang rawatan terhadap MACE (fatal aritmia, infark miokard rekuren, syok kardiogenik dan kematian), RNL dan gejala psikis yang diukur menggunakan inventori Hospital Anxiety Depression Scale (HADS). Data dianalisis menggunakan uji Chi square dan t tidak berpasangan untuk distribusi normal dan uji Fisher dan Mann-Whitney untuk yang tidak terdistribusi normal.

Hasil Hasil menunjukkan kelompok PSS terdapat 32 pasien, dan kontrol sejumlah 35 pasien. Median usia sebesar 55 (32-86) tahun. Proporsi lelaki sebesar 74,6%. Rerata lama rawatan ICCU yaitu 5 (2-13) hari. Tidak ada kejadian MACE, namun insiden major adverse event lain (stroke) 3,13% pada PSS dan 5,71% pada kontrol. Rerata RNL kelompok PSS sebesar 3,35(2,26) dan kontrol 3,63(1,79), p 0,346 (95% KI -1,27-0,71). Delta rerata RNL 1,49, p 0,098 (95% KI -0,69 - 3,67); tanpa CHF 3,87(5,48), 0,33(2,54) pada kontrol, p 0,007 d 0,79; tanpa CAD 3,88(4,55), 0,84(2,51) pada kontrol, p 0,014, d 0,77. Rerata skor HAD-Ansietas kelompok PSS sebesar 4,63(3,52) dan kontrol 4,31(2,62), p 0,874 (95% KI -1,19 - 1,82). Delta rerata skor HAD-Ansietas sebesar -0,01, p 0,988 (95% KI -1,74-1,71). Rerata skor HAD-Depresi kelompok PSS sebesar 4,91 (2,63) dan kontrol 4,37 (3,05), p 0,447 (95% KI -0,86 - 1,93). Delta rerata skor HAD-Depresi sebesar 1,62, p 0,149 (95% KI -0,17 -3,41); dengan CHF 1,73(3,58), -1,27(2,8) pada kontrol, p 0,041, d 0,86; dengan CAD 2,08(3,4), -0,8(3,3) pada kontrol, p 0,035, d 0,80.

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ABSTRACT

Background Major adverse cardiovascular events (MACE) is still the preventive target in management acute

coronary syndrome (ACS). Neutrophil-lymphocyte ratio (NLR) is regarded to the impact or prognosis in this patients. Psychological conditions play a role before, during and after infarction. Brief supportive psychotherapy (BSP) is stressed in terms of building confidence, reduce anxiety and improve coping mechanisms of this illness.

Aim The present study aims to compare influence of BSP on MACE, NLR, and psychological symptom in ACS patients to control one in ICCU.

Method The study is a double opened clinical randomized study which was compared with controls before and after intervention to observe the influence of BSP on the patients with ACS who were treated in ICCU of RSUPN Cipto Mangunkusumo - Jakarta in April, 18th to July, 30th 2019 on MACE, NLR and psychological symptom. The BSP intervention was about 5 sessions as long as inpatient in ICCU, the BSP group and the control ones would be followed by the end of the day in ICCU for the MACE (fatal arrhythmias, recurrent myocardial infarction, cardiogenic shock, and death), NLR, and psychological symptom which it was measured with hospital anxiety depression scale (HADS) inventory. Data were analyzed with Chi square and independent t-test for normally distributed data and Fisher and Mann-Whitney test for abnormally ones.

Results The study results showed 32 patients in brief supportive psychotherapy group and 35 patients in control one. The median age was 55(32 - 86) years old. The male proportion was 74,6%. The median length of stay in ICCU was 5(2-13) days. There was no MACE, but incident of other major adverse event (stroke) 3,13% in BSP and 5,71% in control. The mean NLR was 3,35(2,26) in BSP group and 3,63(1,79) in control one, p 0,346 (95% CI -1,27 - 0,71). The mean delta of NLR was 1,49, p 0,098 (95% CI -0,69 - 3,67); without CHF 3,87(5,48), 0,33(2,54) in control group, p 0,007 d 0,79; without CAD 3,88(4,55), 0,84(2,51) in control one, p 0,014, d 0,77. The mean of HAD-Anxiety score was 4,63(3,52) in BSP group and 4,31(2,62) in control one, p 0,874 (95% CI -1,19 -1,82). The mean delta of HAD-Anxiety score was -0,01, p 0,988 (95% CI -1,74 - 1,71). The mean of HAD-Depression score was 4,91(2,63) in BSP group and 4,37(3,05) in control one, p 0,447 (95% CI -0,86 - 1,93). The mean delta of HAD-Depression score was 1,62, p 0,149 (95% CI -0,17 - 3,41); with CHF 1,73(3,58), -1,27(2,8) in control group, p 0,041, d 0,86; with CAD 2,08(3,4), -0,8(3,3) in control one, p 0,035, d 0,80.

Conclusions There was no MACE, but stroke incident lower in BSP than control one. There was influence of BSP on NLR in ACS patients without CHF or CAD, and psychological symptom in ACS ones with CHF or CAD.