

Efektivitas pendekatan 4T (Tanya, Telaah, Tolong Nasehati dan Tindak Lanjut) dalam mempertahankan keberhasilan berhenti merokok pasien TB Paru di RSUP Persahabatan = The effectiveness of 4T approach (Tanya (Ask), Telaah (Asses), Tolong nasehati (Advise and Assist) and Tindak lanjut (Arrange)) to maintain smoking cessation for lung tuberculosis patients in Persahabatan Referral Hospital

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Abstrak

Latar belakang: Sebagian besar penderita TB paru memiliki kebiasaan merokok. Merokok dapat meningkatkan risiko infeksi TB paru, juga mempengaruhi manifestasi klinis, keberhasilan pengobatan, dan mortalitas pada penderita TB paru. Selain itu, diketahui bahwa sebagian besar penderita TB paru akan berhenti merokok saat terdiagnosis TB paru, tetapi akan kembali merokok seiring berjalannya waktu jika keluhan sudah mulai berkurang. Program berhenti merokok untuk penderita TB paru seharusnya mendampingi pengobatan TB paru. Program berhenti merokok yang biasa dilaksanakan di Indonesia adalah dengan pendekatan 4T (Tanya, Telaah, Tolong nasehati, dan Tindak lanjut).

Metode penelitian: Uji acak terkontrol pada 43 penderita TB paru berjenis kelamin laki-laki yang merokok. Kelompok perlakuan diberikan pendekatan 4T berupa edukasi, konseling, dan motivasi selama 3 bulan dengan 5 kali pertemuan. Kelompok kontrol hanya diberikan self-help leaflet untuk berhenti merokok saat rekrutmen. Pada awal penelitian, data dasar kedua kelompok dikumpulkan, yakni identitas, status merokok, skala ketergantungan nikotin (fagerstrom), CO ekshalasi, dan Arus Puncak Ekspirasi (APE) dasar. Selanjutnya akan dilakukan follow-up pada bulan ke-1, 2 dan 3 setelah berhenti merokok, dengan pemeriksaan catatan harian berhenti merokok, pengukuran CO ekshalasi, Arus Puncak Ekspirasi (APE), skala motivasi, dan skala Minnesota Withdrawal Scale (MNWS).

Hasil: Persentase subjek yang masih berhenti merokok atau Continuous Abstinence Rate (CAR) bulan I, II, dan III lebih baik pada kelompok perlakuan dibandingkan pada kelompok kontrol. Pada kelompok perlakuan, persentase berhenti merokok hingga 1 bulan (CAR I) sebesar 66,7%, hingga 2 bulan (CAR II) sebesar 57,1%, dan hingga 3 bulan (CAR III) sebesar 52,4%. Sedangkan pada kelompok kontrol, persentase berhenti merokok hingga 1 bulan (CAR I) sebesar 54,5%, hingga 2 bulan (CAR II) sebesar 45,5%, dan hingga 3 bulan (CAR III) sebesar 45,5%. Jumlah relapse pada akhir penelitian lebih banyak pada kelompok kontrol yaitu 18,2% dibandingkan 14,3% pada kelompok perlakuan. Subjek yang tetap merokok hingga akhir penelitian lebih banyak pada kelompok kontrol yaitu 18,2% dibandingkan 9,5% pada kelompok perlakuan. Gejala withdrawal yang paling banyak ditemukan adalah peningkatan nafsu makan (44,1%), mengidam rokok (6,9%), gelisah (2,3%), sulit tidur (2,3%) dan tidak sabar (2,3%). Pada akhir penelitian, tidak ada perbedaan terkait skala withdrawal pada kedua kelompok ($p=0.788$). Skala motivasi untuk berhenti merokok pada CAR II lebih baik pada kelompok perlakuan. ($p=0,043$).

Kesimpulan: Pendekatan 4T yang efektif penting untuk mempertahankan abstinence hingga bulan 1, 2, dan 3 setelah subjek memutuskan berhenti merokok (CAR I, II, III). Sebaiknya program berhenti merokok diberikan bersama dengan pengobatan TB untuk membantu penderita TB berhenti merokok dan mengurangi angka relapse merokok.

.....Background: Smoking increases the risk of lung tuberculosis (TB) infection and influences its clinical manifestation, treatment success rate, and mortality. Most of smoking TB patients cease to smoke when they are firstly diagnosed, but clinical symptoms improvement could suggest them to continue smoking. Smoking cessation program in TB patients were applied in Indonesia, dubbed as the 4T approach (Tanya (Ask), Telaah (Asses), Tolong nasehati (Advise and Advice), and Tindak lanjut (Arrange))

Method: We performed a randomized controlled trial in 43 male and smoking TB patients. Trial group received 4T approach consisting of education, counseling, and motivation to stop smoking for three months consisted in five session of meetings. Control group received a self-help leaflet for smoking cessation. Smoking status, Fagerström nicotine dependence scale, exhaled CO level, and peak expiratory flow rate were collected. Subjects were observed at month 1, 2 and, 3 after quit smoking. Motivation scale and Minnesota Withdrawal Scale (MNWS) were also reported during the follow-ups.

Results: Smoking cessation level during month I, II, and III (Continuous Abstinence Rate I, II and III) were higher in trial group than in control group. In trial group, the percentage of smoking cessation until 4 weeks (CAR I) was 66.7%, until 8 weeks (CAR II) was 57.1%, and until 12 weeks (CAR III) was 52.4%. In control group, the percentage of smoking cessation until 4 weeks (CAR I) was 54.5%, until 8 weeks (CAR II) was 45.5%, and until 12 weeks (CAR III) was 45.5%. The number of smoking relapses after the end of the research was higher in control group than trial group that was 18.2% compared to the trial group 14.3%. The number of still smoking also higher in control group that was 18.2% compared to trial group 9.5%. Withdrawal symptoms were increase of appetite (44.1%), cigarette cravings (6.9%), agitation (2.3%), insomnia (2.3%) and irritability (2.3%). At the end of the trial, there were no differences of withdrawal scale between groups ($p=0.788$). Motivation scale to stop smoking of CAR II in trial group was better than control group ($p=0.043$).

Conclusion: The 4T approach is effective to maintain the abstinence rate in lung TB patients until month 1, 2, and 3 (CAR I, II, and III) after quit smoking. It is advisable to employ smoking cessation program during TB treatment to help TB patients quit smoking and reduce the rate of smoking relapse.