

Proporsi jatuh, proporsi risiko jatuh dan faktor-faktor yang berhubungan pada pasien HIV/AIDS dalam terapi antiretroviral = Proportions of fall, proportion of fall risk, and associated factors in HIV/AIDS patients on antiretroviral therapy

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Abstrak

Latar Belakang Walaupun mendapatkan terapi antiretroviral (ARV), inflamasi kronik akibat infeksi HIV dikombinasikan dengan faktor-faktor lain menyebabkan proses penuaan lebih dini pada pasien HIV/AIDS, salah satu tandanya risiko jatuh.

Tujuan Mengetahui proporsi kejadian jatuh dan risiko jatuh serta faktor faktor yang berhubungan pada pasien HIV/AIDS dalam terapi ARV.

Metode Studi potong lintang dilakukan pada pasien HIV/AIDS berusia > 40 tahun dalam terapi ARV minimal 6 bulan. Pada pasien yang memenuhi kriteria inklusi dilakukan pencatatan data demografis, pengukuran antropometri, faktor terkait HIV, terapi ARV, komorbid, obat, penilaian depresi dengan Indo-BDI-II, neuropati dengan kriteria Toronto, frailty dengan kriteria Fried, dan risiko jatuh dengan uji Timed Up and Go (TUG). Pasien menolak, tidak dapat berjalan dan memiliki gangguan motorik dieksklusi.

Analisis bivariat dan multivariat dilakukan pada faktor-faktor tersebut.

Hasil Dari 102 sampel didapatkan proporsi kejadian jatuh 24,5% dan risiko jatuh sebesar 51,96%. Subjek mayoritas laki-laki (83,3%), median usia (IQR) 45 (5) tahun, CD4 nadir median (IQR) 71,5 (220,25) sel/mm³, CD4 saat ini median (IQR) 495,5 (361) sel/mm³, komorbid terbanyak hepatitis C (31,3%), polifarmasi 21,6% subjek, dalam terapi lini 2 ARV (10,78%), depresi (14,71%), neuropati 38,2%) prefrail 53,9% dan frail 14,7%, penapisan demensia 14,7%. Faktor yang berhubungan dengan risiko jatuh adalah prefrail/frail (OR 6,395, IK95% 2,348-17,417 p<0,001) riwayat jatuh (OR 3,162 IK95% 1,085-9,212 p 0,035) dan penggunaan Efavirenz (OR 5,878 IK95% 1,083-31,906 p 0,040).

Kesimpulan Proporsi kejadian jatuh pada pasien HIV/AIDS dalam terapi ARV meyerupai populasi geriatri non HIV dengan risiko jatuh 52%. Faktor yang behubungan adalah status prefrail/frail, riwayat jatuh sebelumnya, dan penggunaan Efavire

.....Background Despite given Antiretroviral Therapy (ART), chronic inflammation due to HIV infection combined with other factors implicate in the early aging process. Fall risk is one of the aging symptoms that can be assessed objectively.

Aims To determine proportion of any fall and factors associated with risk of fall in PLWH undergoing antiretroviral therapy.

Methods cross sectional study in PLWH aged 40 years or older who has take ART at least for 6 months. Data were recorded in subjects fulfilled inclusion criteria, including demographic data, anthropometry measurements, HIV related factors, comorbidities, drugs prescribed, depression using Indo-BDI-II questionnaire, neuropathy assesment sing Toronto Scoring criteria, Fried criteria frailty, and fall risk assessed by Timed Up and Go Test. Patients denied to participate, unable to walk, or having motoric abnormality in upper extremity was excluded. Bivariat and multivariat analysis was carried out to these factors.

Results among 102 subjects, proportions of any falls was 24,5% subjects and proportions of fall risk was 52%. Most of subjects were male (83,3%), median of age (IQR) was 45 (5) years, with nadir CD4 (IQR) was 71,5 (220,25) cell/mm³ and current CD4 was 495,5 (361) cells/mm³. Hepatitis C was the most comorbid disease (31,3%), polypharmacy prescribed in 21,6%, and 10,8% were in LPV/r therapy. Factors included were depression found in 14,7%, neuropathy in 38,2% prefrail 53,9%, frail 14,7%, and patients positive screened for dementia 14,7%. Significant factors associated with risk of fall were prefrail/frail status (OR 6,395, IK95% 2,348-17,417 p<0,001), history of fall (OR 3,162 IK95% 1,085-9,212 p 0,035), and under EFV prescription (OR 5,878 IK95% 1,083-31,906 p 0,040).

Conclusion proportion of any fall in PLWH undergoing antiretroviral therapy resembled those in geriatric population, with high rate of fall risk up to 52% of the patients. Factors associated with risk of fall were frail/prefrail status, history of previous fall, and current EFV use.