Uji Diagnostik Alat Skrining Gugging Swallowing Screen Versi Bahasa Indonesia (Guss-Ina) Dengan Modifikasi Bahan Uji Pada Kasus Disfagia Neurogenik = Diagnostic Test of Gugging Swallowing Screen Indonesian Language Version (GUSS-INA) with Test Material Modification in Neurogenic Dysphagia Cases

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Abstrak

Pasien dengan disfagia rentan mengalami komplikasi seperti pneumonia aspirasi hingga kematian. Oleh karena itu diperlukan alat skrining untuk mendiagnosis disfagia secara cepat. GUSS merupakan alat skrining dengan validitas dan reliabilitas yang baik dalam menilai disfagia, namun belum dilakukan uji diagnostik di Indonesia. Subjek penelitian terdiri dari pasien disfagia neurogenik yang kemudian menjalani pemeriksaan GUSS-INA dengan modifikasi bahan uji, dilanjutkan dengan pemeriksaan baku emas FEES. Selanjutnya, dilakukan uji diagnostik untuk melihat sensitivitas dan spesifisitas GUSS-INA sebagai metode skrining disfagia. Rerata pasien disfagia neurogenik di RSCM berusia 56 tahun dengan jumlah proporsi laki – laki lebih besar dengan penyebab tersering adalah stroke, dengan komorbid hipertensi (56.5%), dengan komplikasi pneumonia 21.7%. Sebagian besar mengalami disfagia kronik, seluruh pasien mengalami keluhan subjektif disfagia dengan 3 gejala tersering adalah batuk, tersedak, dan sulit menelan terutama konsistensi padat. Lebih dari separuh pasien membutuhkan selang makan. Rerata status gizi pasien menunjukan indeks masa tubuh 24.92, dengan rerata penurunan BB 2 kg. Berdasarkan pemeriksaan pencitraan pasien stroke, lokasi tersering berada supratentorial, dengan derajat stroke sedang. Rerata nilai GUSS 14 (disfagia sedang) pada seluruh subjek, 28.3% mengalami aspirasi. Hasil Uji diagnostik GUSS-INA sebagai alat skrining deteksi disfagia memiliki nilai Sensitivitas 84%, Spesifisitas 78%, NDP 94%, NDN 54% dan AUC 0.86. Modalitas GUSS-INA dapat dijadikan alat skrining disfagia yang cukup baik.
.....Patient with dysphagia has the tendency to undergo serious complications such as aspiration pneumonia that can cause increased mortality. Screening tool to effectively diagnose dysphagia in patient with difficulty swallowing is needed. GUSS is a screening tool with good validity and reliability; however, no diagnostic test has been done in Indonesia. This study samples consisted of neurogenic dysphagia patients which underwent GUSS-INA with test material modification assessment followed by FEES as gold standard examination. Diagnostic test was then done to analyze sensitivity and specificity of GUSS-INA as dysphagia screening tool. The average age of neurologenic dysphagia patients in Cipto Mangunkusumo Hospital was 56 years with higher male proportion, most common etiology was stroke, with most common morbidity being hypertension (56,5%). History of pneumonia was found in 21.7% patients.Majority of patients have chronic dysphagia, all patients had subjective dysphagia complaint with three most common symptoms being cough, choking, and difficulty swallowing especially of solid texture. More than half of the patients needed feeding tube. The average of BMI was 24.93, with average weight loss of 2 kg. Based on radiology results on post-stroke cases, the most common lesion was supratentorial, with moderate stroke score. Average GUSS score is 14 (moderate dysphagia) from all subjects and in 18.3% patients aspiration in found. Diagnostic test result of GUSS-INA as screening tool for neurogenic dysphagia had 84% sensitivity, 78% specificity, 94% PPV, 54% NPV, and AUC of 0.86. GUSS-INA could be used as a screening tool for

dysphagia.