

Penentuan nilai pembatas kelebihan lemak tubuh dikaitkan dengan beberapa faktor risiko penyakit jantung koroner pada lansia di Semarang = The cut off point determination of overfatness in relation to selected CHD risks in elderly in Semarang

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Abstrak

ABSTRAK

Tujuan : Untuk mengetahui nilai pembatas indikator kelebihan lemak tubuh pada lansia.

Tempat : Puskesmas Kecamatan Kotamadya Semarang yang mempunyai program lansia binaan.

Bahan dan cara : Studi cross-sectional pada lansia 60 tahun ke atas(69 pria dan 173 wanita), subyek penelitian dipilih secara acak sederhana pada tingkat Puskesmas. Data yang dikumpulkan meliputi : data non nutrisi, data nutrisi, antropometri, kadar lipid serum data gula darah puasa .Penetapan nilai pembatas indikator kelebihan lemak tubuh (IMT, Lpe, rasioLPe/Lpa ,ML) ditetapkan pada nilai median. Sedangkan nilai indikator metabolik sebagai faktor risiko PJK ditetapkan pada batas diwaspadai (berdasarkan Konsensus Nasional Dislipidemia Indonesia, 1993).

Hasil : Profil kol. total dan kol. HDL serum subyek wanita lebih tinggi daripada subyek pria ($p = 0,001$). Prevalensi faktor risiko PJK seperti dislipidemia pada subyek wanita lebih tinggi dibandingkan subyek pria ($p < 0.05$). Nilai-nilai pembatas indikator kelebihan lemak tubuh yang diperoleh pada penelitian ini yaitu IMT (pria 21 kg/m²; wanita 23 kg/m²), LPe (pria 79 cm; wanita > 80 cm), rasio LPe-LPa (pria) 0,91; wanita > 0,85), massa lemak tubuh (pria > 22 %; wanita > 35 %). Sensitifitasnya dikaitkan dengan profit lipid sebagai faktor risiko PJK yaitu 40 - 60 %, sedangkan spesifisitasnya 70 - 80 %. Terdapat perbedaan determinan komposisi tubuh terhadap gangguan metabolik pada subyek pria dan wanita. Pada subyek pria nilai pembatas indikator kelebihan lemak tubuh berkorelasi dengan TG dan GDP, sedangkan pada subyek wanita berkorelasi dengan kol. HDL, kol. total, kol. LDL dan TO.

Kesimpulan : Nilai-nilai pembatas indikator kelebihan lemak tubuh yang didapat pada penelitian ini cenderung memberi spesifisitas yang lebih tinggi dibanding dengan sensitifitasnya (dikaitkan dengan dislipidemia). Pada subyek pria indikator kelebihan lemak tubuh lebih terkait pada TG dan GDP. Sedangkan pada subyek wanita indikator kelebihan lemak tubuh lebih terkait pada dislipidemia.

<hr><i>ABSTRACT

The Cut Off Point Determination Of Overfatness In Relation to Selected CHD Risks In Elderly In Semarang

Objective :

To determine cut off points of overfatness in the elderly using CHD risks factors as the end points.

Place :

Seven public health centers with elderly clubs in Semarang municipal.

Materials and Methods :

This cross-sectional study involved 242 elderly individuals (69 males & 173 females), aged 60 years and over. Simple random sampling was applied at the PHC level. Structured questionnaires were used to collect information on sociodemography, life styles, food habits and practices Anthropometric assessments were done to estimate body compositional status. Serum lipids and fasting blood glucose were measured to identify metabolic disorders. High body mass index, high abdominal circumference, high abdominal hip ratio and high fat mass values were used as overfatness indicators. The Indonesian National Consensus on Dyslipidemia was used to identify dyslipidemic cut off values.

Results :

Mean serum total cholesterol and high density lipoprotein (HDL) cholesterol in females were higher than those in males (220.99 ± 46.66 vs 199.31 ± 35.71 , $p = 0.001$ and 51.17 ± 11.58 vs 45.22 ± 12.52 , $p = 0.001$, respectively). The prevalence of CHD risks (dyslipidemic profiles) in females were also higher than that in males ($p < 0.05$). With respect to CHD risks, cut-off points for overfatness using BMI values were > 21 kg/m² and > 23 kg/m² for males and females respectively. Cut off points for other overfatness indicators were WC) 79 cm and > 80 cm; AHR > 0.91 and > 0.85 and percent body fat $> 22\%$ and $> 35\%$ for males and females, respectively. Using these cut off values, the sensitivity ranged from 40 -- 60% and the specificity ranged from 70 -- 80%. There were gender differences in the determinants of metabolic disorders. In males, overfatness was more related to TG and fasting blood glucose values. On the other hand, in females, overfatness was more related to total cholesterol, HDL cholesterol, LDL cholesterol and TG.

Conclusion :

This study supports the findings reported by other investigators that cut off values for overfatness, in relation to metabolic disorders, are more specific than sensitive. Gender differences in the determinants of metabolic disorders indicate that interpretation on body compositional disorders in the elderly should be taken cautiously.