

Profil lipid dan faktor-faktor yang berhubungan di kalangan tenaga kerja PTE Plumpang Jakarta Utara tahun 2000 = Lipid profiles and its related factors among PTE workers, Plumpang in North Jakarta

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Abstrak

Ruang lingkup dan metodologi: Dislipidemia merupakan faktor risiko utama penyakit jantung koroner, sebagai penyebab kematian utama di Indonesia. Penelitian bertujuan menilai hubungan profil lipid dengan umur, tingkat kerja fisik, asupan nutrisi, kebiasaan olahraga dan merokok, indeks massa tubuh (IMT) dan Rasio lingkaran perut - lingkaran panggul (LPe-LPa). Studi kros-seksional ini mengikutsertakan seluruh tenaga kerja PTE Plumpang, Jakarta Utara sebagai subyek. Data yang dikumpulkan meliputi sosiodemografi, tingkat kerja fisik, tingkat pengetahuan dan sikap tentang pola makan gizi seimbang, kebiasaan makan, kebiasaan olahraga dan merokok, kualitas pola makan, asupan nutrisi metode tanya ulang 3 X 24 jam, IMT, Rasio LPe-LPa, dan kadar fraksi lipid serum.

Hasil: Rata-rata kadar kolesterol total, kolesterol LDL, kolesterol HDL, trigliserida, dan rasio kolesterol total/HDL serum masing-masing adalah 148.3+23.8 mg/dl, 77.2+24.2 mg/dl, 43.2+9.0 mg/dl, 143.3+97.8 mg/dl dan 3.6+0.96. Dijumpai prevalensi hipertrigliseridemia (>200 mg/dl) 12.6 % dan hipokolesterolemia HDL (<35 mg/dl) 17.7 %. Rata-rata asupan energi dan protein perhari subyek adalah 1841 (1092.3-4060.0) kkal dan 60.9 (30.4-109.0) g. Sedangkan rata-rata proporsi energi yang berasal dari karbohidrat, protein, lemak, asam lemak tak jenuh tunggal (ALTJM), asam lemak tak jenuh majemuk (ALMJ), dan asam lemak jenuh (AU) serta PS ratio masing-masing adalah 63.3+4.9 %, 13.31.9 %, 23.8+4.2 %, 5.2+1.6 %, 3.4+0.8 %, 13.6+2.7 %, dan 0.25+0.06. Subyek memiliki rata-rata IMT dan Rasio LPe-LPa 23.97+2.7 dan 0.89+0.05. Dijumpai prevalensi kegemukan (IMT 25.1-27.0) dan obes (IMT > 27) masing-masing 16.5 % dan Rasio LPe-LPa > 0.90 sebesar 51.9 %. Dijumpai korelasi positif bermakna antara IMT dan Rasio LPe-LPa ($p < 0.01$ dan $r = 0.632$) dan korelasi negatif bermakna antara Rasio LPe-LPa dengan kadar kolesterol HDL ($p < 0.01$ dan $r = -0.336$). Berdasarkan analisis regresi logistik berganda binary, Rasio LPe-LPa dan kebiasaan merokok mempunyai kontribusi sebagai prediktor kadar kolesterol HDL berdasarkan persamaan regresi kadar kolesterol HDL = 0.775 (kebiasaan merokok) + 1.348 (Rasio LPe-LPa) - 4.263.

Kesimpulan: Asupan energi subyek masih di bawah AKG. Proporsi energi yang berasal dari karbohidrat dan ALJ melebihi proporsi yang dianjurkan diet tahap 1 dan 2 NCEP. Terdapat korelasi positif bermakna antara IMT dengan Rasio LPe-LPa dan korelasi negatif bermakna antara Rasio LPe-LPa dengan kadar kolesterol HDL serum. Rasio LPe-LPa dan kebiasaan merokok mempunyai kontribusi sebagai prediktor kadar kolesterol HDL serum.

Scope and method: Dislipidemia is the main risk factors of coronary heart disease that major cause of death in Indonesia. The objective of study to determine the relationships between lipid profiles and age, physical work nutrient intakes, sports and smoking habits, body mass index (BMI), and abdominal to hip circumference ratio (AHR). The subject of this cross-sectional study was all PTE Plumpang workers, North Jakarta. Data collected were socio-demography, physical work, knowledges and attitudes of balance nutrition, sports and smoking habits, nutrient intakes with 3 X 24 hour daily recalls method, BMI, AHR, and the concentration of serum lipid.

Results: The Mean concentration of serum total cholesterol, LDL cholesterol, HDL cholesterol, triglycerides, and total cholesterol/HDL cholesterol ratio were : 148.3±23.8 mg/dl, 77.2±24.2 mg/dl, 43.2±9.0 mg/dl, 143.33±97.8 mg/dl dan 3.6. ±0.96, respectively. The prevalence of hipertriglyceridemia (>200 mg/dl) and hipo-HDL-cholesterolemia (<35 mg/dl) were 17.7 and 12.6 %. The median of energy and protein intakes of the subjects were 841 (1092.3-4060.0) kcal and 60.9 (30.4-109.0) g. The composition of intakes were : 63.3±4.9 %, 13.3±1.9 %, 23.8±4.2 %, 5.2±1.6 %, 3.4±0.8 %, 13.6±2.7 %, and 0.25±0.06 for carbohydrate, protein, fat, MUFA, PUFA, SFA, and PS ratio, respectively. The Mean of BMI and AHR were 23.97±2.7 and 0.89±0.05. The prevalence of overweight (BMI 25.0-27.0) and obesity (BMI > 27.0) were 16.5 % respectively. The prevalence of AHR > 0.90 was 51.9 %. There were significant positive correlations between BMI and AHR ($p < 0.01$ and $r = 0.632$) and significant negative correlations between AHR and serum HDL cholesterol concentration ($p < 0.01$ and $r = -0.336$). Using binary multiple regression model analysis, the prediction formula for serum HDL cholesterol concentration was : 0.775 (smoking habits) + 1.348 (AHR) - 4.263 .

Conclusion: Energy intakes of subjects were low compared to the RDA. The composition of carbohydrate and SFA of intake were high compared to stage I and II of the NCEP diet recommendation. There were significant positive correlations between BMI and AHR and significant negative correlation between AHR and serum HDL cholesterol concentration. AHR and smoking habit were predictor factor of serum HDL cholesterol concentration.