Status Gizi pada Anak dengan Penyakit Ginjal Kronik Stadium 3-5 Fase Pradialisis dan Faktor yang Berhubungan = Nutritional Status in Children with Chronic Kidney Disease Stage 3-5 Predialysis Phase and Associated Factors

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Abstrak

Prevalensi penyakit ginjal kronik pada anak selalu meningkat dan dapat menyebabkan malnutrisi hingga gagal tumbuh. Penelitian ini bertujuan mengidentifikasi gambaran status gizi dan mencari hubungan status gizi dengan faktor yang berhubungan pada anak dengan PGK fase pradialisis dengan desain cross-sectional. Data diambil di Poliklinik Nefrologi RSCM Jakarta. Analisis data menggunakan metode ANOVA, independent sample t-test, spearman, dan mann-whitney dengan SPSS Versi 25. Rerata status gizi berdasarkan IMT/U didapatkan bergizi baik, yakni -1,02. Rerata perawakan berdasarkan TB/U didapatkan perawakan pendek dengan z-score -2,71. Terdapat 8 subjek berusia di bawah 10 tahun dengan median z-score BB/U di rentang berat badan kurang, yakni -2,77. Analisis bivariat antara BB/U, IMT/U, dan TB/U dengan stadium penyakit ginjal kronik, jenis kelamin, faktor etiologi primer, hipertensi, anemia, usia, status ekonomi keluarga, durasi penyakit, dan tingkat pendidikan orangtua tidak menunjukkan hubungan signifikan (p>0,05). Analisis bivariat antara BB/U dan IMT/U dengan gangguan mineral tulang tidak berhubungan signifikan (p>0,05). Namun, analisis bivariat TB/U dengan gangguan mineral tulang (p=0,005) memiliki hubungan signifikan. Penelitian ini menyimpulkan bahwa rerata status gizi anak PGK stadium 3—5 fase pradialisis memiliki berat badan kurang, perawakan pendek, tetapi bergizi baik. Terdapat hubungan antara status gizi anak dengan gangguan mineral tulang tetapi tidak berhubungan dengan faktor lainnya.

.....The prevalence of pediatric chronic kidney disease is increasing annually and can lead to malnutrition to failure to thrive. This study aims to identify the nutritional status of children with chronic kidney disease and its related factors using cross-sectional design held at Pediatric Nephrology Clinic RSCM Jakarta. Data were analyzed using ANOVA, independent sample t-test, spearman, and mann-whitney with SPSS Version 25. Nutritional status based on BMI-for-age showed the subjects had good nutrition with a mean z-score of -1.02. Stature based on height-for-age showed a mean z-score of -2,71, classified as stunted. There were 8 subjects under the age of 10 with a median z-score -2,77, classified as underweight based on the weight-for-age. Bivariate analysis between weight-for-age, height-for-age, and BMI-for-age with CKD stage, gender, primary etiological factor, hypertension, anaemia, age, family economic status, duration of illness, and parental education level did not show a significant association (p>0.05). Bivariate analysis between weight-for-age and BMI-for-age with mineral and bone disorder was also not significantly related (p>0.05). However, bivariate analysis of height-for-age with CKD-MBD (p=0.005) had a significant association. This study concluded that children with CKD stage 3-5 in the predialysis phase were underweight, stunted, but well-nourished. There was a significant association between nutritional status and CKD-MBD but no association with other factors.