

Perubahan Kendali Glikemik Pada Pasien Diabetes Melitus Tipe 2 Satu Tahun Setelah Health Coaching = Glycemic Control Changes in Type 2 Diabetes Mellitus Patients One Year after Health Coaching

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Abstrak

Latar Belakang. Hanya sepertiga pasien DM tipe 2 yang mencapai target HbA1c yang diharapkan. Beberapa studi menunjukkan bahwa health coaching terbukti mampu menurunkan kadar HbA1c secara bermakna, namun belum banyak diketahui pengaruh health coaching dalam jangka panjang setelah coaching dihentikan.

Tujuan. Tujuan penelitian ini adalah untuk mengetahui pengaruh edukasi dan health coaching dalam perbaikan kendali glikemik jangka panjang pada pasien DM tipe 2 rawat jalan di pusat kesehatan nasional tersier.

Metode. Penelitian ini merupakan penelitian observasional lanjutan dari 6 bulan RCT yang dilaksanakan di dua pusat kesehatan nasional tersier untuk membandingkan kombinasi edukasi dan health coaching dengan edukasi saja

pada pasien DM tipe 2 dengan diabetes yang tidak terkontrol. Subjek penelitian diikuti pada bulan ke-6 dan ke-18 dari RCT awal. Keluaran primer adalah beda rerata HbA1c antar kedua kelompok, dan keluaran sekunder adalah beda proporsi subjek yang mengalami penurunan HbA1c 1% dari baseline dan beda proporsi subjek yang mencapai target HbA1c <7%. Analisis data menggunakan uji-T independen dan uji Chi-square.

Hasil. Penelitian ini berhasil mengumpulkan 42 dari 60 subjek (70%) yang mengikuti penelitian hingga bulan ke-18. Tidak ada perbedaan yang bermakna rerata HbA1c antara kelompok intervensi dibandingkan kelompok kontrol (8,70

[±2,00] vs 9,02 [±1,71], p=0,334); dengan rerata HbA1c yang meningkat secara bermakna jika dibandingkan dengan rerata HbA1c bulan ke-6 (8,70 [±2,00] vs 7,83 [±1,80], p=0,016). Keluaran sekunder didapatkan perbedaan yang bermakna

proporsi subjek yang mengalami penurunan kadar HbA1c 1% antara kelompok intervensi dibandingkan kelompok kontrol (41,4% [n=12] vs 10,3% [n=3], p=0,015); serta tidak ada perbedaan yang bermakna proporsi subjek yang mencapai target HbA1c <7% (13,8% [n=4] vs 6,9% [n=2], p=0,670).

Kesimpulan. Health coaching tidak mampu mempertahankan perbaikan kendali glikemik pada pasien DM tipe 2 untuk jangka panjang jika coaching dihentikan, diperlukan pemberian coaching ulang agar perbaikan kendali glikemik dapat menetap.

.....Background. Only one-third of type 2 DM patients achieved the expected HbA1c target. Several studies have shown that health coaching has been shown to be able to significantly reduce HbA1c levels, but it is not widely known the effects of long-term health coaching after coaching is stopped.

Aim. This study was to determine the effect of education and health coaching in improving long-term glycemic control in outpatients with type 2 diabetes at a tertiary national health center.

Method. This study is a follow-up observational study of 6 months RCT conducted in two tertiary national health centers to compare the combination of education and health coaching with education alone in type 2 diabetes mellitus patients with uncontrolled diabetes. Study subjects were followed at 6 and 18 months of baseline RCT. The primary outcome was the difference in the mean HbA1c between the two groups, and the secondary outcome was the difference in the proportion of subjects who experienced a decrease in HbA1c 1% from baseline and the difference in the proportion of subjects who achieved the HbA1c target <7%. Data analysis used independent T-test and Chi-square test.

Result. This study managed to collect 42 out of 60 subjects (70%) who attended the study until the 18th month. There was no significant difference in the mean HbA1c between the intervention group and the control group (8.70 [\pm 2.00] vs 9.02 [\pm 1.71], $p = 0.334$); with the mean HbA1c which increased significantly when compared with the mean HbA1c at 6 months (8.70 [\pm 2.00] vs 7.83 [\pm 1.80], $p = 0.016$). Secondary outcomes showed a significant difference in the proportion of subjects who experienced a decrease in HbA1c levels 1% between the intervention group and the control group (41.4% [$n = 12$] vs 10.3% [$n = 3$], $p = 0.015$); and there was no significant difference in the proportion of subjects who achieved the HbA1c target <7% (13.8% [$n = 4$] vs 6.9% [$n = 2$], $p = 0.670$).

Conclusion. Health coaching is unable to maintain improved glycemic control in type 2 DM patients for the long term when coaching is stopped, re-coaching is needed so that improved glycemic control can persist.