

# Kepatuhan Pengobatan Pasien Neuromyelitis Optica Spectrum Disorder (NMOSD) di Rumah Sakit Cipto Mangunkusumo = Medication Adherence in Neuromyelitis Optica Spectrum Disorder (NMOSD) in Cipto Mangunkusumo Hospital

Fitria Chandra Nugraheni, author

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## Abstrak

Latar belakang: Pasien NMOSD cenderung menunjukkan progresifitas/perburukan defisit neurologis pada setiap relaps. Pemberian terapi rumatan pada NMOSD bisa mencegah relaps dan mempertahankan remisi. Hingga saat ini belum ada studi yang meneliti mengenai kepatuhan pengobatan pasien NMOSD. Tujuan dari penelitian ini adalah untuk menilai tingkat kepatuhan pengobatan pasien NMOSD, mengetahui karakteristik serta faktor-faktor yang memengaruhi kepatuhan pengobatan.

Metode: Penelitian ini merupakan studi potong-lintang dengan populasi seluruh pasien NMOSD yang berobat di RSCM sejak tahun 2019 hingga Mei 2023. Sampel diambil dengan cara consecutive sampling. Kriteria inklusi yaitu pasien dengan diagnosis NMOSD sesuai kriteria diagnosis IPND tahun 2015, usia 18 tahun, konsumsi obat untuk NMOSD minimal selama 1 bulan. Kriteria eksklusi yaitu tidak bersedia ikut serta dalam penelitian. Kepatuhan berobat dinilai dengan kuesioner Morisky Medication Adherence Scale 8 versi Bahasa Indonesia (MMAS-8), depresi dinilai dengan kuesioner Beck Depression Inventory versi Bahasa Indonesia (BDI-II), kognitif dinilai dengan kuesioner Montreal Cognitive Assesmenet versi Bahasa Indonesia (Moca-INA), dan persepsi terhadap penyakit dinilai dengan kuesioner Beck Depression Inventory versi Bahasa Indonesia (B-IPQ). Data karakteristik demografi, pengobatan, dan klinis didapatkan dari rekam medis/anamnesis.

Hasil: Subjek penelitian ini sebanyak 42 orang dengan rasio pria:wanita= 1: 13. Pasien yang terkategori patuh berobat sebesar 57,1%. Kepatuhan berobat berhubungan dengan status pernikahan ( $p=0,037$ ), jenis obat saat ini ( $p=0,033$ ), nilai EDSS ( $p=0,035$ ), depresi ( $p=0,018$ ), dan gangguan kognitif ( $p=0,029$ ). Hasil analisis multivariat mendapatkan bahwa subjek yang tidak depresi 4,60 kali (IK 95% 1,03-20,4) lebih patuh dibandingkan depresi dan setiap kenaikan 1 poin EDSS (perburukan klinis) dapat 1,33 kali meningkatkan kepatuhan pengobatan (IK95% 1,02-1,76).

Simpulan: Pada penelitian ini, sebagian besar pasien NMOSD patuh pengobatan. Faktor independen yang mempengaruhi kepatuhan pengobatan pasien NMOSD di RSCM adalah depresi dan derajat disabilitas.

.....Background: NMOSD patients tend to show progressive/worsening neurologic deficits in each relapse. Maintenance therapy for NMOSD can prevent relapse and maintain remission. Until now there have been no studies that examined the medication adherence of NMOSD patients. The aim of this study was to assess the level of medication adherence of NMOSD patients, to find out the characteristics and factors that influence treatment adherence.

Methods: We conducted a cross sectional study on NMOSD patients who came to RSCM from 2019 to May 2023. Samples were taken by consecutive sampling. The inclusion criteria were patients with a diagnosis of NMOSD according to the 2015 IPND diagnosis criteria, age 18 years, consumption of drugs for NMOSD for at least 1 month. Exclusion criteria were not willing to participate in the study. Medication adherence was assessed by the Indonesian version of the Morisky Medication Adherence Scale 8 questionnaire

(MMAS-8), depression was assessed by the Indonesian version of the Beck Depression Inventory questionnaire (BDI-II), cognitive was assessed by the Indonesian version of the Montreal Cognitive Assessment questionnaire (Moca-INA), and perceptions of illness were assessed by the questionnaire Beck Depression Inventory Indonesian version (B-IPQ). Data on demographic, treatment, and clinical characteristics were obtained from medical records/anamnesis.

Results: There were 42 subjects in this study with a male:female ratio = 1: 13. Patients who were categorized as adherent to medication were 57.1%. Medication adherence was related to marital status ( $p=0.037$ ), current type of medication ( $p=0.033$ ), EDSS score ( $p=0.035$ ), depression ( $p=0.018$ ), and cognitive impairment ( $p=0.029$ ). The results of multivariate analysis found that subjects who were not depressed were 4.60 times (95% CI 1.03-20.4) more adherent than depressed subjects and for every 1 point increase in EDSS (clinical worsening) could be 1.33 times increased medication adherence (95% CI). 1.02-1.76).

Conclusion: In this study, the majority of NMOSD patients adhered to treatment. Independent factors that influence NMOSD patient medication adherence at RSCM are depression and the degree of disorder.