

Kualitas Hidup Pasien Meningitis Tuberkulosis Selesai Obat Anti-tuberkulosis = Quality of Life Among Tuberculous Meningitis Patients Upon Completion of Anti-tuberculosis Treatment

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Abstrak

Latar Belakang. Prevalensi disabilitas pada pasien meningitis tuberkulosis (MTB) hampir setara dengan angka mortalitas mencapai 29-50%. Aspek luaran pasien MTB tidak cukup dinilai berdasarkan angka morbiditas dan mortalitasnya, namun mencakup kesehatan fisik, mental, dan sosial seperti yang didefinisikan oleh World Health Organization (WHO). Penelitian ini bertujuan untuk mengetahui kualitas hidup pasien MTB selesai obat anti-tuberkulosis (OAT) dan faktor-faktor yang memengaruhinya. Metode. Studi potong lintang (cross sectional) dilakukan pada pasien MTB, termasuk tuberkuloma selesai OAT di RSUPN dr. Cipto Mangunkusumo periode Mei 2019-Juni 2023. Karakteristik demografis, klinis, diagnosis, tatalaksana pasien dinilai dari data rekam medis dan wawancara. Luaran kualitas hidup pasien dinilai menggunakan kuesioner SF (Short form)-36. Analisis statistik dilakukan dengan SPSS versi 19.0, yaitu Mann-Whitney dan Kruskal-Wallis untuk data kategorik, Spearman untuk data numerik. Hasil. Dari 53 subjek penelitian dengan median usia 30 (IQR 25,5-39) tahun, didapatkan median skor SF-36 yaitu, 86,5 (IQR 74,9-92,8). Median (IQR) skor pada aspek fisik (PCS) dan mental (MCS) kualitas hidup serupa, yaitu 85 (IQR 69,4-94,85) dan 88,1 (IQR 74,1-95,3). Faktor yang berhubungan dengan kualitas hidup pasien MTB selesai OAT antara lain penghasilan ($p=0,033$), kejang ($p=0,028$), kelemahan motorik ($p=0,023$), dan mRS saat pulang perawatan ($p=0,007$). Faktor yang berhubungan dengan skor PCS adalah pekerjaan ($p=0,012$), penghasilan ($p=0,007$), kelemahan motorik ($p=0,024$), dan mRS saat pulang perawatan ($p=0,01$). Faktor yang berhubungan dengan skor MCS adalah usia ($p=0,006$) dan kejang ($p=0,025$). Kesimpulan. Kualitas hidup pasien MTB selesai OAT berdasarkan skor SF-36, PCS, dan MCS tergolong baik. Faktor yang memengaruhi kualitas hidup lebih tinggi pada pasien MTB selesai OAT adalah berpenghasilan, tanpa klinis kejang atau kelemahan motorik, dan mRS saat pulang perawatan 0-2. Faktor yang memengaruhi aspek fisik lebih tinggi adalah pekerjaan, berpenghasilan, tanpa klinis kelemahan motorik, dan mRS saat pulang perawatan 0-2, sedangkan aspek mental lebih tinggi adalah usia 30 tahun dan tanpa klinis kejang. Kata kunci. Kualitas hidup, meningitis tuberkulosis, selesai OAT, SF-36

.....The prevalence of disabilities among tuberculous meningitis (TBM) patients almost similar with its mortality rate (29-50%). The comprehensive evaluation of long-term outcomes should encompass not only morbidity and mortality rates but also incorporate the dimensions of physical, mental, and social well-being as outlined by the World Health Organization (WHO). This study aimed to assess the quality of life (QoL) among patients with TBM following the completion of anti-tuberculosis treatment (ATT) and investigating the factors that have impacts on this particular aspect. Methods. Retrospective cross sectional study of TBM patients, including tuberculoma upon completion of ATT at dr. Cipto Mangunkusumo National Center General Hospital during May 2019-June 2023. Demographic, clinical, diagnostic, and treatment characteristics were conducted by medical records and interviews. The assessment of QoL in TBM patients was performed using Short form (SF)-36 questionnaire. Statistical analysis was performed with SPSS version 19.0 (Mann-Whitney and Kruskal-Wallis for categorical data, Spearman for numeric data). Result.

The study involved 53 participants, with median of age 30 (IQR 25.5-39) years, demonstrated favorable median SF-36 score of 86.5 (IQR 74.9-92.8). Median of physical score (PCS) and mental score (MCS) almost similar, 85 (IQR 69.4-94.85) and 88.1 (IQR 74.1-95.3), respectively. The impact of various factors on QoL was assessed, revealing significant associations with monthly income ($p=0.033$), presence of seizure ($p=0.028$), motoric abnormalities ($p=0.023$), and mRS at discharge ($p=0.007$). Employment ($p=0.012$), monthly income ($p=0.007$), motoric abnormalities ($p=0.024$), and mRS at discharge ($p=0.01$) were identified as factors influencing the PCS score. Age ($p=0.006$) and presence of seizure ($p=0.025$) found to impact the MCS score. Conclusion. The evaluation of QoL in TBM patients after completing ATT utilizing SF-36 score, PCS, and MCS revealed favorable outcome. Several factors were found to significantly influence higher SF-36 score, including monthly income, absence of seizure and motoric abnormalities, and mRS at discharge of 0-2. Similarly, factors such as employment, monthly income, absence motoric abnormality, and mRS at discharge of 0-2 were associated with higher PCS scores. Furthermore, a higher MCS score was observed in patients aged 30 years or older and those without seizures. Keywords. Quality of life, QoL, tuberculous meningitis, completion ATT, SF-36